



Validation of the Drinking Motives Questionnaire (DMQ) in older adults

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HIGHLIGHTS

- Finding suggest that the DMQ is a valid measure for use on older adults.
- Specific alcohol-related consequences were associated with each drinking motive.
- Social motivations for drinking were the most frequently endorsed.
- Males reported more frequent drinking for each of the three motives.

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ABSTRACT

Drinking motives have been established as an important construct in the prediction of alcohol use and drinking problems among younger adults, but there is little understanding about the drinking motivations of older adults. Although emerging evidence shows the importance of studying older adults' own reasoning for their alcohol consumption, measures that have been used to assess such reasons lack psychometric assessment. This study aims to validate the three-dimensional structure of the Drinking Motives Questionnaire (DMQ) in older adults and to investigate the relationships between drinking motives and alcohol use. A sample of community dwelling older adults ($N=370$) completed self-report measures assessing drinking behavior and motives for drinking. Using confirmatory factor analysis, the results supported a three-factor model of drinking motives. Multi-group analysis of invariance showed support for configural and metric invariance, and partial support was met for scalar invariance. Social motivations for drinking were the most frequently endorsed, followed by enhancement, and coping motives. Males reported more frequent drinking for each of the three motives. Social motives were consistently related to drinking behaviors and coping had a direct relationship to drinking problems. Overall, the study shows that the DMQ has promise as a measure for use with older adults.

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1. Introduction

1.1. Alcohol use in old age

Alcohol use among individuals aged 60 years or older has received much less attention than its use in both adolescents and adults. Although drinking quantity tends to decline with age, older adults are shown to drink more frequently than younger age groups (Australian Institute of Health and Welfare, 2011). Age-related changes such as increased medication use, an increased risk of falls, and physiological changes (e.g., smaller body mass and lower water content) lead to higher blood alcohol concentrations for a given dose and therefore greater intoxication (Vestal et al., 1977). This means that even modest levels of alcohol can cause harm in older adults.

Prevalence rates of problem drinking among older adults range between 1 and 15% or higher (Adams, 1996; Blow & Barry, 2002; Moore et al., 2006), depending on how problem drinking is measured and the participants sampled. There is also evidence to suggest that recent birth cohorts (i.e., the aging “baby boomers”) consume greater levels of alcohol than earlier cohorts. These trends in alcohol consumption suggest a likely increase in alcohol problems as these people age (Blow, Brockmann, & Barry, 2004).

One approach to facilitate an understanding of why older adults drink is to study their reasons for drinking. Investigating the reasons for drinking has offered insight into drinking for self-medication (Aira et al., 2008; Brennan et al., 2005) and social integration (Khan, Wilkinson, & Keeling, 2006) among older adults. However, in older adults the reasons for drinking have been investigated by study-specific measures that are not subjected to psychometric evaluation. These unnamed measures can include factors containing non-specific items, for example, *enjoying the taste of alcohol* was subsumed within a “social reasons” dimension in a study by Graham et al. (1996).

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In contrast, other studies do not measure factors but employ a list of broad reasons, such as *for social reasons* (Immonen, Valvanne, & Pitkälä, 2010), which limit the level of insight that can be gained. Taken together, these concerns support the need for a valid and reliable measure that allows researchers to compare findings across studies at the endorsement level and in their association with drinking behavior.

1.2. Drinking motives

One measure that has been extensively applied to investigate why younger and middle-aged adults drink alcohol is the Drinking Motives Questionnaire (DMQ; Cooper, 1994; Cooper, Russell, Skinner, & Windle, 1992). Drinking motives originate from the motivational model of alcohol use (Cox & Klinger, 1988). Defined as the actual (self-reported) use of alcohol in order to achieve a desired effect or outcome (Cooper, 1994), drinking motives are conceptualized as the most proximal factor relating to alcohol use. Cooper et al. (1992) found support for a three-factor structure of drinking motives based on a distinction of valence (positive or negative) and source (internal or external). This gave rise to: 1) drinking to enhance positive mood or well being such as *because it's fun* (internally generated, positive reinforcement), 2) to obtain social rewards such as *drinking to celebrate a special occasion with a friend* (external, positive reinforcement), and 3) to attenuate negative emotions such as *drinking to forget your worries* (negative, internal reinforcement). The three drinking motives were termed enhancement, social and coping, respectively, and are represented by the Drinking Motives Questionnaire (DMQ). This measure assesses the relative frequency of drinking for each motive and was validated using confirmatory factor analysis (CFA) on a large sample of middle-aged adults.

