

BACKGROUND

- Clinicians, researchers, and other providers typically fail to examine two highly interactive (and very common) issues together: *the misuse of alcohol* and *nonadherence to prescribe antidepressants*
- Little is known about the rates of antidepressant medication-taking and alcohol use when considered in combination
- Substance abuse is the strongest predictor of suicide among Veterans with depression, with an estimated 9.3 percent, aged 21 to 39 (312,000), reporting at least one major depressive episode in the previous year
- Compared to Veterans with depressive disorder alone, those with comorbid substance use had a greater length of illness, more major depressive episodes, more prior suicide attempts, and more concurrent psychiatric disorders
- Veterans taking antidepressants have poor adherence and even more so for those with a substance use disorder.
- At a minimum, interventions should be directed to this population to promote abstinence from alcohol and to promote antidepressant adherence.

PURPOSE

The purpose of this study was to determine the prevalence of four possible combinations of alcohol use and medication taking behaviors: (1) consuming alcohol and not taking medication, (2) consuming alcohol and taking medication, (3) not consuming alcohol and not taking medication, and (4) not consuming alcohol and taking medication.

The significance: improve mental health outcomes by enhancing Veterans' medication adherence and decreasing their alcohol use. Nearly all (99.2%) of Veterans aged 21 to 39 with a major depressive episode reported impairment in functioning and inability to carry out normal activities on an average of 57.4 days in the previous year.

Long-term objective: to develop tailored interventions for patients in primary care settings who are not taking antidepressants as directed, consuming alcohol, singly or in combination. These interventions will be developed as a manual for members of the interprofessional patient aligned care team.

MEASURES

- Alcohol Use Disorders Identification Test (AUDIT-C)**—used to screen for hazardous alcohol use. The 3-item measure is scored based on five Likert-style response alternatives. A range of 0-4 points is possible for each item, which assesses alcohol use over the past year; total scores range from 0-12. A score >0 indicates any amount of alcohol use.
- Patient Health Questionnaire-2**—a 2-item standardized screening tool; used to assess the severity of depression. Ratings are based on the frequency of symptom experiences ranging from 0 (not at all) to 3 (nearly every day). Scores range from 0 to 6 with > 2 indicating need for further assessment of depression.
- Demographic Survey**—used to collect data on age, sex, ethnicity/race, education level, income, marital status, distance from home to primary provider, variables associated with medication non-adherence.
- Timeline Follow Back**—for self report retrospective recall of alcohol intake; demonstrated to have excellent validity when compared with verifiable events; good test-retest reliability

RESULTS 1: DEMOGRAPHICS AND CLINICAL DATA

Table 1 Set: Characteristics and Demographics

GENDER	Freq.	Percent	Valid Percent	Cumulative Percent
Female	4	20.0	20.0	20.0
Male	16	80.0	80.0	100.0

RACE	Freq.	Percent	Valid Percent	Cumulative Percent
White	12	60.0	60.0	60.0
Black	8	40.0	40.0	100.0

Table 2: Age

	N	Min	Max	Mean	Standard Deviation
AGE	20	27	65	50.25	10.120

Table 3: Marital Status

MARITAL STATUS	Freq.	Percent	Valid Percent	Cumulative Percent
Single	2	10.0	10.0	10.0
Married	12	60.0	60.0	70.0
Separated	3	15.0	15.0	85.0
Divorced	2	10.0	10.0	95.0
Widowed	1	5.0	5.0	100.0

