



Alcohol problem recognition and help seeking in adolescents and young adults at varying genetic and environmental risk



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ARTICLE INFO

Article history:

Received 19 November 2014

Received in revised form 6 April 2015

Accepted 8 May 2015

Available online 18 May 2015

Keywords:

Alcohol use disorders

Help seeking

Treatment utilization

Alcohol problem recognition

Adolescents

Young adults

ABSTRACT

Introduction: Alcohol use disorder symptoms frequently occur in adolescents and younger adults who seldom acknowledge a need for help. We identified sociodemographic, clinical, and familial predictors of alcohol problem recognition and help seeking in an offspring of twin sample.

Method: We analyzed longitudinal data from the Children of Alcoholics and Twins as Parents studies, which are combinable longitudinal data sources due to their equivalent design. We analyzed respondents ($n = 1073$, 56.0% of the total sample) with alcohol use disorder symptoms at the baseline interview. Familial characteristics included perceptions of alcohol problems and help seeking for alcohol problems within the immediate family and a categorical variable indicating genetic and environmental risk. We used logistic regression to examine predictors of alcohol problem recognition and help seeking.

Results: Approximately 25.9% recognized their alcohol problems and 26.7% sought help for drinking. In covariate-adjusted analyses, help seeking among family members predicted problem recognition, several clinical characteristics predicted both problem recognition and help seeking, and familial risk predicted help seeking. Alcohol problem recognition mediated the association between alcohol use disorder symptoms and incident help seeking.

Conclusions: Facilitating the self-recognition of alcohol use disorder symptoms, and perhaps the awareness of family members' help seeking for alcohol problems, may be potentially promising methods to facilitate help seeking.

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1. Introduction

Among people who experience alcohol problems, alcohol use disorder (AUD) symptoms usually first appear in young adulthood (Bucholz et al., 1992; Schuckit et al., 1995). Despite evidence that obtaining alcohol-related services increases one's likelihood of recovering from alcohol problems (Dawson et al., 2006; Finney et al., 2007), individuals often delay seeking help until they have experienced a decade of psychological, medical, and/or social harms owing to their drinking (Bucholz et al., 1992; Schuckit et al., 1995). This lack of help seeking has been attributed to the fact that 86–91% of those with AUD in a given year do not think that they need help (Edlund et al., 2009, 2006; Mojtabei et al., 2002). In 2013, only 3% of adolescents or adults with untreated substance

use disorders believed that they needed help for their substance use (Substance Abuse and Mental Health Services Administration, 2014).

Studies of adults have explored factors that facilitate or interfere with alcohol problem recognition, beliefs about needing help, and help seeking (Edlund et al., 2009, 2006; Glass et al., 2010; Small et al., 2012). Compared to their middle-aged and older counterparts, young adults with AUD have a particularly elevated risk for denying need for help (Edlund et al., 2009; Oleski et al., 2010). Adults with mental health comorbidities such as mood or anxiety disorder symptoms were more likely to recognize their alcohol problems or to believe that they needed treatment than those without such comorbidity (Edlund et al., 2009, 2006; Grella et al., 2009; Oleski et al., 2010; Small et al., 2012). Having a greater number of AUD symptoms was positively associated with perceived need or with help seeking, but having co-morbid drug use disorders was not. While the comorbidity between alcohol and nicotine disorders is very high (Dawson et al., 2011), we are unaware of studies that have examined the association between nicotine problems and help seeking.

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One potentially promising line of investigation is to examine the association between specific AUD symptoms and help seeking (Edlund et al., 2009). The conceptual and empirical literature suggests that recognizing one's own addiction problems may be a first step in deciding what to do about them (Oser et al., 2010; Redko et al., 2007; Saunders et al., 2006; Sexton et al., 2008). Prevention programs (Van Gemert et al., 2011), brief alcohol interventions (Dimeff, 1999), and motivational enhancement therapies (Miller, 1995) educate people about AUD symptoms, such as pharmacologic tolerance, as an effort to elucidate their patterns of problematic use. Knowledge about specific AUD symptoms that heighten concern in younger persons could inform these programs, yet attention has not been directed at the role of specific AUD symptoms in promoting problem recognition, which in turn likely promotes help seeking. Mediation analysis may be better suited to understand such relationships.

