

Antidepressants may increase risk of relapse in some people with alcohol use disorder

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According to a new study, antidepressants may reduce the risk of relapse in people with alcohol use disorder—but only if the antidepressants are effective in reducing their depression symptoms. People whose

depression symptoms do not improve with antidepressant treatment may have an increased risk for relapse into problem alcohol use.

The authors of the study, [published](#) in *Alcohol: Clinical and Experimental Research*, urge clinicians treating people with alcohol use disorder to vigilantly monitor depression symptoms when prescribing antidepressants.

Alcohol use disorder and [major depressive disorder](#) are among the most prevalent mental disorders and often occur together. Research suggests that alcohol use may create structural and functional changes in the brain that lead to symptoms of depression and major depressive disorder.

With medium or long-term abstinence from alcohol, depression symptoms generally subside without treatment. Yet, about half of people with alcohol use disorder who report depression symptoms when they quit drinking are treated with antidepressants, which may be unnecessarily costly and ineffective.

This mediation analysis sought to clarify the relationship between antidepressant medication, depression symptoms, and alcohol use in people treated for alcohol use disorder. The mediation analysis theorizes that antidepressants play an indirect rather than a direct role in helping individuals stop drinking—the antidepressants influence an intermediate variable, in this case, depression symptoms, which, in turn, influence alcohol use.

The study included 150 people aged 18 to 60 years old with both [alcohol use disorder](#) and depression who had received treatment at three residential 12-week, abstinence-focused alcohol [treatment programs](#) in Switzerland from 2015 through 2019.

Researchers collected and analyzed data on whether or not they had been

treated with antidepressant medication, any changes in their depression symptoms, and the percentage of days they didn't drink in three months after discharge from their residential treatment program.

The researchers estimated the direct effects, indirect effects, and total effects of antidepressant medication on the percentage of days of not drinking three months after the program. They found a negative direct effect of antidepressants on abstinence three-month post-discharge and a positive indirect effect mediated by reduced depression symptoms.

People whose depression symptoms improved due to [antidepressant medication](#) reported an increased percentage of days they did not drink, while those who took antidepressants but whose depression symptoms did not improve reported a decreased percentage of days abstinent.

The study is a secondary data analysis of a multicenter, double-blind, randomized controlled trial; findings should not be considered causal relationships. The individual and group psychotherapy provided in the treatment programs may influence [depression symptoms](#) and abstinence but were not included in the mediation model. Findings may not be generalizable outside the residential treatment setting.

The study highlights the [potential benefits](#) and risks of antidepressant use in this population and supports tailored treatment approaches and personalized clinical decision-making.

More information: Joshua Jaeger et al, Antidepressants and alcohol use disorder: A multicenter study on the mediating role of depression symptom changes, *Alcohol: Clinical and Experimental Research* (2024).
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