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Alcohol Use Disorders

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Alcohol Use Disorders

Shannon C. Miller, MD, CMRO and Jody L. Brown, MD

INTRODUCTION

Alcohol use disorders comprise *alcohol abuse* and *alcohol dependence* and are characterized by a maladaptive pattern of alcohol use leading to clinically significant impairment or distress, with or without physiological dependence.¹ Alcohol use disorders arise from a variety of genetic, neurobiological, and environmental factors. These disorders remain challenging to accurately diagnose and treat, despite their prevalence, because of patients' lack of insight and motivation for change, clinicians' lack of training and experience, and the often chronic, insidious, and relapsing nature of these disorders. Of the 20% of patients seen in outpatient general medical clinics and presumed to have substance abuse-related problems, only 5% are diagnosed.²

EPIDEMIOLOGY

The lifetime prevalence of an alcohol use disorder has been estimated at 13.5%³ and 25%⁴ of the US population. Alcohol use disorder has been cited as the most common psychiatric disorder.³

AGE AND GENDER

According to evidence from the US National Health Interview Survey, 32% of men abstain from alcohol use, compared with 53% of women. Greater variability in drinking levels was observed among men. Heavy drinking was also considerably more common among men (19%), compared with women (7%).^{4,5} Overall, men were at least 2 times more likely to be diagnosed with alcohol abuse or dependence than are women.

Persons between age 18 and 44 years represent the highest percentage of active drinkers, with a gradually declining pattern of alcohol use with each successive decade.⁴ There is a rising prevalence of youth drinking, especially in the form of binge drinking,⁶ with implications for a potential 4-fold increase in the development of an alcohol use disorder.

SOCIOECONOMIC AND ETHNIC STATUS

Worldwide, alcohol consumption is highest in Europe, North America, and Australia. Cultural differences influence the type of alcohol consumed and pattern of alcohol use (eg, based on its presumed nutritional value, value as a social lubricant, or value as an intoxicant). In general, whites are more likely to consume alcohol than are black and Hispanic persons.⁵ Prevalence rates of alcohol abuse and dependence from cross-national studies vary from a low of 0.45% among Chinese persons in Shanghai to a high of 23% among Mexican-Americans born in the United States.⁷

In the United States, higher education, higher socioeconomic status, metropolitan residence, and Jewish ethnicity (because of religious rituals) generally correlate with a higher prevalence of current drinkers. However, these factors are associated with lower rates of severe alcohol problems.⁸ Lower educational level, rural residence, and Southern location correlate with lower overall rates of alcohol use and higher rates of problem drinking among current drinkers.⁹

ETIOLOGY

GENETICS

The Collaborative Study on Genetics of Alcoholism (COGA), a genomic scan of primarily white Americans, found suggestive evidence for genes influencing predisposition to alcoholism on chromosomes 1 and 7, as well as weaker evidence for a gene on chromosome 2. A protective gene, which may reduce the risk of an alcohol use disorder, also was found on chromosome 4. A second independent genomic scan study of a Southwestern American Indian tribe reported suggestive evidence for a gene influencing predisposition to alcoholism on

Note: The views expressed in this article are those of the authors and do not reflect the official policy or position of the United States Air Force, Department of Defense, or the US Government.