Twin studies and prospective cohort studies have found that latent familial factors and family history of alcohol dependence, respectively, are associated with healthcare utilization (Milne et al., 2009; True et al., 1997, 1996). In a study of twin adult male veterans, genetic and shared environmental influences explained 41% and 40% of the variance in help seeking for alcohol problems (True et al., 1996). To our knowledge, research on measurable familial factors, such as family history of alcohol problems, family member's treatment seeking, or perceived alcohol problems within the family have not been adequately explored in the literature on help seeking. One study of adults in the U.S. general population with past-year substance dependence found no association between self-reported family history of substance use problems and help seeking (Grella et al., 2009), but other studies on help seeking have not considered family history (Cohen et al., 2007; Dawson et al., 2012; Edlund et al., 2012; Glass et al., 2010; Ilgen et al., 2011; Oleski et al., 2010). Familial characteristics may be particularly germane to studying adolescents and young adults because of the recency in which they have experienced their family environment.

In the current study, we examined sociodemographic, clinical, and familial predictors of lifetime alcohol problem recognition and help seeking in a sample of adolescents and young adults at varying levels of genetic and environmental risk. Many younger individuals who experience AUD symptoms would be eligible for intervention and prevention programs due to their high risk of developing full criteria for an AUD. An offspring of twins design allowed us to assess the contributions of genetic and environmental risk to problem recognition and help seeking. A longitudinal design allowed estimation of the extent that alcohol problem recognition mediated the association between AUD symptoms and incident help seeking over a four-year follow-up period.

2. Method

2.1. Sample

We analyzed data from two longitudinal studies consisting of children born to twin fathers with or without substance use disorder: the Twins as Parents (TAP) and Children of Alcoholics (COA) studies (combined $n = 1919$; mean age 21.4 years at the baseline interview) (Duncan et al., 2006; Jacob et al., 2003; Scherrer et al., 2008; Xian et al., 2010). TAP and COA were designed to analyze the degree to which offspring outcomes (substance-related and others) are influenced by genetic and environmental effects, and their interaction. In 2001–2002, children of twin fathers from the Vietnam Era Twin Registry who had been well characterized by a psychiatric assessment in 1992 (Eisen et al., 1989; Tsuang et al., 1996) were recruited for two studies. Eligibility for each study was based on the father's history and his co-twin's history of alcohol (for

Table 1
Familial risk ascertained from the offspring of twins design.

Offspring risk group	Zygoty of offspring's father and father's co-twin	Substance dependence status of father	Substance dependence status of father's co-twin
High genetic/high environmental (HG/HE)	Monozygotic ^a or dizygotic ^b	+	+ or –
High genetic/low environmental (HG/LE)	Monozygotic	–	+
Moderate genetic/low environmental (MG/LE)	Dizygotic	–	+
Low genetic/low environmental (LG/LE)–control group	Monozygotic or dizygotic	–	–

^a Identical, with the father and his co-twin sharing all of their genes.

^b Fraternal, sharing half of their genes.

COA) and drug dependence (for TAP). Zygoty status of the twins was used to construct four familial vulnerability groups representing combinations of genetic and environmental risks (see Table 1). Briefly, one risk group was composed of offspring of men with either alcohol or drug dependence. These offspring were at both high genetic and high environmental risk (“HG–HE”) for developing substance dependence, by virtue of having an affected biological father (genetic risk) and being reared by an affected father (environmental risk). Offspring whose unaffected father was an identical co-twin of an affected individual were also at high genetic risk for substance dependence, because their father shared all his genes with his affected co-twin, but at low environmental risk because they were not reared by an affected father (“HG–LE”). Offspring of an unaffected father with an affected dizygotic twin were at moderate genetic risk for developing substance dependence (since their father shared half his genetic make-up on average with his affected brother), but at low environmental risk because they were not brought up in a household with an affected father (“MG–LE”). Finally, offspring of unaffected fathers whose co-twins were also unaffected had low risks for both genetic and environmental influences on development of substance dependence (“LG–LE”).

Multiple offspring were interviewed for each father when available. TAP and COA had similar recruitment and interview procedures, allowing datasets to be combined. Offspring and maternal interviews used a modified telephone adaptation of the Semi-Structured Assessment for the Genetics of Alcoholism, Version II to assess DSM-IV diagnoses (Bucholz et al., 1994).

Included in analyses for this study were 1073 offspring with ≥ 1 DSM-IV AUD symptoms at baseline (see Fig. 1) from 782 families. We excluded 845 with no baseline AUD symptoms and 24 with incomplete data. Respondents were re-interviewed twice at two-year intervals. Response rates at the second and third time points were 73.6% and 64.4%, respectively. Parent interviews were used to define maternal AUD and help seeking for alcohol problems among fathers and mothers. All biological fathers and 87.2% of biological mothers of offspring were interviewed.

2.2. Measures

2.2.1. Alcohol problem recognition. At each time point, alcohol problem recognition was assessed with the question, “Have you ever thought you had a drinking problem?”

2.2.2. Sought help for drinking. At each time point, treatment from medical professionals, other clinical professionals, or religious

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