

Anxiety and Alcohol Use: What clinicians need to know...

A/Prof Lexine Stapinski



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*The University of Sydney Vivid
2015*

Before we start...

- You are in **listen-only** mode
- Questions/comments: Q&A
- Access recording and PDF handouts at conclusion of event:
<https://comorbidityguidelines.org.au/resources/webinars/>

Anxiety and alcohol use

What clinicians need to know

Associate Professor Lexine Stapinski

The Matilda Centre for Research in Mental Health and Substance Use

The University of Sydney



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18 June 2021

Psychosis and
substance use:
What clinicians
need to know



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Implementing
evidence-based
practices: What
AOD managers
and workers
need to know



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Applying
motivational
enhancement
approaches to
co-occurring
disorders

Acknowledgement of Country

I acknowledge the Traditional Custodians of Country throughout Australia and recognise their continuing connection to land, water and culture.

I pay my respects to those who have cared and continue to care for Country.

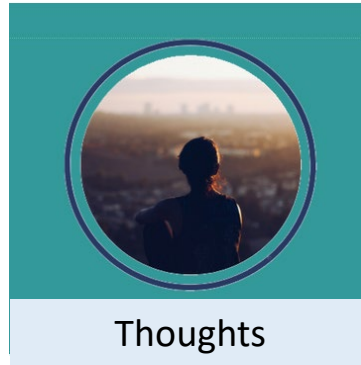
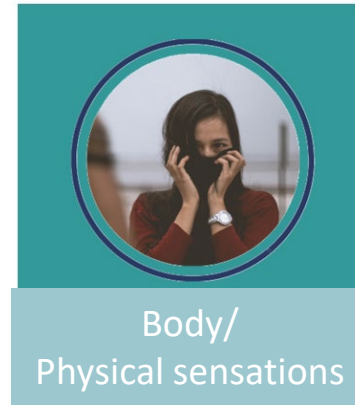
Outline

1. Link between anxiety & alcohol use: what's the evidence and why is it important?
2. Effective treatment approaches for anxiety and alcohol use problems
3. Can we intervene earlier to prevent escalation of anxiety and alcohol use problems?

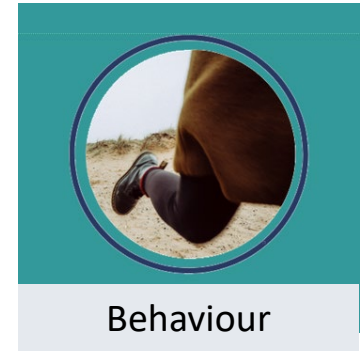
Background: Anxiety

1 in 6

Australians experience anxiety at a level that causes them to have problems in their day-to-day lives






Eg: Heart pounding, dizziness, shaking



- Exaggerated perception of threat
- Inflated probability and consequences of threat

- Avoidance/flee
- Safety behaviours: ways of coping/reducing anxiety

Anxiety disorders: Core concerns

	Social Anxiety Disorder	Social threat	Others will think I'm incompetent/boring/unlikeable
	Panic Disorder	Physical Threat Mental Threat	I'm having a heart attack/stroke I'll lose control/go crazy
	Generalised Anxiety Disorder	Multiple layers of threat: physical, mental, social	I can't control my worry I'll fail to meet my responsibilities, let others down Something will go wrong

Is there a link between anxiety and alcohol use?

- Lifetime prevalence of alcohol use disorder in Australia – 22.1%
- Anxiety disorders linked to 2-3 times the risk of having an alcohol use disorder, (Smith & Randall, 2012)

1 in 3

- 1 in 3 people in Australian with a substance use disorder also has an anxiety disorder (Teesson et al, 2009)