Research has demonstrated that despite the high inter-correlations between drinking motives, they are each considered *psychologically distinct* with specific antecedents and alcohol-related consequences. Enhancement motives include items such as “How often do you drink because you like the feeling?” and are associated with frequent heavy drinking and are indirectly related to drinking problems (via alcohol consumption). In contrast, social motives include items such as “How often do you drink because it makes a social gathering more enjoyable”, which relate to moderate, non-problematic alcohol consumption. Coping motives refer to items such as “How often do you drink to forget your worries?” and predict drinking problems both directly and indirectly through alcohol consumption.

Whilst there is extensive empirical support for the factorial and concurrent validity of the DMQ, very little work has been done with the DMQ on adults aged ≥ 60 years. This is despite the DMQ containing suitable items for an older age group e.g. “drinking to be sociable” and that are consistent with existing knowledge of why older adults drink alcohol (Immonen et al., 2010). The concise size of the 15-item 3-factor DMQ further suggests that this measure could advance the current methods of investigating why older adults drink alcohol.

1.3. The current study

The focus of this study is the measurement of the Drinking Motive Questionnaire (DMQ) among older adults, and whether it represents psychometrically-valid and reliable measurement tool for use within an older age group (> 60 years). The first aim was to confirm the factorial validity and internal consistency of the DMQ in a sample of older adult drinkers. Measurement invariance was also tested across gender. A second aim was to investigate the concurrent validity of the DMQ by assessing the relationships between drinking motives and measures of alcohol use and drinking problems. This was also to determine whether distinct aspects of alcohol use were predicted by each drinking motive. It was hypothesized that positive reinforcement motives (both social and enhancement) would be strongly

related to alcohol use and only indirectly related to drinking problems (through alcohol use). In contrast, negative reinforcement motives (coping) would be less strongly related to alcohol use and directly related to drinking problems (even after controlling for alcohol use).

2. Method

2.1. Participants and procedure

A pilot study was first performed on a small sample ($N = 10$) of older adults to examine whether any items on the DMQ were perceived as difficult. For the main study, data was collected by postal questionnaire between May and September 2011. A total of 1682 participants, randomly selected from the electoral rolls of Victoria and New South Wales, were contacted to join this study. These participants were part of a larger, longitudinal study on mental health and well-being in rural areas of Australia ($N = 7,615$; Murray et al., 2004). There were no exclusion criteria.

Valid consent and questionnaire responses were received from 527 participants, who had a mean age of 71 years ($SD = 7.89$), and the majority were of Australian background (93%), married (65.6%) and economically inactive (72%). Participants who had missing data on a measure of alcohol consumption, the AUDIT-C ($n = 15$) or indicated they had not consumed alcohol in the previous 12 months ($n = 142$) were excluded from the analyses. This left 370 participants for the current study. Seventy-eight participants did not report age or gender, these were included in the initial confirmatory factor analysis but excluded from the invariance testing and concurrent validity analyses. Of the 370 participants, 93% (344) were Australian born, 65.6% (242) were married, 18.2% (71) were single/separated or widowed, 82.4% (305) belonged to a religious group, 28% (103) were employed and 57.6% (212) were retired. Data on financial status showed that 85.6% (298) had adequate to sufficient financial status, and 11.2% (39) reported more than sufficient financial status.

2.2. Measures

2.2.1. Drinking motives

The DMQ (Cooper et al., 1992) is a 15-item scale that assesses the relative frequency of drinking for three conceptually and empirically distinct motive dimensions (enhancement, social and coping). Each dimension consists of five items such as: *How often do you drink to forget your worries?* (e.g., a coping motive) that are rated on a 4-point frequency scale: 1 = *almost never/never* to 4 = *almost always*. This measure has been used to assess drinking motives in adult samples and is considered suitable for the current study because it includes items that are consistent with the reasons older adults provide for their drinking. However, the pilot study showed that one enhancement motive item: *drinking because it is exciting* was confusing and perceived as irrelevant by participants; therefore this item was removed from the study. Consequently, a 14-item DMQ was used in the current study. The three motive subscales demonstrated good to excellent reliability, alphas were acceptably high: .92 (social), .86 (coping), and .86 (enhancement).

2.2.2. Alcohol use

A sub-measure of the Alcohol Use Disorders Identification Test (AUDIT), namely the AUDIT-Consumption Questions (AUDIT-C; Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998) has been used to identify hazardous drinking across a range of different samples. The AUDIT-C consists of three items pertaining to the typical alcohol consumption frequency, quantity and binge drinking over the past 12 months. The total AUDIT-C score is a summation of all three subscales (quantity/frequency, and binge drinking) with a possible score range of 0–12; higher scores are indicative of greater levels of alcohol consumption.

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