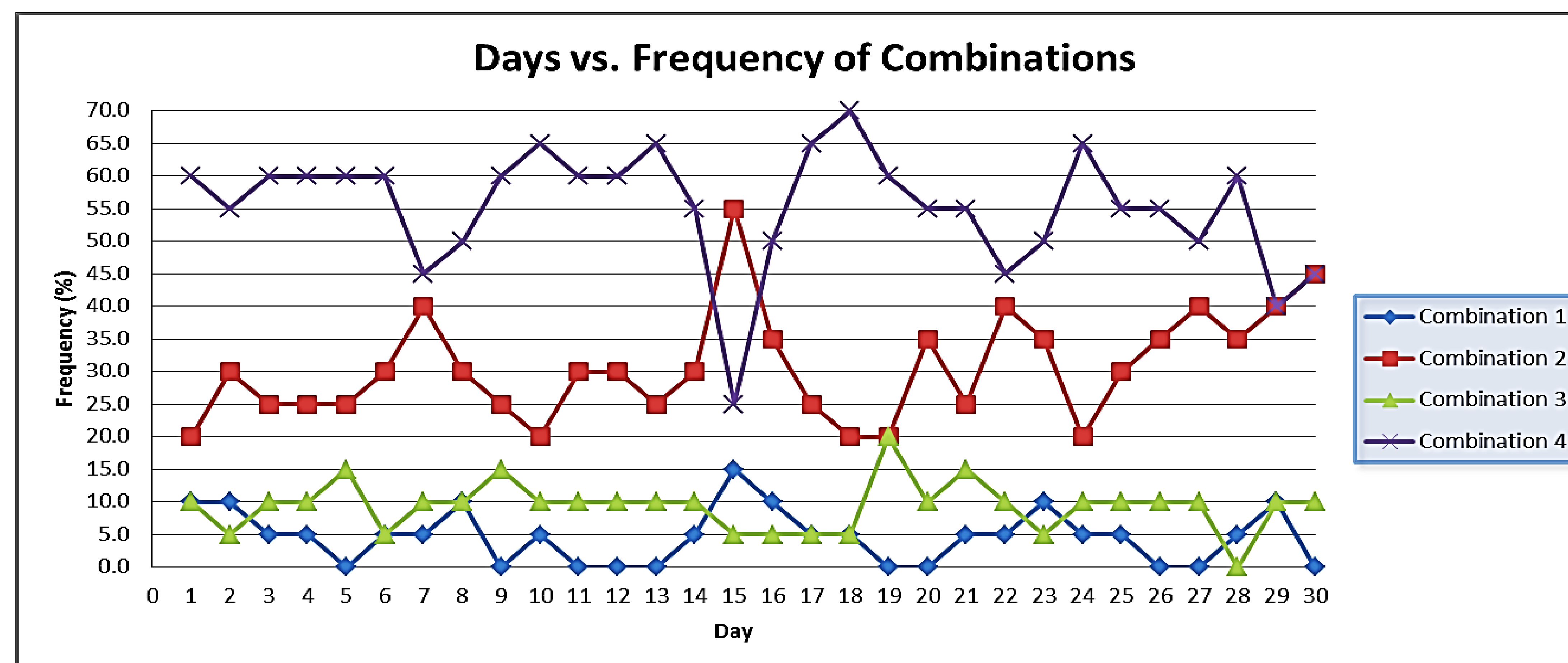
Table 4: Descriptive Statistics: Patient Health Questionnaire (PHQ), Audit Score

	N	Min	Max	Mean	Standard Deviation
PHQ	20	2	6	3.45	1.356
Audit	20	1	11	5.20	2.840

Table 5: Study Results

	N	Minimum	Maximum	Mean	Standard Deviation
T1 # of drinking days	20	.00	30	10.45	9.578
T1 % of drinking days	20	.00	100	34.85	31.93
T1 Heavy Drinking Days	20	.00	30	4.550	7.258
T1 % Heavy Drinking Days	20	.00	100	16.52	24.26
T1 % Medication Adherence Days	20	.00	100	78.67	39.39

RESULTS 2: PATTERNS OF ALCOHOL USE AND ANTIDEPRESSANT MEDICATION TAKING



Legend: **Combination 1** - consuming alcohol and not taking medication, **Combination 2** - consuming alcohol and taking medication, **Combination 3** - not consuming alcohol and not taking medication, **Combination 4** - not consuming alcohol and taking medication.

Additional Results:

- 18 of 20 Veterans reported 1 to 30 days in which they were consuming alcohol and taking medication (Combination 2).
- 16 of 20 Veterans reported 2 to 29 days in which they were not consuming alcohol and taking medication (Combination 4).
- The remaining combinations accounted for a smaller proportion of the sample (8 reported 1 to 9 days in which they were consuming alcohol and not taking medication).
- 7 reported 1 to 26 days when they were not consuming alcohol and not taking medication.

SETTING AND SAMPLE

VA Western New York Healthcare System Primary Care Clinics

Inclusion:

- Positive screen for depression (PHQ-2 score > 2)
- Any amount of alcohol use (AUDIT-C score >0)
- On prescribed antidepressant medication

ACKNOWLEDGMENTS

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CONCLUSIONS

- This sample of Veterans reported a high number of medication adherent days whether drinking or abstaining from alcohol. This is likely reflective of the low risk alcohol severity and moderate depression.
- Alcohol use and medication taking are dynamic behaviors that may vary from day to day. Researchers and clinicians typically assess alcohol use and medication taking behaviors these two behaviors separately, reporting rates of alcohol use and medication taking behaviors for a *specific time period*.
- Examining these behaviors in tandem allows for a greater understanding of the scope of these problems for individuals taking antidepressants and drinking alcohol.
- A future study will examine the strategies patients use to achieve the goal of antidepressant medication adherence and abstinence from alcohol.