Co-occurring anxiety and alcohol use disorders

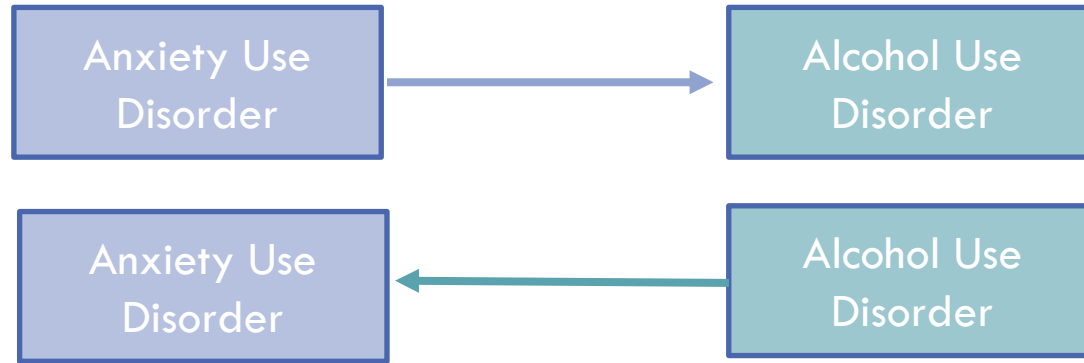
– Models to explain anxiety and alcohol relationship:



- “Self-medication”, “Stress dampening” models (Khantzian, 1985; Sher & Levenson, 1982)
- Onset of anxiety disorders typically precede onset of AUDs
- Coping-motivated drinking has been identified as risk factor for alcohol-related harms and development of AUD (Stapinski et al 2016, Beseler et al. 2008; Kuntsche et al. 2005; Merrill et al 2014).

Co-occurring anxiety and alcohol use disorders

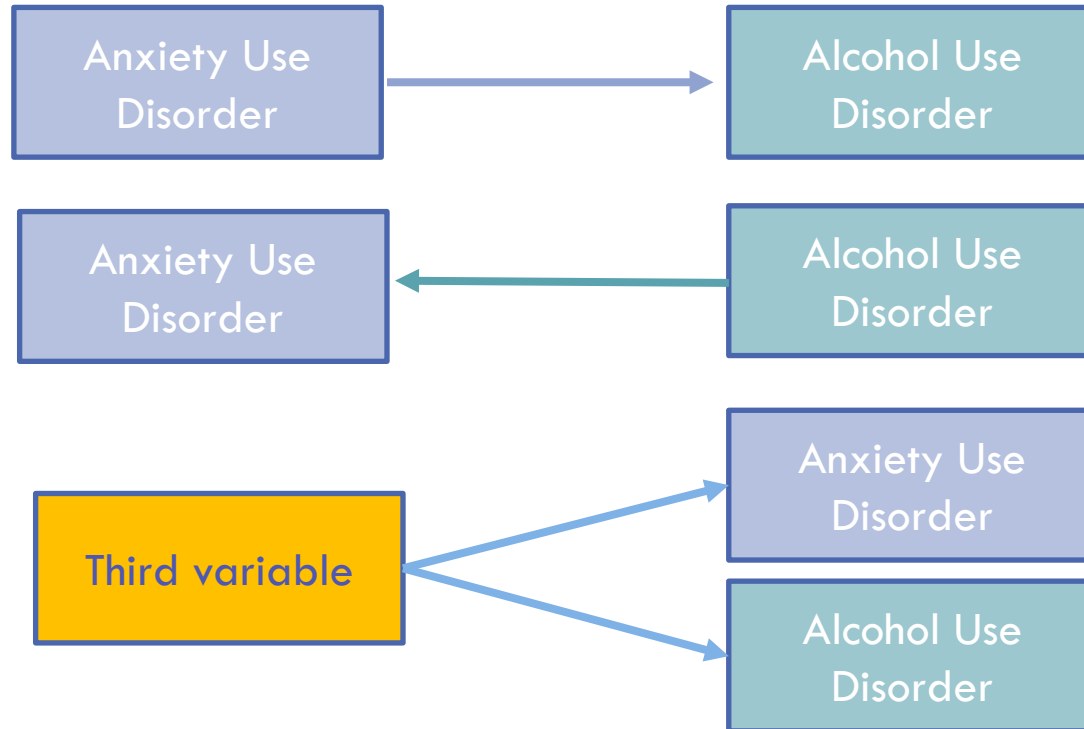
– Models to explain anxiety and alcohol relationship:



