



Research report

Alcohol use, depressive symptoms, and impulsivity as risk factors for suicide proneness among college students

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ABSTRACT

Background: Alcohol use, depression, and suicide are significant public health problems, particularly among college students. Impulsivity is associated with all of these factors. Additionally, impulsivity increases the effects of negative mood and alcohol use on maladaptive behavior.

Methods: The current cross-sectional study examined the association between the four-factor model of impulsivity (urgency, (lack of) perseverance, (lack of) premeditation, and sensation seeking), depressive symptoms, and alcohol use as predictors of suicide proneness among college students. Participants ($n=1100$) completed online assessments of demographics, impulsivity, depressive symptoms, and suicide proneness.

Results: All predictors were positively related to suicide proneness. The relation between depressive symptoms and suicide proneness was moderated by (lack of) perseverance, alcohol use, and joint interactions of urgency \times alcohol use and sensation seeking \times alcohol use. Despite some paradoxical findings regarding the depressive symptoms–suicide proneness relation when only one risk factor was elevated, the average level of suicide proneness increased as risk factors increased.

Limitations: This cross-sectional self-report data comes from a non-clinical sample of college students from a homogeneous background, limiting generalizability and causal predictions.

Conclusions: Overall, these findings indicate that the association between depressive symptoms and suicide proneness varies considerably by different facets of impulsivity and alcohol use. The results suggest that clinical risk-assessments should weigh two forms of impulsivity (urgency and sensation seeking) as particularly vital in the presence of heavy alcohol use. These findings highlight the importance of considering and exploring moderators of the mood–suicide relationship.

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1. Introduction

Alcohol use, depression, and suicide are major public health issues in the United States, and young adults attending college may be at particular risk (American College Health Association, 2009; Lamis and Lester, 2011; Substance Abuse and Mental Health Services Administration, 2009). Heavy drinking continues to be a concern on U.S. college campuses (Hingson et al., 2005) and college students have been identified as a group at risk for harmful alcohol consumption (Blanco et al., 2008; Capron and Schmidt, 2012). University students are also at risk for psychiatric disorders, with approximately 17% of students reporting depressive symptoms and 9% meeting criteria for Major Depression (Eisenberg et al., 2007). Moreover, suicide is the second leading

cause of death among college students (American Foundation for Suicide Prevention, 2010), accounting for approximately 1100 deaths each year (CDC, 2009). Accordingly, considerable interest has focused on identifying factors that increase suicide risk in this population.

Alcohol use is consistently associated with risk for both depression and suicide among college students (Lamis and Bagge, 2011; Weitzman, 2004). A focus on alcohol use as a risk factor for depression and suicidal behaviors has particular relevance to college students, a population which has high rates of past-year drinking (75.5%) and alcohol use disorders (38.1%; Dawson et al., 2004) as well as previous 30 day binge drinking (Hingson et al., 2005). Moreover, research has consistently shown that depressive symptoms are a frequent precursor to suicidal ideation and attempts (Conner et al., 2011; Nock et al., 2009; Wilcox et al., 2010). For example, findings from a nationally representative sample of college students documented that the majority of individuals (94.9%) who seriously considered suicide

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also reported experiencing severe depressive symptoms at least once during the previous 12 months (Kisch et al., 2005). Given that depression is a well-established risk factor of suicidality and alcohol use contributes to both of these variables, it is important to examine potential underlying mechanisms that may be contributing to an elevated suicide risk among individuals who are using alcohol and experiencing depressive symptoms.

Impulsivity is one factor that should be considered in the identification and assessment of these health risk behaviors. Impulsivity can be broadly defined as a predisposition toward rapid, unplanned reactions to internal or external stimuli without regard to the negative consequences of these reactions (Moeller et al., 2001). However, one problem that frequently arises in the current literature is an inconsistency in how impulsivity is defined (Dick et al., 2010). To resolve this ambiguity, Whiteside and Lynam (2001) have proposed a conceptualization of impulsivity which includes four related, but distinct facets: urgency, (lack of) premeditation, (lack of) perseverance, and sensation seeking. Urgency refers to a tendency to make rash decisions when one is experiencing strong emotions; lack of premeditation is defined by an individual's tendency to act without consideration of potential consequences; lack of perseverance represents difficulties in following a task through to completion; and sensation seeking indicates a tendency to engage in exciting and novel activities. This factor structure has led to the development of the UPPS Impulsive Behavior Scale (Whiteside and Lynam, 2001), which is a widely used measure of impulsivity designed to assess four separate facets, each of which is operationalized as an individual difference personality pathway to impulsive behavior (Lynam and Miller, 2004).

