



Depressive symptom domains and alcohol use severity among Hispanic emerging adults: Examining moderating effects of gender

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ABSTRACT

Objective: A limited amount of research has examined the effects of unique depressive symptom domains on alcohol use behavior among Hispanics of any developmental stage. This study aimed to (a) examine the respective associations between depressive symptom domains (e.g., negative affect, anhedonia, interpersonal problems, and somatic complaints) and alcohol use severity among Hispanic emerging adults, and (b) examine if gender moderates each respective association.

Method: 181 Hispanic emerging adults (ages 18–25) completed an anonymous cross-sectional online survey. Participants completed a demographic questionnaire, the Alcohol Use Disorder Identification Test, and the Center Epidemiological Studies Depression Scale. Hierarchical multiple regression was used to estimate respective associations of negative affect, anhedonia, interpersonal problems, and somatic complaints in relation to alcohol use severity. Moderation tests were also conducted to examine if gender functioned as an effect modifier between respective depressive symptom domains and alcohol use severity.

Results: Findings indicated higher levels of anhedonia were associated with higher alcohol use severity ($\beta = 0.20$, $p = 0.02$). Moderation analyses indicated that somatic complaints ($\beta = -0.41$, $p = 0.02$) and interpersonal problems were associated with greater alcohol use severity among men ($\beta = -0.60$, $p < 0.001$), but not women.

Conclusions: Findings underscore the need to examine the relationship between specific depressive symptom domains and alcohol use; and the importance of accounting for potential gender differences in these associations.

1. Introduction

Epidemiological studies indicate that *emerging adulthood*, spanning the ages of 18 to 25, is a developmental period with the highest prevalence of current alcohol use (59.6%), binge drinking (37.7%), and heavy drinking (10.8%; *Substance Abuse and Mental Health Services Administration [SAMHSA], 2015a*). These alcohol use behaviors are relatively similar to those enrolled in college full-time [current alcohol use (60.1%), binge drinking (39.0%), and heavy drinking (13.2%)] and part-time [current alcohol use (56.4%), binge drinking (35.5%), and heavy drinking (10.4%; *SAMHSA, 2016a*)]. Although descriptive epidemiological data specific to Hispanic emerging adults is scarce—one study found that 47.5% of Hispanic emerging adults enrolled in college engaged in binge drinking (*Venegas, Cooper, Naylor,*

Hanson, & Blow, 2012). Furthermore, Hispanics (compared to non-Hispanic ethnic groups) are more likely to experience alcohol-related disparities that include higher rates of injury, chronic liver disease, and legal problems for driving under the influence of alcohol (*Keyes, Liu, & Cerda, 2012; National Institute on Alcohol Abuse and Alcoholism, 2006*). From a clinical and public health perspective, identifying and understanding modifiable determinants of alcohol use in this population is increasingly important to prevent the risk of developing alcohol use disorders and to reduce alcohol-related disparities. Accordingly, the primary aim of this study was to examine the respective relationships between depressive symptom domains (e.g., negative affect, anhedonia, interpersonal problems, and somatic complaints) and alcohol use severity among Hispanic emerging adults.

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1.1. Depressive symptomatology, depressive symptom domains, and alcohol

Depressive symptomatology is the presence of one or more depressive symptoms not meeting diagnostic criteria for a depressive disorder (Ingram & Siegle, 2009). It is estimated that 10.3% of emerging adults in the United States experienced depressive symptomatology in the past year—the highest rate of any adult age group (SAMHSA, 2016b). Furthermore, only 46.8% of emerging adults who reported depressive symptomatology sought out treatment—the lowest rate of any adult age group (SAMHSA, 2016b). A meta-analysis also indicated that Hispanics, compared to non-Hispanic Whites, report higher levels of depressive symptomatology (Menselson, Rehkopf, & Kubzansky, 2008). Hispanics also report the lowest rate of any ethnic group of utilizing any form of mental health services (7.3%; SAMHSA, 2015b).

The distribution of depressive symptomatology and the under-utilization of mental health services is highlighted because several theoretical models have proposed that depressive symptomatology is a risk factor and motive of alcohol use and other substances (Baker, Piper, McCarthy, Majeskie, & Fiore, 2004; MacAndrew, 1982; Niaura, 2000). A common factor shared by these theories is the role of negative reinforcement, whereby an individual is thought to use alcohol as a mechanism to alleviate depressive symptomatology or other undesired mood/emotional states (Baker et al., 2004). Empirical research findings lend support to these theoretical models because higher depressive symptomatology has been found to be associated with higher alcohol use among emerging adults (Gonzalez, Reynolds, & Skewes, 2011), including emerging adults of Hispanic heritage (Cano et al., 2015).