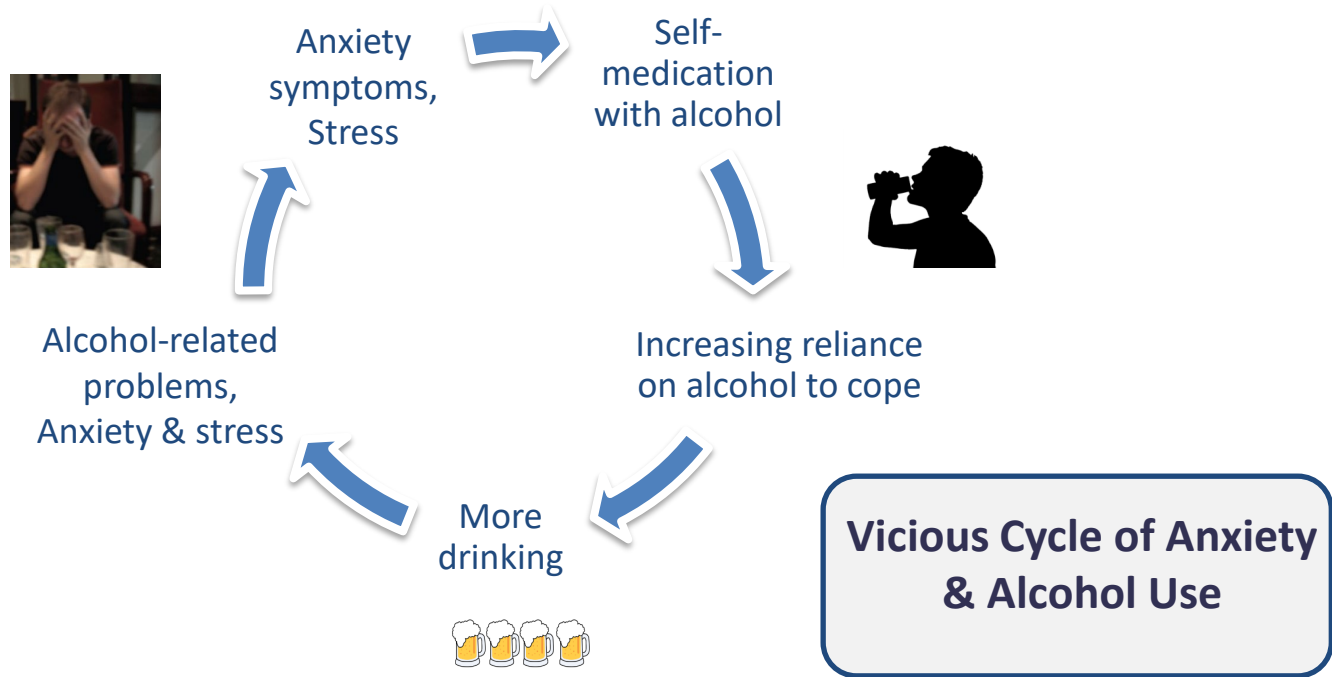
- Induce anxiety during withdrawal, prolonged use may disrupt stress-response system
- Some anxiety disorders (GAD) improve/remit after period of alcohol abstinence
(Brown et al 1991)
- Due to order of onset, at most explains 25% of cases (Stewart & Conrod, 2008)

Co-occurring anxiety and alcohol use disorders

– Models to explain anxiety and alcohol relationship:



Co-occurring anxiety and alcohol use disorders



Stewart & Conrod, 2008; Kushner et al 2000, Hussong et al, 2011

Why is co-occurring anxiety-alcohol use important clinically?

