



Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep



Full length article

Binge drinking and subsequent depressive symptoms in young women in Australia

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ARTICLE INFO

Article history:

Received 29 October 2015

Received in revised form 20 January 2016

Accepted 20 January 2016

Available online xxx

Keywords:

Alcohol

ALSWH

Depression

Drinking pattern

Longitudinal

Mental health

ABSTRACT

Background: The long-term impact of binge drinking on subsequent depressive symptoms is unclear. The aims were to identify longitudinal patterns of binge drinking and whether binge drinking preceded depressive symptoms in the short-term (1–6 years) and long-term (10–15 years).

Methods: Longitudinal data from 1996, 2000 and 2009 mailed surveys of 8,197 women in the 1973–78 cohort of the Australian Longitudinal Study on Women's Health. Latent class analysis was used to identify binge drinking patterns and logistic regression to estimate associations with subsequent depressive symptoms.

Results: Five binge drinking trajectories were identified with predicted proportions of women who were very infrequent (24%), fluctuating infrequent (17%), frequent (17%), very frequent (26%) or extremely frequent binge drinkers (16%) between 16 and 21 years. At 22–27 years, depressive symptoms were significantly higher for extremely frequent binge drinkers (31% versus 21% in the short-term; 22% versus 16%–18% in the long-term) than for less frequent bingers. Unadjusted odds of depressive symptoms were 1.70 (95%CI:1.38;2.08) times for extremely frequent binge drinkers than very infrequent bingers and were 1.30 (95%CI:1.04;1.63) after adjusting for demographics, relationships and experience of violence. At 31–36 years, the odds of depressive symptoms were 1.34 (95%CI:1.09–1.64) times for extremely frequent than very infrequent binge drinkers, but were not significant after adjusting for relationships and violence. **Conclusions:** Extremely frequent binge drinking (more than weekly) in late adolescence appears to elevate the risk of subsequent depressive symptoms in young women in their early twenties and thirties, emphasising the need for preventive strategies to curb binge drinking.

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1. Introduction

Problematic alcohol use (Bendtsen et al., 2011) and mental health problems (Patel et al., 2007) are major public health issues. In any given year 20% to 25% of adults experience a mental health problem in the United States, England and Australia (Australian Bureau of Statistics, 2008; Kessler and Wang, 2008; National Centre for Social Research, 2009). Problematic alcohol use is a major risk factor for early deaths and disabilities in the world (World Health Organization, 2009) and is estimated as responsible for 4.5% of the global burden of disease (World Health Organization, 2010). Both mental health problems and problematic alcohol consumption are highly prevalent among young people. Specifically, 26% of young

adults experience high rates of mental health problems (Australian Bureau of Statistics, 2008) and between 28% and 54% of adolescents and young adults binge drink (five or more drinks on one occasion; Archie et al., 2012; Center for Disease Control and Prevention, 2012; Degenhardt et al., 2013). These issues have wide reaching effects on the families of adolescents and society in general (Archie et al., 2012).

Findings suggest that problematic alcohol use and depressive symptoms frequently co-occur (Bellos et al., 2013; Archie et al., 2012; Theunissen et al., 2011; Timko et al., 2008), although the temporal nature of this relationship is bi-directional, problematic alcohol use can lead to depressive symptoms and depression may lead to problematic alcohol use. The limited longitudinal research that has explored this relationship suggests that binge drinking might increase the risk of subsequent depression (Haynes et al., 2005; Paljarvi et al., 2009; Wang and Patten, 2002). However, the findings have not been consistent, and suggest the effects of alcohol may differ not only by level of binge drinking but also for