To our knowledge, all published studies that have examined the association between depressive symptomatology and alcohol use behavior have measured depressive symptomatology as a single factor/construct. However, literature suggests that a single factor of depressive symptomatology can be separated into multiple and distinct depressive symptom domains (Leventhal, Ramsey, Brown, LaChance, & Kahler, 2008; Radloff, 1977; Schnoll, Leone, & Hitsman, 2013). A depressive symptom domain is operationalized as a unique cluster/factor of depressive symptoms that is empirically supported—for instance via confirmatory factor analysis. Some established and common depressive symptom domains are *negative affect* (e.g., sadness), *anhedonia* (lack of positive affect or reduced experience of pleasure), *interpersonal problems* (e.g., difficulty with interpersonal relationships), and *somatic complaints* (difficulty sleeping; Radloff, 1977; Leventhal et al., 2008; Schnoll et al., 2013).

Examining the relationship of depressive symptomatology as a single factor limits the ability to identify *if* and *how* specific depressive symptom domains are associated with alcohol use. The subfield of nicotine and tobacco research may offer some insight into the unique effects of depressive symptom domains and substance use. Findings from studies in this area suggest that multiple unique depressive symptom domains may have statistically significant associations with smoking; however, anhedonia may be the strongest predictor (Cook, Spring, McChargue, & Doran, 2010; Leventhal, Piper, Japuntich, Baker, & Cook, 2014; Leventhal et al., 2008). This line of research highlights that accounting for the heterogeneity of depressive symptomatology in smoking interventions may be clinically significant because it may inform the design of targeted intervention strategies, and in turn, improve treatment outcomes (Leventhal et al., 2014).

1.2. Depressive symptom domains and Hispanics

Elucidating the effects of unique depressive symptom domains on alcohol use may help advance the design of tailored interventions for Hispanic emerging adults. However, more investigations are needed among under-researched ethnic groups such as Hispanics because previous research suggests that the presentation of depressive symptom domains may differ between racial/ethnic groups (Huang, Chung, Kroenke, Delucchi, & Spitzer, 2006; Rao, Poland, & Lin, 2012). For

instance, some studies have found that relative to other ethnic groups, Hispanics endorsed higher levels of anhedonia and somatic complaints (Hernandez & Sachs-Ericsson, 2006; Huang et al., 2006; Lewis-Fernández, Das, Alfonso, Weissman, & Olfson, 2005; Vega, Rodriguez, & Ang, 2010). To the best of our knowledge, no prior published studies have investigated the relationship between depressive symptom domains and alcohol use among Hispanics in emerging adulthood or any other developmental stage.

1.3. Gender

A second aim of this study is to examine if gender moderates the association between depressive symptom domains and alcohol use severity. Investigations on gender differences in relation to a single factor of depressive symptomatology and alcohol use indicate that men are more likely than women to drink alcohol when they experience depressive symptomatology (Foster et al., 2014; Geisner, Mallett, & Kilmer, 2012; Goldstein, 2006; Martin, Neighbors, & Griffith, 2013; NIMH, 2015). However, presently there are no published studies that have examined if gender moderates associations of unique depressive symptom domains with alcohol use among Hispanics (or any other ethnic minority group).

It is plausible that the effects of depressive symptom domains on alcohol use behavior vary between gender for multiple reasons. For instance, in comparison to men, women report higher depressive symptomatology (SAMHSA, 2014), including among Hispanic women (Bandiera et al., 2015; Menselson et al., 2008). With regard to depressive symptom domains, men are less likely than women to report negative affect symptoms (Martin et al., 2013; National Institute of Mental Health [NIMH], 2015). This difference may be explained in part because negative affect symptoms often conflict with social norms of masculinity (Martin et al., 2013). Furthermore, men are more likely than women to report somatic complaints (NIMH, 2015). In contrast to women, men report higher levels of heavy drinking (SAMHSA, 2015a), including among Hispanic emerging adults (Venegas et al., 2012). Furthermore, men are more likely than women to use alcohol to manage or alleviate depressive symptomatology (Goldstein, 2006; Martin et al., 2013; NIMH, 2015). This link may be particularly pertinent in Hispanic populations because drinking norms for Hispanic women tend to be more conservative than those of Hispanic men (Caetano & Clark, 2003).

1.4. Present study

Based on the review of the existing literature, the following hypotheses were proposed. *Hypothesis one*, higher levels of each depressive symptom domain (negative affect, anhedonia, interpersonal problems, and somatic complaints) will be associated with higher levels of alcohol use severity. *Hypothesis two*, gender will moderate the associations between depressive symptom domains and alcohol use severity. It is expected that each depressive symptom domain will have a stronger adverse effect on the drinking behavior of men as compared to women.

2. Methods

2.1. Procedure and participants

The sample included 181 Hispanic emerging adults. Participants were recruited via an email that described study aims and procedures. The recruitment announcement was distributed via national email listservs geared toward Hispanic college students. An example, of a targeted student organization was the *Movimiento Estudiantil Chicano de Aztlán* (Chicano Student Movement of Aztlán). Eligible participants had to be 18 years of age or older, self-identify as Hispanic or Latina/o, and be enrolled in an institution of higher education. Participants provided

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