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Research paper

Early onset mood disorders and first alcohol use in the general population



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ABSTRACT

Background: Mood disorders and alcohol use are common in the general population and often occur together. This study explored how early onset mood disorders relate to age of first alcohol use in the Australian general population.

Methods: Discrete time survival analysis modelled the odds of first alcohol use among those with, versus without, an early onset DSM-IV mood disorders (major depression, dysthymia or bipolar disorder). Data came from the 2007 Australian National Survey of Mental Health and Wellbeing (N=8841).

Results: Early onset mood disorders as an overall class were not significantly related to the odds of first alcohol use in any given year. On examining the different types of mood disorders individually early onset bipolar disorder was a significant predictor of first alcohol use. The analysis then looked at interactions with time and found that after the age of 14 years the presence of an early onset mood disorder significantly increased the odds of first alcohol use by 32%.

Limitations: Retrospective recall was used to determine age of onset data which is subject to known biases and replication is recommended in some subgroup analysis due to smaller sample sizes.

Conclusions: Mood disorders, particularly bipolar disorder, act as unique risk factors for first alcohol use in the general population and show significant interactions with developmental timing. The findings point to the potential utility of prevention programs that target alcohol use and mood disorders together from early adolescence.

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1. Introduction

Mood disorders and alcohol use problems are prevalent in the general population, typically first emerge during adolescence, and commonly occur together (Kessler et al., 2007a, 2012). The National Comorbidity Survey Replication - Adolescent Supplement (NCS-A) reported prevalence information on 10,123 adolescents aged 13–17 years old and estimated the lifetime prevalence of any psychiatric disorder to be 51%, with mood disorders ranking as the second most common at 14% (Merikangas et al., 2010). Of mood disorders, major depression is the most frequently experienced disorder with 8% of adolescents (11–17 year olds) experiencing an episode of major depression within a 12 month period (Lawrence et al., 2015). Alcohol use disorders are also common in the general population, with around 20% of people reporting an alcohol use

disorder over their lifetime (Teesson et al., 2010; Kessler et al., 2005). Alcohol use disorders are also highly comorbid with mood disorders in adults and there is evidence that the relationship between the two begins in adolescence, a time when people typically first start to use alcohol. Evidence from adolescent populations show that individuals with major depressive disorder report nearly double the rates of alcohol involvement (65%) compared to those with no mental disorder (34%) (Lawrence et al., 2015). Similarly, depressive symptom levels in early adolescence have been found to predict the frequency of mid-adolescent alcohol use however, this relationship was no longer significant when parental attitudes towards drug use were taken into account (Scholes-Balog et al., 2015). There is also some evidence of a reciprocal association between alcohol use and mood disorders during adolescence with a UK cohort study of 7,100 adolescents finding that alcohol use between ages 13–15 years was positively associated with depressive symptoms at age 17 (Edwards et al., 2014).

Adolescence is a critical period of human development and a time when both mood disorders and alcohol use become more

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frequent. Kessler et al. (2007a, 2007b) outlined that an accurate understanding of the age of onset of mental disorders is critical for two key reasons; a) this knowledge can be used to guide prevention and early intervention efforts (shedding light on the utility of the primary prevention of secondary disorders) and b) early onset mental disorders are known to be associated with greater disorder severity, persistence and poorer treatment response. Mood disorders that have an early onset have been linked to a more enduring illness course (Angst et al., 2009), longer episode duration and increased suicidality (Korczak and Goldstein, 2009). As well as the importance of focusing on age of onset of mood disorders, it is equally important to focus on the onset of first alcohol use as there are numerous studies demonstrating a link between early alcohol initiation and problems later in life, including a higher chance of developing an alcohol use disorder (Grant and Dawson, 1997; Grant et al., 2001; Dawson et al., 2008; Hawkins et al., 1997; DeWit et al., 2000), and an increased chance of adolescent suicide attempts (Bossarte and Swahn, 2011). While a consensus is still to be reached on the causal relationships underlying the links between early age of onset and later problems, adolescence is a key time to investigate the comorbidity of mood disorders and alcohol use as half of all adult mental disorders emerge before the age of 14 and 70% before 18 years of age (Kessler et al., 2005). It is also the time when individuals first start to experiment and use alcohol.

