

New study links drinking behaviors with mortality

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A new University of Colorado Boulder study involving some 40,000 people indicates that social and psychological problems caused by drinking generally trump physically hazardous drinking behaviors when it comes to overall mortality rates.

The study showed, for instance, that participants who had experienced an intervention by physicians, family members or friends had a 67 percent greater risk of death over the 18-year study period, said sociology Professor Richard Rogers, lead study author. Those who reported cutting down on social or sports activities because of alcohol use had a 46 percent higher risk of death over the same period.

In contrast, issues like driving after [drinking](#) too much or engaging in other physically risky behaviors did not result in a significant uptick in [mortality rates](#), he said.

The new study also showed social risks of drinking—from losing jobs to having spouses threaten to leave—were equally or more strongly linked to mortality than physiological consequences of alcohol abuse like withdrawal jitters or becoming physically ill, said Rogers, also a faculty member at CU-Boulder's Institute of Behavioral Science (IBS).

One of the most unexpected findings was that of those who identified themselves as light drinkers—consuming less than one drink a day—48 percent reported having some problem with alcohol in the 12 months prior to the survey. "This was a little surprising to us," said Rogers, who directs the CU Population Program within IBS. "Overall, light drinking has been shown to be slightly beneficial from a health standpoint, and we didn't think those people would run into too many overall problems."

A paper on the subject by Rogers, CU-Boulder sociology Professor Jason Boardman and doctoral students Philip Pendergast and Elizabeth Lawrence was recently published online in the journal *Drug and Alcohol Dependence*. Boardman, Pendergast and Lawrence also are affiliated with the CU Population Center and IBS.

The CU-Boulder research team used data collected in 1988 as part of the National Health Interview Study sponsored by the National Institute on Alcohol Abuse and Alcoholism. The study looked at the drinking habits of roughly 40,000 people across the nation, including 41 specific drinking problems. The researchers had access to information about which respondents died between the time of the survey and 2006.

The research data allowed the CU-Boulder team to investigate the mortality associated with 41 separate drinking problems including

drinking more than intended, unsuccessfully trying to cut back, driving a car after drinking too much, losing ties with friends and family, missing work with hangovers, drinking more to get the same effect, depression and arrests.

Rogers said there was substantial variation in [drinking problems](#), noting that among drinkers at the time of the study, 23 percent started drinking without intending to, 20 percent drank longer than expected and 25 percent experienced a strong urge to drink. For those who experienced a strong urge to drink over the past year, 19 percent were light drinkers, 40 percent were moderate drinkers and 57 percent were heavy drinkers.

The study was supported in part by the Eunice Kennedy Shriver National Institute of Child Health and Human Development-funded CU Population Center.

Some other statistics from the study: Current drinkers who found it difficult to stop once they started had a 15 percent higher risk of death over the follow-up period; those who acknowledged going on a drinking bender during the past 12 months had a 54 percent higher mortality rate; and those who blacked out during the previous 12 months prior to the assessment had a 22 percent higher mortality rate over the 18-year study period.

The new study also showed those who reported attending Alcoholics Anonymous meetings in the past year had a 45 percent higher risk of mortality, said Rogers. But those results likely are somewhat misleading in that some of those people could have recently have been diagnosed as alcoholics or were more likely to have severe health, social or legal problems, including required AA attendance. In addition, those who reported attending AA might have had increased risk of mortality due to smoking or may have had other substance abuse problems, he said.

"AA is undoubtedly helping some people," said Rogers. "I think this part of the study is capturing participants who also may have had alcohol-related work problems, substance abuse problems or were mandated to go to AA because of legal issues."

The study included participants 21 years of age and older. The statistics came from face-to-face surveys administered by trained U.S. Census Bureau employees.

"What this study really shows is that researchers and policymakers need to look at the nuanced complexities tied to alcohol consumption," said Rogers. "Alcohol consumption does not have a clear dose-response relationship like smoking, for instance. We have seen that alcohol does have a benefit at low levels in some cases, but it also can create social problems for some individuals who are only light to moderate drinkers."

Provided by University of Colorado at Boulder

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