

Regular article

Does co-occurring social phobia interfere with alcoholism treatment adherence and relapse?

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Abstract

This study investigates the impact of social phobia on adherence to and outcomes 6 months following standard alcohol treatment and Alcoholics Anonymous (AA) group meetings among alcohol-dependent patients with and without social phobia. In a cohort study, 300 detoxified alcohol-dependent individuals in Porto Alegre, Brazil, were interviewed during, as well as 3 and 6 months after hospital detoxification. At both follow-up points, treatment adherence was low and relapse rates were high among patients with and without social phobia, and no significant differences were seen between the two groups of patients in relapse, adherence to AA, or adherence to psychotherapy. Findings from this sample suggest that although alcohol-dependent patients with social phobia showed a tendency for less adherence at AA and felt less integrated with their AA group, social phobia comorbidity was not a significant risk factor for alcohol use relapse or for nonadherence to AA or psychotherapy. © 2006 Elsevier Inc. All rights reserved.

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1. Introduction

The diagnosis of alcoholism occurs in approximately 26% of patients with social phobia, and, reciprocally, social phobia is detected in approximately 21% of alcohol-dependent patients (Lépine & Pélissolo, 1998). Alcohol-dependent patients often report onset of social phobia prior to their alcohol dependence (Terra, Figueira, & Barros,

2004). Studies show two- to threefold higher risk for the development of abuse or dependence on alcohol among patients with social phobia as compared with those without social phobia (Kessler et al., 1997). Thus, social phobia and alcohol dependence are two of the most prevalent comorbid conditions found in clinical practice; the combination has been shown to significantly increase the use of health services among these patients (Helzer & Pryzbeck, 1998).

Despite the prevalence and health care utilization consequences of alcoholism and social phobia, few studies have compared outcomes of alcohol-dependent patients with and without social phobia (Thomas, Thevos, & Randall, 1999). It has been proposed that social phobia should be taken into account when defining treatment strategies for patients who

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abuse alcohol as a self-medication strategy for anxiety symptoms (LaBounty, Hatsukami, Morgan, & Nelson, 1992; Lépine & Pélissolo, 1998). In this regard, it has been reported that comorbid anxiety disorders lead to worse outcomes in the treatment of alcohol dependence (as reviewed by Da Silveira & Jorge, 1999; Schadé, Marquenie, Van Balkon, Van Dyck, & Van den Brink, 2003).

Also, it has been suggested, but not tested, that alcohol-dependent patients with social phobia may have more difficulty attending or benefiting from a group-based treatment such as Alcoholics Anonymous (AA; Myrick & Brady, 1997). AA is an effective intervention for alcohol dependence (Kownacki & Shadish, 1999; Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997; Timko, Moos, Finney, & Moos, 1994). However, about 50% of AA participants drop out in the first 3 months of treatment (Chappel, 1993; Fiorentine, 1999; Gossop et al., 2003; Humphreys, Moos, & Cohen, 1997). Because patients with social phobia may have difficulties with AA group activities and speaking in front of an audience, attending the meetings and adherence to the AA philosophy may be particularly difficult for the alcohol-dependent patient with social phobia. Thus, it is important to compare the effectiveness of the 12-step, AA-oriented treatment approaches for patients with and without social phobia.

This study is a longitudinal investigation of patients within alcoholism treatment programs in Brazil, reporting alcohol use relapse and adherence to psychotherapy or AA group meetings during the first 6 months following detoxification. We were particularly interested in the relationship between attendance at AA meetings and presence of a comorbid diagnosis of social phobia.

2. Subjects and methods

2.1. Study acting and eligibility

A total of 300 alcohol-dependent patients who were hospitalized in treatment of drug dependence units within a general hospital or in two psychiatric hospitals, in Porto Alegre, Brazil, and who fulfilled the diagnostic criteria for alcohol dependence according to *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* were interviewed. All patients hospitalized from December 2001 to July 2003 were recruited. The first patient interview was conducted after at least 7 days of detoxification treatment. Follow-up interviews were conducted in patients' homes 3 and 6 months postdischarge.

2.1.1. Power estimates

Considering that the frequency of social phobia in alcoholism is around 33% (Terra et al., 2004) and that the nonadherence to AA among alcohol-dependent individuals is around 50% (Chappel, 1993), we presumed that alcohol-

dependent patients with social phobia would not adhere to AA at a rate of 70%. With this estimate and considering a confidence limit of 95% and a statistical power of 80%, the size of the sample needed for the study was estimated as 69 individuals with social phobia versus 207 individuals without social phobia. An additional 15% was added to these estimates to compensate for dropouts.

2.1.2. Subjects

Inclusion criteria were the following: 20 to 60 years old, living in Porto Alegre, having access to telephone in their homes, being referred to the AA group by his or her attending physician, and being in abstinence for at least 1 week prior to the first interview. Exclusion criteria were the following: schizophrenia, acute psychotic disorder, mental retardation, confusional states, severe antisocial personality disorder, and presence of decompensated cirrhosis or any debilitating physical condition. Patients were excluded based on the information obtained from medical records and through psychiatric evaluation.

All patients signed an informed and free consent form, and the project was approved by the Research Ethical Committee of the Universidade Federal de São Paulo and by the research ethical committees of the treatment facilities where the patients were interviewed.

2.1.3. Interviewers

Psychiatrists interviewed all participants during the detoxification. At 3 and 6 months follow-up, the interviewers were residents in psychiatry or medical school graduates. All interviewers were trained in the application of the instruments (see below), and periodical supervision meetings were held to assure fidelity with the procedures. The concordance in the administration of the Structured Clinical Interview for *DSM-IV* (SCID-I) among the psychiatrists was checked by the kappa test (Gordis, 1996), with a result of .86. Each follow-up interview was individually reviewed by the principal investigator to guarantee reliability in data collection.

2.2. Instruments

The following instruments were applied during hospital stay: (a) SCID-I (First, Spitzer, Gibbon, & Williams, 1996), to evaluate the occurrence of social phobia, other anxiety disorders, and depressive disorders; (b) Liebowitz's scale, to determine the severity of social phobia (Liebowitz, 1987); and (c) the Alcoholism Severity Scale (ESA) scale (both male and female versions; Andrade, Bernick, Brunfen-trinker, & Negro, 1988; Castel & Formigoni, 1999). Four of the ESA scales were used: alcohol consumption, family relationships, occupational state, and leisure. Each patient received a global score, which varied from a minimum of 13 to a maximum of 65, with lower scores indicating greater alcohol impairment.

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