An earlier age of first alcohol use is associated with a number of key risk factors including peer use (Trucco et al., 2011), positive attitudes towards alcohol use, parental attitudes (Handley and Chassin, 2013; Donovan, 2004) and psychopathology (Hopfer et al., 2013; Cerda et al., 2013; Wu et al., 2010). Previous studies focusing on the influence of psychopathology and first use have found positive associations between an earlier age of first use for individuals with conduct disorder (Hopfer et al., 2013) and early onset anxiety disorders (Birrell et al., 2015), as well as for those experiencing symptoms of these disorders (Cerda et al., 2013; Wu et al., 2010). While a link has been demonstrated between both conduct disorder and anxiety disorders to first alcohol use, little attention has been given to the origins of the comorbidity between mood disorders and alcohol use and no studies have focused on the influence of mood disorders on age of first use of alcohol.

This study will be the first to examine whether a pre-existing mood disorder can predict first alcohol use in the general population. Specifically, it will explore whether individuals with early onset mood disorders (defined as those occurring before the lower inter-quartile range for each disorder) start drinking earlier or later when compared to their peers with no mood disorders. It was hypothesized that the presence of a pre-existing mood disorder would significantly predict the initiation of alcohol use and that those individuals with an early onset mood disorder would initiate alcohol use earlier than their peers. Based on previous research (Birrell et al., 2015) we also expected that there would be significant interactions with developmental timing. This study will utilise DSM-IV diagnostic interviews to determine the presence of a mood disorder and first use of alcohol, defined as a full alcoholic drink, in order to increase the validity and replicability of the findings.

2. Methods

2.1. Sample

Data comes from the Australian National Survey of Mental Health and Wellbeing (NSMHWB), a nationally representative household survey conducted in 2007. The survey was conducted to examine the prevalence, impact, and health service use of the

most common mental illnesses in the Australian population. The survey was not designed to capture low prevalence disorders such as schizophrenia, eating disorders or personality disorders. Participants were randomly selected from a stratified, multistage area, probability sample and data were weighted according to the inverse probability of being selected. The final number of participants included 8,841 Australians aged 16–85 years old who resided in private dwellings. People living in non-private dwellings (e.g. prisons, hospitals and nursing homes), as well as those living in very remote areas, were not included. The survey achieved a response rate of 60%, with a non-response follow-up study showing that mis-estimation at the aggregate level is forecast to be small (Slade et al., 2009). Interviews were conducted by the Australian Bureau of Statistics (ABS), which is overseen by Australian National Legislation mandating strict provisions for the ethical conduct of research. For further details of the survey procedures and characteristics of participants see Slade et al. (2009).

2.2. Measures

2.2.1. Assessment of mood disorders

Occurrence of a DSM-IV mood disorder was measured by a modified version of the World Mental Health Composite Diagnostic Interview (WMH – CIDI 3.0; (Kessler and Üstün, 2004)). This interview determined if respondents met criteria for any of the individual mood disorders during their lifetime. Individual mood disorders assessed included major depressive disorder, bipolar disorder, and dysthymia. Individuals whom met full DSM-IV criteria for a mood disorder were asked to self-report the age at which they had their first episode, which was taken to be the age of onset for each disorder. When examining the overall class of mood disorders, age of onset was calculated to be the earliest onset age from two, or more, individual disorders. For example, if an individual had experienced depression before experiencing bipolar disorder, their depression onset age was used as their onset age of any mood disorder. An early onset disorder was defined as one that had its onset before the lower inter-quartile range in the age of onset distribution for each disorder, thereby capturing cases that developed in the first 25% of the age of onset range for each disorder. This definition is consistent with a previous investigation of early onset anxiety disorders (Birrell et al., 2015). The inter-quartile range and median age of onset for mood disorders are reported in Table 1. To overcome recall biases present in cross-sectional surveys (Simon and VonKorff, 1995) such as this one, the current survey used strategies specifically aimed at increasing the accuracy of age of onset reports that were developed for use in the WMH CIDI (Knäuper et al., 1999). For example, rather than simply asking participants “what was your age?” participants were first asked if they could recall their exact age of onset. If they could not remember their exact age they were asked to use key developmental milestones to estimate their age and anchor their thinking (e.g. was it before you started school?). These strategies have been shown to both increase test-retest consistency and substantially increase the credibility of age of onset distributions, when compared to standard age of onset questions (Knäuper et al., 1999).

Table 1

Median age of onset and interquartile range for DSM-IV mood disorders in the 2007 NSMHWB.

	Median age of onset (years)	Inter-quartile range (years)
Any mood disorder	34	21–51
Major depression	34	21–50
Bipolar disorder	22	17–29
Dysthymia	25	16–41

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