- Problems tend to be more debilitating, chronic
 - Each problem fuels the other, this impacts recovery
 - People with both anxiety and alcohol use disorders don't respond as well to standard treatments
- Anxiety/alcohol use can interfere with capacity to engage with/benefit from standard alcohol treatments
 - Anxiety symptoms are among the strongest predictors of alcohol treatment non-response and relapse (Schellekens et al, 2015; Trocchio et al 2013)



Asking about anxiety & alcohol use

Useful assessment tools for anxiety:

- GAD-Q (7 items), Penn State Worry Questionnaire
- Mini Social Phobia Inventory (3 item screener – Mini SPIN); Social Anxiety Interaction Scale, Social Phobia Scale
- Panic Disorder Screener (3 item screener – PADIS); Panic Disorder Severity Scale

Asking about Alcohol use:

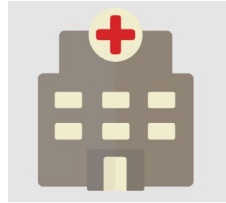
- Non-confrontational, motivational approach is most effective
- Explore ambivalence and reasons to change
- Explore the function of alcohol use, in relation to anxiety
- Unrealistic positive expectations? Alcohol Expectancies Questionnaire (Kushner et al, 1994)



Outline

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Treating co-occurring anxiety & alcohol use disorders



Anxiety Clinic



Drug & Alcohol Clinic

- Referral process can be frustrating/demoralising (“co-morbidity roundabout)
- Often recommended to stop/reduce alcohol use first
- But, for people with both anxiety and alcohol use problems –standard treatment doesn’t work as well
- People typically see the problems as inter-related

Should we treat anxiety & alcohol use together?


Research

ANZJP

Randomised controlled trial of integrated cognitive behavioural treatment and motivational enhancement for comorbid social anxiety and alcohol use disorders

Australian & New Zealand Journal of Psychiatry
2021, Vol. 55(2) 207–220
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SAGE

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Ronald M Rapee¹, Maree Teesson^{2,3}, Paul S Haber⁴ and
Andrew J Baillie^{1,*}

Abstract

Objective: Alcohol use disorder and social anxiety disorder are interconnected disorders that commonly co-occur. We report the first trial to assess whether integrated treatment for social anxiety and alcohol use disorder comorbidity improves outcomes relative to standard alcohol-focused treatment.

Method: Participants were recruited to a randomised controlled trial, and randomly allocated to one of two treatments, Integrated ($n=61$) or Control (alcohol-focused; $n=56$). Assessment and treatment session were conducted at two sites in Sydney, Australia. Inclusion criteria were as follows: (1) clinical diagnosis of social anxiety disorder and (2) Diagnosis or sub-clinical symptoms of alcohol use disorder. Diagnoses were determined according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.). All participants ($n=117$) received 10 sessions of cognitive behavioural treatment and motivational enhancement. The Integrated treatment simultaneously targeted social anxiety disorder, alcohol use disorder and the connections between these disorders. The Control treatment focussed on alcohol use disorder only. Outcomes were assessed at 6-month follow-up, with interim assessments at post-treatment and 3 months. Primary outcomes were social anxiety disorder severity (composite Social Phobia Scale and Social Interaction Anxiety Scale), alcohol use disorder severity (standard drinks per day and Severity of Alcohol Dependence Questionnaire) and quality of life (Short-Form Health survey) was assessed to capture the combined impairment of social anxiety and alcohol use disorder comorbidity.

Results: At 6-month follow-up, both conditions showed significant reductions in social anxiety and alcohol use disorder symptoms, and improved quality of life. There was no evidence of between-condition differences for alcohol outcomes, with mean consumption reduced by 5.0 (0.8) and 5.8 (1.0) drinks per day following Alcohol and Integrated treatments, respectively. Integrated treatment achieved greater improvements in social anxiety symptoms (mean difference = -14.9, 95% confidence interval = [-28.1, -1.6], $d=0.60$) and quality of life (mean difference = 7.6, 95% confidence interval = [1.2, 14.0], $d=0.80$) relative to alcohol-focused treatment.

RCT to examine integrated treatment for co-occurring social anxiety and alcohol use disorders

Stapinski et al,
2021, [ANZJP](#)

Treating co-occurring anxiety & alcohol use disorders



Anxiety Clinic



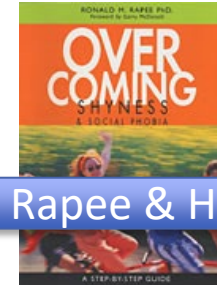
Drug & Alcohol Clinic

Should we treat these social anxiety and alcohol use disorders together?

