



Original article

Latent profiles of family background, personality and mental health factors and their association with behavioural addictions and substance use disorders in young Swiss men



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ABSTRACT

Background: Recent theories suggest that behavioural addictions and substance use disorders may be the result of the same underlying vulnerability. The present study investigates profiles of family background, personality and mental health factors and their associations with seven behavioural addictions (to the internet, gaming, smartphones, internet sex, gambling, exercise and work) and three substance use disorder scales (for alcohol, cannabis and tobacco).

Methods: The sample consisted of 5287 young Swiss men (mean age = 25.42) from the Cohort Study on Substance Use Risk Factors (C-SURF). A latent profile analysis was performed on family background, personality and mental health factors. The derived profiles were compared with regards to means and prevalence rates of the behavioural addiction and substance use disorder scales.

Results: Seven latent profiles were identified, ranging from profiles with a positive family background, favourable personality patterns and low values on mental health scales to profiles with a negative family background, unfavourable personality pattern and high values on mental health scales. Addiction scale means, corresponding prevalence rates and the number of concurrent addictions were highest in profiles with high values on mental health scales and a personality pattern dominated by neuroticism. Overall, behavioural addictions and substance use disorders showed similar patterns across latent profiles.

Conclusion: Patterns of family background, personality and mental health factors were associated with different levels of vulnerability to addictions. Behavioural addictions and substance use disorders may thus be the result of the same underlying vulnerabilities.

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1. Introduction

Schaffer et al. [1] proposed that substance use disorders (SUDs) and behavioural addictions (BAs) may be expressions of an underlying *addiction syndrome* related with several distal neurobiological, genetic, psychological and social risk factors. In this line of thinking, the present study investigates the link between clusters of individuals with different family backgrounds, personality and mental health factors, with seven BAs (to the internet, gaming, smartphones, internet sex, gambling, exercise and work) and three SUDs (for alcohol, cannabis and tobacco), in a large sample of young Swiss men, among whom substance use [2] and

other potentially addictive behaviours [3,4] are widespread. There is an ongoing debate about whether some of the so-called behavioural addictions should actually be pathologized as “addictions” [5]. Currently, only gambling is an accepted disorder in DSM-5 [6], and internet gaming will likely be included in ICD-11 [7]. However, for ease of presentation, all included potential problematic behaviours will be labelled as behavioural addictions in this paper. In contrast to measuring quantity or frequency of use only, measures for SUDs and BAs are based on symptoms of problematic use like tolerance, withdrawal, salience as well as personal and social consequences [8]. The main research question was whether there are distinct profiles of family background, personality and mental health factors associated with SUDs or BAs.

There are many studies about correlates of BAs and SUDs. Family-related variables (good family relationships and management) have been shown to be associated with lower substance use in young adults [9], and there is also evidence for parental

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monitoring being associated with lower prevalence rates of BAs, such as problematic gambling [10] and internet addiction [11]. In the field of personality, a meta-analysis by Kotov et al. [12] found that the traits of neuroticism and disinhibition were positively related to SUDs, whereas the trait of conscientiousness was negatively related to SUDs. Extraversion was found to be negatively related to drug use only, and agreeableness was negatively related to drug and mixed substance use. In a study involving 218 university students, Andreassen et al. [13] found that 6%–17% of the variance in seven BAs was explained by the five-factor model of personality. Finally, for mental health factors, there is a broad range of studies linking mental disorders to SUDs [1,14,15]. As an example for BAs, Ko et al. [16] found that internet addiction was related to attention-deficit hyperactivity disorder (ADHD), depressive disorder and social phobia. However, the association between mental functioning and addiction is complex: mental health factors may increase the risk for addictions or vice versa, or they may share some risk factors [15,17].

Shaffer et al. [1] identified shared psychological manifestations and sequelae of different addictions (e.g. feelings of guilt, shame, tolerance and withdrawal), parallel natural histories (patterns of onset, improvement, relapse and remission), object non-specificity, concurrent manifestations of addictions and treatment non-specificity and they therefore put forward the idea of an *addiction syndrome*. In this interpretation, addictive disorders are seen less as the consequences of exposure to a specific substance or behaviour, but may instead be seen as expressions of an underlying vulnerability.

