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The relationship between social anxiety disorder and alcohol use disorders: A critical review

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Abstract

Epidemiological studies have demonstrated a significant co-morbidity between social anxiety disorder (SAD) and alcohol use disorders (AUDs). Despite the fact that many studies have demonstrated strong relationships between SAD and AUD diagnoses, there has been much inconsistency in demonstrating causality or even directionality of the relationship between social anxiety and alcohol-related variables. For example, some studies have showed a positive relationship between social anxiety and alcohol-related variables, while others have shown a negative relationship or no relationship whatsoever. In an attempt to better understand the relationship between social anxiety and alcohol, some researchers have explored potential moderating variables such as gender or alcohol expectancies. The present review reports on what has been found with regard to explaining the high co-morbidity between social anxiety and alcohol problems, in both clinical and non-clinical socially anxious individuals. With a better understanding of this complex relationship, treatment programs will be able to better target specific individuals for treatment and potentially improve the efficacy of the treatments currently available for individuals with co-morbid SAD and AUD.

Keywords: Stress; Anxiety; Social anxiety disorder; Alcohol use disorder; Co-morbidity; Social phobia

The current review seeks to provide a comprehensive examination of the relationship between social anxiety disorder (SAD) and alcohol use disorders (AUDs), commonly co-occurring conditions that result in a significant impact on society. Previous reviews on the topic have either focused on anxiety disorders

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more broadly (e.g., Kushner, Abrams, & Borchardt, 2000) or have neither fully explored the inconsistencies in the current explanatory models nor provided directions for treatment (e.g., Carrigan & Randall, 2003). There continue to be many important gaps in our understanding of the relationship between SAD and AUDs. Thus, the current paper will review the status of research on the co-morbidity of the disorders, the popular explanatory models of the relationship, limitations of the current models, and proposed mechanisms to consider in a new model. We will conclude with a consideration of the implications of the results of our review for treatment for the co-morbid disorders.

1. Social anxiety disorder and alcohol use disorders

SAD, referred to as social phobia in the Diagnostic and Statistical Manual of Mental Disorders-4th Edition-Text Revision (DSM-IV-TR; American Psychiatric Association [APA], 2000), is characterized by an intense and importunate fear of being regarded and subsequently judged negatively by others. The individual believes that he/she will act inappropriately or that his/her physiological symptoms of anxiety, such as sweating or heart palpitations, will be obvious to those around him/her and thus lead to further embarrassment and critical appraisal (APA, 2000). Those with SAD will invariably attempt to avoid those situations which lead to distress such as attending an office party or will endure those experiences with great duress. SAD occurs quite frequently in the general population, with lifetime prevalence for males at approximately 11% and approximately 15% for females (Kessler et al., 1994). SAD is the third most common psychological disorder, surpassed only by depression and AUDs (Kessler et al., 1994; Stein, Torgrud, & Walker, 2000). The typical age of onset of SAD is approximately 13–15 years of age (Ballenger et al., 1998; Chartier, Walker, & Stein, 2003) but it has been diagnosed in children as young as 8 years of age (Beidel & Turner, 1998). If untreated, SAD has a chronic pattern that continues into adulthood.

Another class of common and debilitating disorders is that of the AUDs. In the DSM-IV-TR (APA, 2000), AUDs include alcohol dependence and alcohol abuse—the former referring to a physiological and/or psychological dependence on alcohol where the individual continues to consume alcohol despite negative psychological or physical consequences. Alcohol abuse refers to a generally less severe symptom presentation than alcohol dependence. In alcohol abuse, the individual may use alcohol in hazardous situations, may continue using alcohol despite problems in social or interpersonal domains, or may experience problems arising in occupational or familial settings relating to their alcohol use (DSM-IV-TR; APA, 2000). Lifetime prevalence rates for alcohol abuse are 12.5% in men and 6.4% in women; for alcohol dependence, the rates increase to 20.1% for men and 8.2% for women (Kessler et al., 1997).

2. Prevalence of co-occurrence

Despite the fact that the construct of SAD was only introduced in the 1970s (Marks, 1970), there has been an increasing degree of evidence demonstrating a strong relationship between SAD and AUD (Kessler et al., 1994; Ross, Glaser, & Germanson, 1988; Schneier, Johnson, Hornig, & Liebowitz, 1992; Schneier, Martin, Liebowitz, Gorman, & Fyer, 1989). A variety of research methods have been employed to examine the relationship between SAD and AUDs, including epidemiological studies of co-morbidity rates in clinical and general population samples, investigation of co-morbidity within