Impulsivity is associated with alcohol use, depression, and suicidal behaviors in a variety of populations (Corruble et al., 1999; Gonzalez et al., 2011; Ngo et al., 2011). Research shows that impulsive individuals consume more alcohol than those who are not impulsive (Dick et al., 2010; Marczyński et al., 2005). Moreover, impulsivity and depression are strongly related (Corruble et al., 1999, 2003; Ngo et al., 2011). Specifically, researchers have found that impaired behavioral inhibition (Corruble et al., 2003), impulsive decision making (Cyders and Smith, 2008), and negative urgency and lack of perseverance (Fischer et al., 2005; Gonzalez et al., 2011) are all related to symptoms of depression. Additionally, the association between negative mood and problematic/maladaptive behavior is stronger among more impulsive people (Dvorak et al., 2011; Karyadi and King, 2011; King et al., 2011; Simons et al., 2010; Wray et al., 2012). Further, depression and impulsivity often co-occur in individuals with substance use disorders (Bickel et al., 2006; Jakubczyk et al., 2012). Together, these results suggest that impulsivity coupled with depressive symptoms may contribute to increased risk taking behaviors among individuals who consume alcohol.

Research has demonstrated that impulsivity confers significant risk for suicidal ideation and behaviors (Corruble et al., 1999, 2003; Gvion and Apter, 2011; Langhinrichsen-Rohling and Lamis, 2008). Surprisingly, only a handful of studies (Anestis and Joiner, 2011; Klonsky and May, 2010; Lynam et al., 2011; Yen et al., 2009) have applied the UPPS model of impulsivity in suicide research. Yen et al. (2009) found that negative urgency, lack of premeditation, and lack of perseverance, but not sensation seeking predicted suicide attempts in personality disordered inpatients. Similarly, in a sample of inpatient residents in a drug and alcohol abuse treatment center, Lynam et al. (2011) found negative urgency, lack of perseverance, and lack of premeditation were all associated with suicidality. In sum, research has clearly revealed an association between impulsivity and suicide risk; however, more research is needed in this area to determine the role of the four facets of the UPPS impulsivity model with

depression and alcohol use as contributory factors for suicidality among college students.

2. The current study

The current study examines the extent to which alcohol use and impulsivity moderate the relation between depressive symptoms and suicide proneness. First, we hypothesized that alcohol use would potentiate the association between depressive symptoms and suicide proneness. Next, we hypothesized that urgency and alcohol use would jointly potentiate the association between depressive symptoms and suicide proneness, such that at high levels of both urgency and alcohol use the depressive symptoms–suicide proneness relation would be stronger, while at low levels of both alcohol and urgency this association would be diminished. As noted above, there is evidence in the literature linking the other three impulsivity factors to both alcohol use and depressive symptoms, although these associations remain less clear. Thus, we also examine the exploratory hypotheses that (lack of) perseverance, (lack of) premeditation, and sensation seeking interact with alcohol use to moderate the relationship between depressive symptoms and suicide proneness. We expected that, if significant interactions occurred between the other impulsivity constructs, depressive symptoms, and alcohol use, they would generally conform to our hypotheses for urgency.

3. Methods

3.1. Participants

Data were analyzed from a sample of 1100 undergraduate students (75.4% female, 24.6% male), ages 18 to 24 years (M age=19.42, SD =1.39) from a university in the southeastern U.S. The majority of participants described their race/ethnicity as Caucasian (n =862, 78.4%), followed by African American (n =130, 11.8%), Asian American (n =37, 3.4%), and Hispanic American (n =33, 3.0%), an additional 3.5% (n =38) of the sample indicated “other” for race/ethnicity.

3.2. Procedure

Data collection was conducted through an online survey over the course of two semesters. Participants voluntarily chose to complete the survey outside of class time in return for extra credit in their psychology course. Participants completed a demographic survey and the study measures in randomized order. Electronic informed consent was obtained from participants. The university's Institutional Review Board approved the study, and ethical procedures were followed throughout the study.

3.3. Measures

Alcohol Use Disorders Identification Test: AUDIT (Saunders et al., 1993) is a 10-item measure designed to identify individuals at risk for alcohol-related problems, or who are actually experiencing such problems. The time reference of the AUDIT is the past year, although a few items have no specified time period. Example items include “How many drinks containing alcohol do you have on a typical day when you are drinking?” and “Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?” It is comprised of two scales measuring both alcohol Consumption (3 items; α =0.88) and Dependence (7 items; α =0.78), which summed yield a total AUDIT score measuring alcohol use behaviors. The AUDIT has been extensively validated and has been recommended as an

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