Telling your patients to cut down on alcohol: does it work?

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Men are more likely to abuse alcohol than women and it is a significant cause of morbidity and mortality in men. In this article, the authors describe how simple interventions are particularly effective in men and how drinking is often a defence mechanism against psychological distress.

Excessive alcohol consumption is one of the biggest contributors towards ill health, accounting for almost 5% of the global burden of disease. Europe sits at the top of the league table of harm, with over 17% of all physical and psychiatric morbidity associated with alcohol. It is estimated that men are twice as likely as women to abuse or become dependent on alcohol and that over a quarter of all mortality among males aged 16–24 years is attributable to alcohol. In fact, compared with women, at a global level, males are more likely to drink, to drink to excess and to experience problems as a consequence of doing so. This gender gap is one of the few universal differences in human social behaviour.

Despite its prevalence, individuals with alcohol use disorders (AUDs) tend not to seek help, with only around one third of those who might benefit from help or advice actively seeking support. The problem is compounded by a lack of specialist treatment provision (accessed by only 1 in 18 alcohol-dependent individuals) and low levels of formal identification, treatment and onward referral of patients with AUDs by GPs. Under-identification of male patients with AUD within general practice is a particular area of concern.

Screening for an AUD is the first step in addressing the problem, with such an evaluation helping to determine the most appropriate next stage of action. Self-completion measures, such as the Alcohol Use Disorders Identification Test (AUDIT), have good sensitivity and specificity for AUDs, with a score of 8 or more indicative of ‘hazardous’ drinking, warranting further investigation and intervention. Shorter screening materials, such as...
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Emotional expression by boys raises anxieties about being perceived as feminine, thus threatening masculinity, as emotional expression is considered to be a feminine trait.\(^{24}\) Equally, emotional intimacy may be perceived as feminine, requiring alcohol to facilitate such intimacy through a male-bonding activity.\(^{25}\) Emotionality in men is prohibited and policed by both other boys and men and by girls and women, leaving individual males with little choice but to suppress emotions and behaviours that may be deemed as weak. Alexithymia, the difficulty in identifying and describing emotions, is found at increased rates among men with AUD; a study of alcohol-dependent men receiving treatment found 30% met the criteria for alexithymia.\(^{26}\) Men may resort to excessive drinking as a way of coping with difficult emotions when emotional expression is not allowed or in response to emotional distress.\(^{27,28}\) When experiencing negative emotions, men are more likely to show greater sensitivity to alcohol-related cues.\(^{29}\) Even men classified as mild to moderate social drinkers report significantly more alcohol craving as the result of negative emotional states than women.\(^{30}\)

Taking risks, being brave, not showing weakness, and being competitive and successful are constructs promoting masculinity and can affect men’s health-related beliefs and behaviours.\(^{31}\) Among male college students, success, power, and competitiveness are linked with increased likelihood of AUD. It may therefore be useful to offer men alternative coping strategies, in particular those that can address the real anxiety of being perceived as weak and/or feminine, in order to reduce AUD.\(^{32}\)

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REFERENCES

4. Obot IS, Room R, et al. Alcohol, gender and drinking problems – perspectives from low and middle income countries. Geneva: WHO, Department of Mental Health and Substance...


