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## Alcohol Use Disorder: Behaviors and Comorbidities in Recovery

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## Background

### *Alcohol Use Disorder and ADHD*

- 43% of people with ADHD later developed AUD, 20% of people with AUD screened positive for ADHD (Luderer et al., 2021)
- Impulsivity increased in early AUD recovery (Luderer et al., 2023)

### *Alcohol Use Disorder and OCD*

- AUD and OCD include positive reinforcement (Everitt et al., 2021)
- Obsessive-Compulsive Drinking Scale for risk of relapse
  - stronger cravings=greater risk of relapse (Shmidt et al., 2011)

### *Alcohol Use Disorder and Neuroticism*

- high levels of neuroticism, or emotional instability, make people more prone to problematic drinking (Pocuca et al., 2019)

### *Alcohol Use Disorder and Anxiety*

- Out of the 75 patients with AUD, 40% had already received a lifetime diagnosis of an anxiety disorder (Chambless et al., 1987)

### *Incentive Sensitization Theory (Berridge & Robinson, 2016)*

- wanting vs. liking are separated
- mesolimbic systems are sensitized creating cravings (incentive salience)



## Objectives

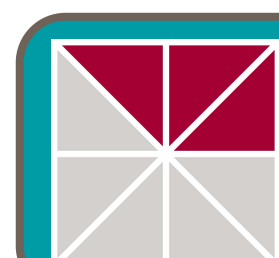
### *Hypotheses:*

- (1) Participants with alcohol use disorder and ADHD will report an **increase in ADHD symptoms as their sobriety time increases.**
- (2) Participants with alcohol use disorder and obsessive-compulsive disorder (OCD) will report an **increase in their OCD symptoms as their sobriety time increases.**
- (3) Those with **longer periods of sobriety will report lower neuroticism scores** when compared to those with fewer days of sobriety.
- (4) Participants with **untreated anxiety disorders will report more relapses** when compared to those with treated anxiety or those who are not diagnosed with anxiety disorders.

*The purpose of this study was to utilize the above hypotheses to determine the effect of ADHD, OCD, neuroticism, and anxiety on sobriety, in recovery from AUD.*

# Alcohol Use Disorder: Behaviors and Comorbidities in Recovery

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## Methods

A member of Alcoholics Anonymous posted flyers at three local AA meetings. Flyers included a description of the study and QR code.

### *Participants:*

- n=43, 83.7% female, 16.3% male
- ages: 20-69, 38.0 (SD = 15.4)
- 22 (51.2%) self-identified as White/European American, 5 (11.6%) self-identified as Black/African American, 15 (34.9%), self-identified as Hispanic/Latino, 1 (2.3%) self-identified as Asian/Pacific Islander.

### *Tools/Measures:*

Participants were asked to report how long they had been sober for and how many relapses they had experienced.

### *ASRS-v1.1: Adult ADHD Self Report Scale (Kessler et al., 2005)*

- scores of 4 or more indicate ADHD
- IV: sobriety measured in time, DV: scores on ASRS (0-6)

### *YBOCS: Yale Brown Obsessive Compulsive Scale (Goodman et al., 1989)*

- used to measure obsessive compulsive symptoms from mild to extreme
- IV: sobriety measured in time, DV: score on YBOCS (10-50)

### *BFI: The Big Five Inventory (John et al., 1991)*

- used to measure neuroticism (emotional instability)
- IV: sobriety measured in time, DV: neuroticism score (8-40)

### *AD-7: Generalized Anxiety Disorder 7 Assessment (Spitzer et al., 2006)*

- used to measure anxiety from none to severe
- Participants were divided by their scores into those with anxiety symptoms, and those with either no anxiety symptoms or were already being treated for anxiety
- IV: GAD score (7-28), DV: participants' number of relapses



## Results/Discussion

### *Results:*

- Sobriety time was self-reported (in days) by participants, with a higher number indicating longer sobriety time. The obtained range was 1-6570 days.
- **Hypothesis 1** was not supported. There was a significant negative correlation ( $r = -.4$ ,  $p = .003$ ) between ADHD symptoms ( $M = 2.5$ ,  $SD = 1.8$ ) and sobriety time ( $M = 1352.5$ ,  $SD = 1784.5$ ).
- **Hypothesis 2** was not supported. There was a significant negative correlation ( $r = -.4$ ,  $p = .006$ ) between OCD symptoms ( $M = 22.3$ ,  $SD = 5.0$ ) and sobriety time ( $M = 1479.8$ ,  $SD = 1898.2$ ).
  - participants were only included if they scored a 16 or higher indicating mild to severe OCD
- **Hypothesis 3** was supported. There was a significant correlation ( $r = -.5$ ,  $p = .002$ ) between neuroticism scores ( $M = 25.6$ ,  $SD = 6.6$ ) and sobriety time ( $M = 1352.5$ ,  $SD = 1784.5$ ).
- **Hypothesis 4:** A t-test could not be performed due to a lack of participants who had both an untreated anxiety disorder and experienced at least one relapse in their recovery.
  - Twenty participants self reported they had been diagnosed with an anxiety disorder, and 10 participants were currently receiving treatment.
  - Seven participants stated they had relapsed with an obtained range of 1-10 relapses

### *Implications and Future Directions:*

- The results of this study revealed that the longer a person with alcohol use disorder is sober, their symptoms of ADHD, OCD, and neuroticism will decrease.
- Symptoms of these related disorders could be directly correlated to how a person is progressing in their AUD recovery and inform alcohol abuse rehabilitation services
- Consistent screenings measuring ADHD, OCD, and neuroticism symptoms and levels could provide valuable information to mental health professionals and possibly preserve one's sobriety.
- Accessible and routine therapy, specializing in substance abuse and anxiety, should be provided by rehabilitation services to ensure that those with AUD receive necessary preventive care
  - Though anxiety medication did not prove helpful in past AUD recovery research, individualized therapeutic care could incorporate medication and prompt future research on its usage in AUD recovery.
- This study urges that hypothesis 4 be tested with a larger population of AA members to determine the impact of untreated anxiety on relapses in recovery.
- Limitations: participants were solely from the OC area, time constraints on data collection



## References

Please see this site for a list of citations.