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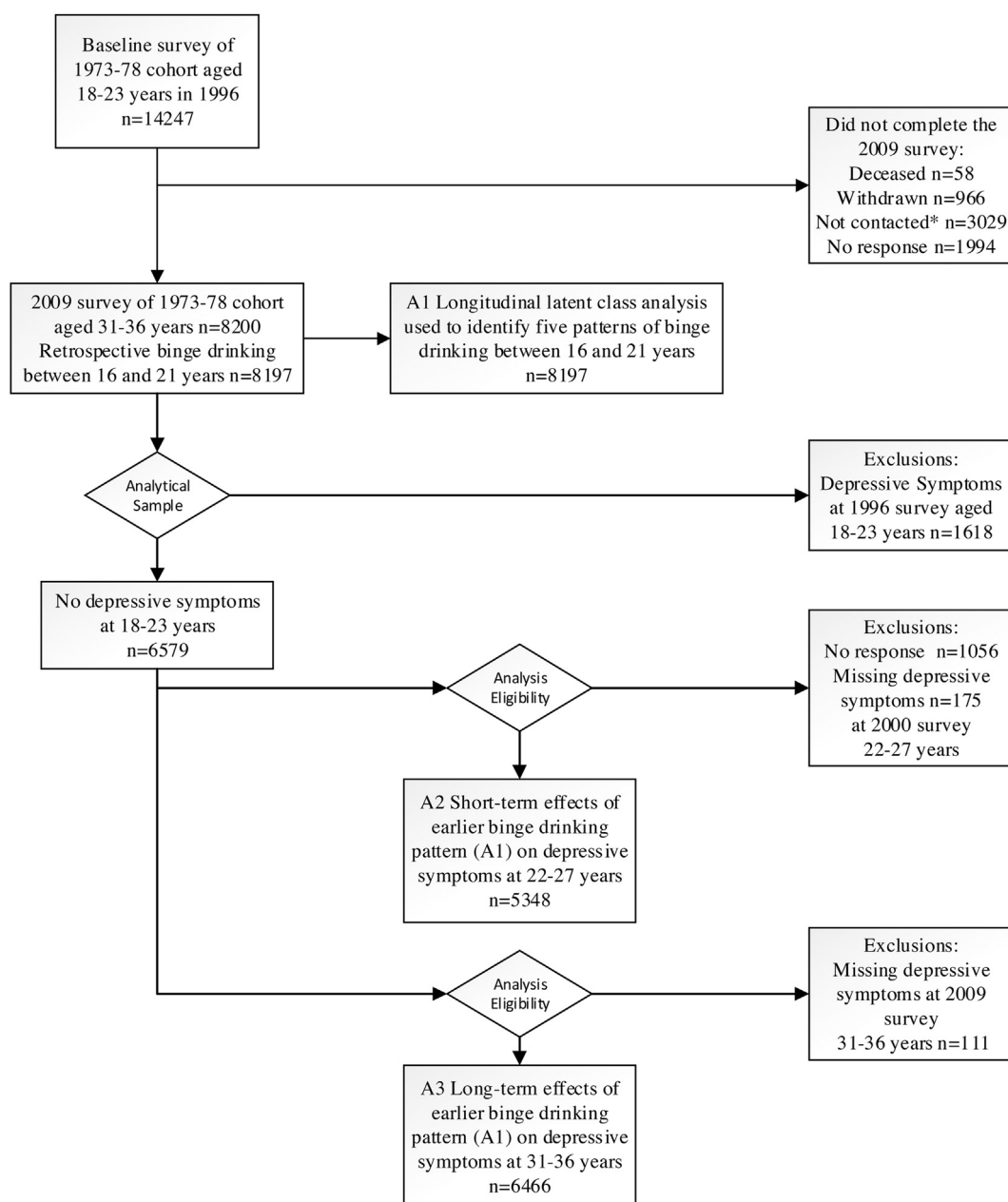


Fig. 1. Flow chart for analyses of binge drinking patterns and their association with subsequent depressive symptoms in the 1973–78 cohort of the Australian Longitudinal Study on Women's health.

men and women. While two long-term population studies found no association between depression and at least one binge drinking occasion (Bell and Britton, 2015; Bulloch et al., 2012), a study involving Finnish men and women aged 20–54 found a pattern of binge drinking involving intoxications, hangovers or pass-outs preceded depressive symptoms five years later (Paljarvi et al., 2009). In two waves of the Canadian National Population Health Survey, women who reported binge drinking once a month or more had a higher risk of major depression two years later, but this was not the case for men (Wang and Patten, 2002). Conversely, Haynes et al. (2005) found that while men who had six or more drinks per occasion at least once a month had three times the risk of depression 18 months later, there was no excess risk for female binge drinkers. (Bell and Britton, 2015; Bulloch et al., 2012)

Alcohol use, commonly in the form of binge drinking, often starts during adolescence (Chassin et al., 2002) and increases into the

early twenties, but this is not the case for all individuals (Brown et al., 2008). Several studies have identified four or five distinct patterns of binge drinking in early adolescence through to early adulthood (Chassin et al., 2002; Hill et al., 2000; Tucker et al., 2005). Whilst the relationship between problematic alcohol use and poor mental health appears greater in some population subgroups, to date there has been little work examining the effects of different patterns of binge drinking on the mental health of young women. This is an important gap, as not only do young women experience higher rates of mental health problems (Australian Bureau of Statistics, 2008), and binge drink at higher rates than older women (Powers et al., 2015), but the impact of binge drinking may be more problematic at a younger age, given the brain is continuing to develop at this time and alcohol use may impede aspects of this development (Zeigler et al., 2005). Given the dangers and increasing prevalence of binge drinking among young women (Mcpherson

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