

Changes in alcohol consumption associated with changes in depression symptoms

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Changes in alcohol consumption tend to accompany changes in symptoms of depression, according to a study published in *Alcohol: Clinical and Experimental Research*. Individuals who reported reductions

in alcohol use simultaneously reported reductions in depression symptoms, even when their alcohol consumption exceeded healthy levels.

Similarly, those who endorsed increased [alcohol use](#) also reported increased [depression](#), whether or not the amount they drank was at a level considered unhealthy. The findings may motivate individuals to reduce their drinking to improve their mood and suggest that monitoring changes in [alcohol consumption](#) may be helpful as part of clinical interventions for depression.

For the study, researchers reviewed responses from 200,000 individuals about drinking behaviors and depression symptoms to people at primary care visits between 2016 and 2020. Participants were adults who completed questionnaires about [alcohol](#) use and depression as part of routine health care on two occasions eleven to twenty-four months apart.

About one-quarter reported unhealthy alcohol use, and about thirteen percent screened positive for depression. Three-quarters had no changes in alcohol use from the time of the first questionnaire to the second.

For all but two subgroups with an increase in drinking [risk level](#), there was a significant increase in the prevalence of positive depression screens ranging from 11 percent to 100 percent higher at the time of the second questionnaire compared to the first. The exceptions were those whose drinking increased from none to a level of drinking not considered unhealthy and those whose drinking increased from high risk to very high risk.

For subgroups reporting decreased drinking, the prevalence of positive depression screens dropped from 17 percent to 49 percent from the time of the first questionnaire to the second. The only subgroup where a drop in depression prevalence did not accompany a reduction in drinking were

those whose drinking dropped from levels not considered unhealthy when completing the first questionnaire to no drinking at the second assessment.

The study did not examine what caused the changes in alcohol use and depression symptoms. The simultaneous increases or decreases in both [depression symptoms](#) and alcohol use could be attributed to increased or decreased drinking causing changes in depression, improved or worsening depression leading to increases or decreases in drinking, or other factors leading to changes in both depression and drinking.

The screening tools used in the study were the AUDIT-C, a validated instrument to identify high-risk alcohol behavior, and PHQ-2, a validated depression screening tool. The [questionnaires](#) on which the study was based may be subject to biases related to self-report and interactions in the health care setting. Questionnaires were administered in Washington state; the study population was predominantly white, non-Hispanic, older, and insured by commercial insurance or Medicare.

More information: Kevin A. Hallgren et al, Changes in alcohol consumption reported on routine healthcare screenings are associated with changes in depression symptoms, *Alcohol: Clinical and Experimental Research* (2023). [DOI: 10.1111/acer.15075](https://doi.org/10.1111/acer.15075)
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