Comparing BAs to SUDs, Grant et al. [18] found common features, notably in natural history (e.g. chronic, relapsing patterns), phenomenology (e.g. craving, resulting positive mood state) and adverse consequences (e.g. financial or marital problems); they also found that they may respond to similar psychological treatments and pharmacological treatments. A recent study assessing four substance and six behavioural addictions also found that the 10 scales loaded highly on a single component, providing thus evidence for an underlying addiction construct [19].

Although there are several studies linking individual risk factors to specific addictions, to the best of our knowledge, there are no studies linking patterns of potential risk factors to multiple addictions. We therefore investigated profiles of family background, personality and mental health factors that may contribute to the occurrence or co-occurrence of addictions using latent profile analysis (LPA). LPA is a person-centred, model based clustering approach (in contrast to e.g. k-means clustering; see [20] for a comparison of LCA/LPA with other clustering approaches) capable of assembling participants into distinct profiles, based on their expressions on a number of variables, whereby allowing the inclusion of covariates and the handling of non-normal data [21]. The aim of this study was therefore not to test associations between specific variables and addictions as in a variable-centred approach, but to identify groups of individuals sharing similar characteristics (person-centred approach). Within this framework, we investigated whether a) different profiles of potential risk factors (namely, family background, personality and mental health factors) could be identified, b) addictions scales differed across the profiles identified; and c) differences between profiles were associated with different types of addictions (i.e. BAs and SUDs).

2. Method

2.1. Sample

The present work's sample came from the Cohort Study on Substance Use Risk Factors (C-SURF; for an overview see [2]), a longitudinal study designed to examine use patterns and

associated factors in young Swiss men. Enrolment for the baseline measurement occurred between August 2010 and November 2011 in three of Switzerland's six military recruitment centres, located in Lausanne (French-speaking: 57.4% of the final sample), Windisch and Mels (German-speaking: 42.6%), during the military recruitment procedures which are mandatory for all Swiss men. Written consent to participate in the study was given by 7556 young men; 5987 (79.2%) returned the baseline questionnaire between September 2010 and March 2012; 5362 returned the second follow-up questionnaire between April 2016 and September 2017. Questions about family background were asked at baseline only and assumed to be stable across waves; the personality, mental health and addiction measures stem from the second follow-up questionnaire. Data from first follow-up were not used. The final sample of 5287 included all participants who had replied to the second follow-up questionnaire. 75 Individuals were excluded because of more than four missing values across variables used in the latent profile model. Mean age at baseline was 19.97 years (SD = 1.22) and 25.42 years (SD = 1.23) at the second follow-up. The research protocol was approved by the Human Research Ethics Committee of the Canton Vaud (Protocol No. 15/07).

2.2. Measurements

2.2.1. Family background

Family situation was assessed with a question about how participants lived most of the time before they were 18 years old. Responses were "grew up with both parents, or one parent and one step-parent", and "grew up with one parent or no parents". Parental divorce before 18 years old was assessed using a yes/no question. These questions were adapted from the Alcohol Use Disorder and Associated Disabilities Interview Schedule IV (AUDADIS IV) [22]. Participant's satisfaction with his relationship with parents before the age of 18 was averaged across mother and father on a 5-point scale ranging from "not at all satisfied" to "very satisfied". Parenting during childhood was measured using six statements (two each for parental regulation, monitoring and support at the age of 15) with five-point Likert scale-type response options ranging from "almost never" to "almost always". These questions were adapted from the European School Survey Project on Alcohol and Other Drugs [23].

2.2.2. Personality

Three of five subscales from the Zuckermann–Kuhlmann Personality Questionnaire [24] were used: a) aggression/hostility, b) sociability and c) neuroticism/anxiety. Each subscale was measured using ten true/false questions. Sensation seeking was measured using the Brief Sensation Seeking Scale [25] with eight items on a five-point Likert scale ("strongly agree" to "strongly disagree").

2.2.3. Mental health

Stress symptoms during the last month were measured using the Perceived Stress Scale 10 (PSS10) [26], consisting of ten statements describing stressful situations in life using five-point Likert scale-type response options ranging from "never" to "very often".

Social anxiety symptoms during the last week were measured using the Clinically Useful Social Anxiety Disorder Outcome Scale [27], consisting of 12 statements rated using five-point Likert scale-type response options ranging from "almost never true" to "almost always true".

Borderline personality disorder symptoms were measured using the Mclean Screening Instrument for Borderline Personality Disorder [28,29], consisting of ten true/false statements.

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