Young men who do not drink, as well as those who drink heavily, have high levels of depression and distress


QUESTION: Do non-drinkers and hazardous/harmful drinkers have increased symptoms of depression and anxiety during young adulthood?

Main results
For men, both hazardous/harmful and non/occasional drinkers reported higher symptom scores and lower positive affect. The mental health of female heavy drinkers was affected in a similar manner.

Mean Goldberg and PANAS scores by alcohol consumption

<table>
<thead>
<tr>
<th>Non/occasional drinkers</th>
<th>Light drinkers</th>
<th>Moderate drinkers</th>
<th>Hazardous / harmful drinkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unadjusted variable</td>
<td>Unadjusted variable</td>
<td>Unadjusted variable</td>
<td>Unadjusted variable</td>
</tr>
<tr>
<td>Men (n=294)</td>
<td>Women (n=426)</td>
<td>Men (n=606)</td>
<td>Women (n=551)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Men (n=126)</td>
<td>Women (n=122)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Men (n=70)</td>
<td>Women (n=81)</td>
</tr>
<tr>
<td>Depression</td>
<td>2.8</td>
<td>3.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Anxiety</td>
<td>3.4</td>
<td>4.4</td>
<td>3.0</td>
</tr>
<tr>
<td>Positive affect</td>
<td>32.8</td>
<td>32.0</td>
<td>34.1</td>
</tr>
</tbody>
</table>

Note: all scores for non-drinking and 'harmful drinking' men were significantly different from light drinkers (p < 0.05). Only depression scores for female 'hazardous / harmful' drinkers reached statistical significance.

COMMENTARY

A number of studies have investigated the links between alcohol consumption and mental health problems, although few have specifically targeted young adults. Substance use and alcohol consumption is increasing among young people in Western countries. Community-based surveys suggest that alcohol disorders often coexist with anxiety and depression. This study uses a large community sample, although some of the conclusions are debatable. The authors suggest that a higher level of distress among male non-drinkers may be due to violation of social norms, but no information was collected about peer pressure or peer acceptance. Differences in mean depression and anxiety scores between the non/occasional and light drinking groups might result from the confounding effects of extraversion, physical health and employment status.

The authors suggest that high levels of distress in male non/occasional and hazardous drinkers might be evidence that distress polarizes drinking behavior. This conclusion is premature for a cross-sectional study. Using a national representative sample, my colleague and I investigated the impact of major depression on alcohol consumption. We found no evidence that depression affected the initiation, frequency or amount of alcohol consumed among men, but major depressive episodes increased the risk of harmful drinking among women.

Social selection and 'social causation' models predict an inverse relationship between socioeconomic status and various types of psychopathology, including depression and alcohol-related disorders. This study, demographic and socioeconomic variables such as race, income status and income were not fully described, although it is likely that data were collected.

Mean depression and anxiety scores were compared for different levels of alcohol consumption, but the distributions of depression and anxiety scores are often skewed which precludes a direct comparison of means. Direct comparisons of mean scores are not appropriate unless the scores were normally distributed. In another study involving 5 of the same authors, the distributions of depression and anxiety scores were skewed so data transformation and population norms were used. It is surprising that a similar approach was not used here.

Selection bias is also possible. Although the final sample was large (n=2276), only about 55% of those contacted and eligible for the study (n=4105) provided complete information.


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