- Previous attempts to treat anxiety and alcohol use together have involved parallel or sequential unintegrated treatments (Randall et al., 2001; Schade et al., 2005)
- Parallel dual-focussed treatment - worse alcohol outcomes (Randall et al., 2001)
- Due to the interconnections between these disorders, **an integrated treatment** approach may be required that provides explicit assistance in addressing these links

Integrated Treatment for Social Anxiety & Alcohol Use

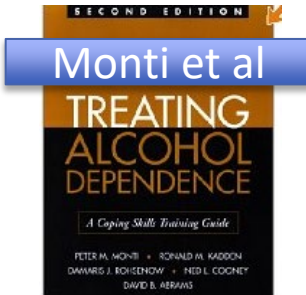
Based on evidence-based approaches:



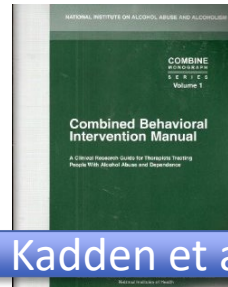
Rapee & Heimberg



Social Anxiety



Monti et al

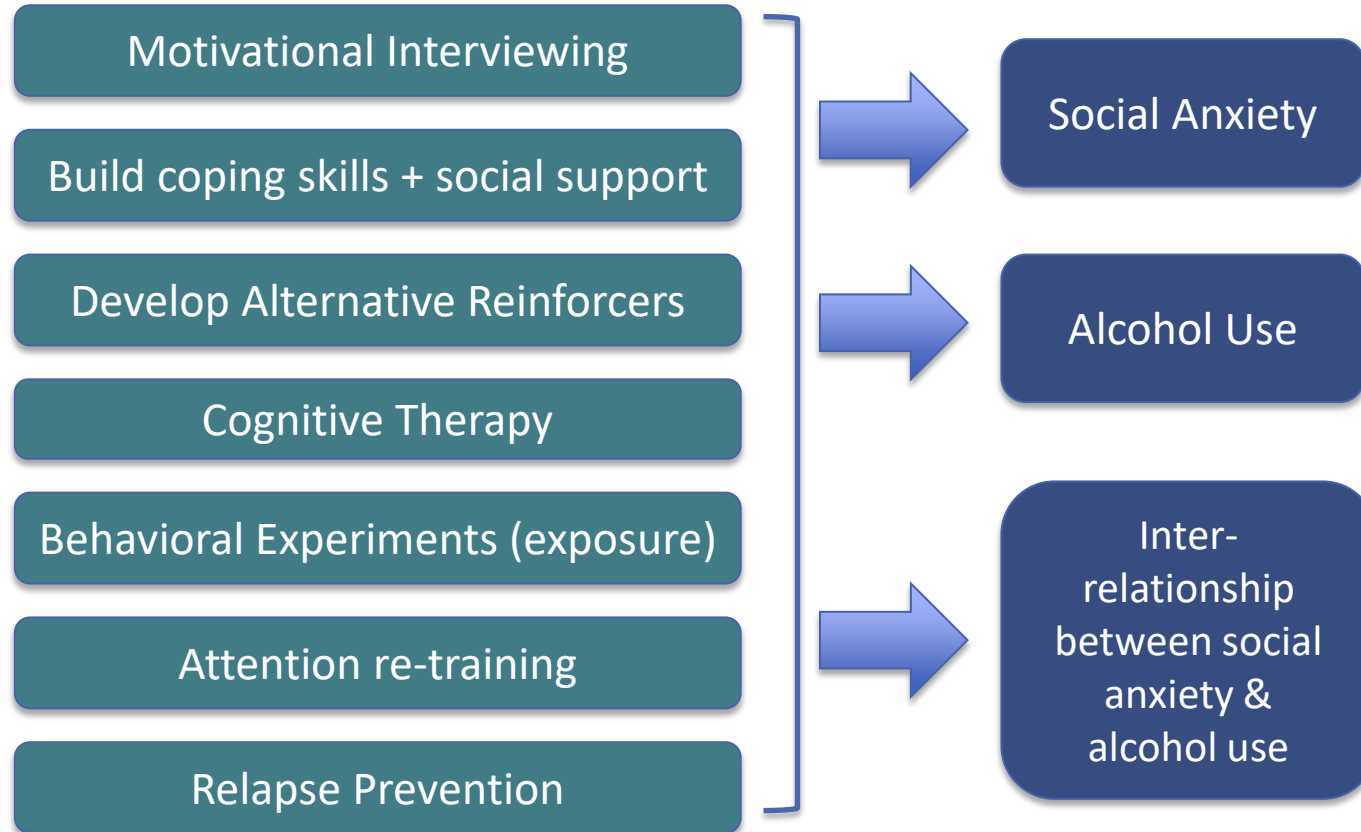


Kadden et al

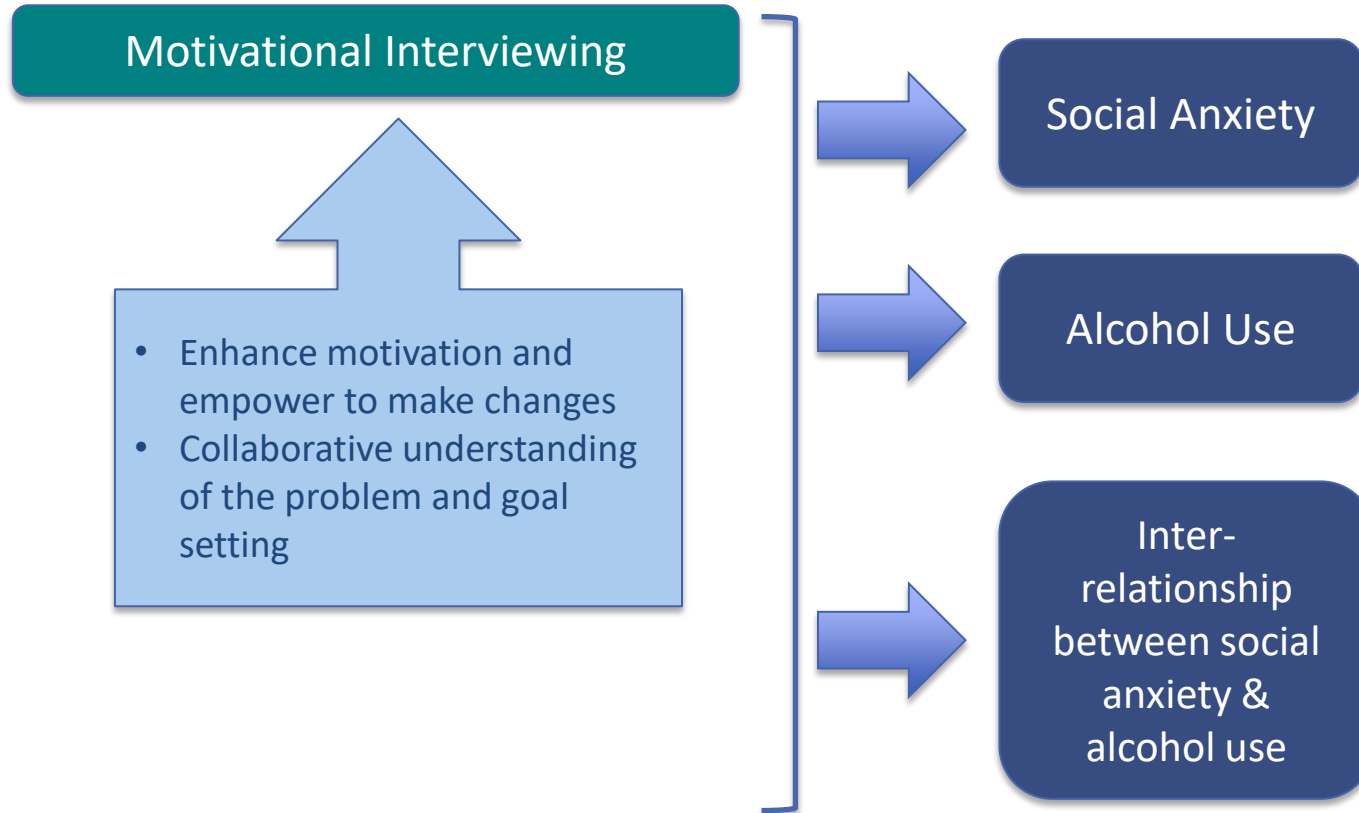


Alcohol Use

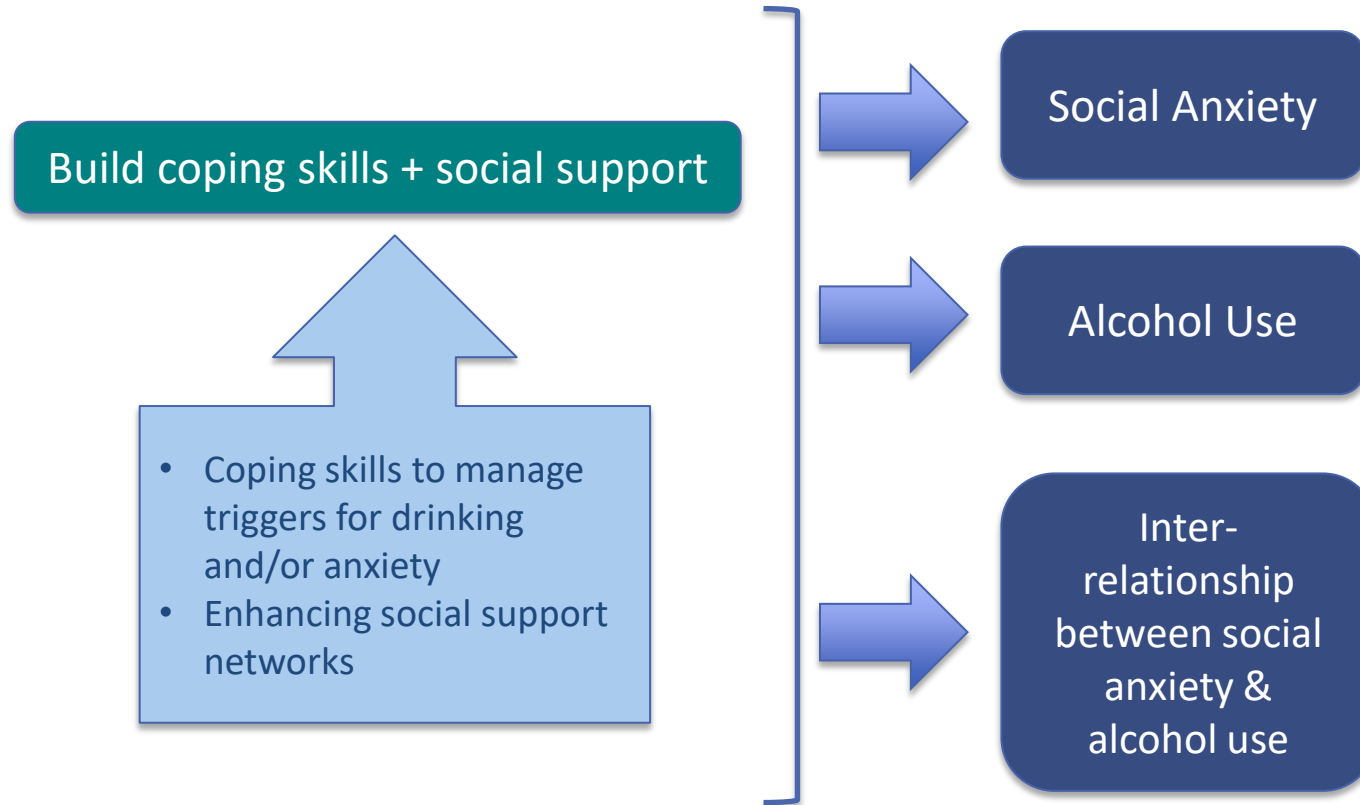
Integrated Treatment for Social Anxiety & Alcohol Use



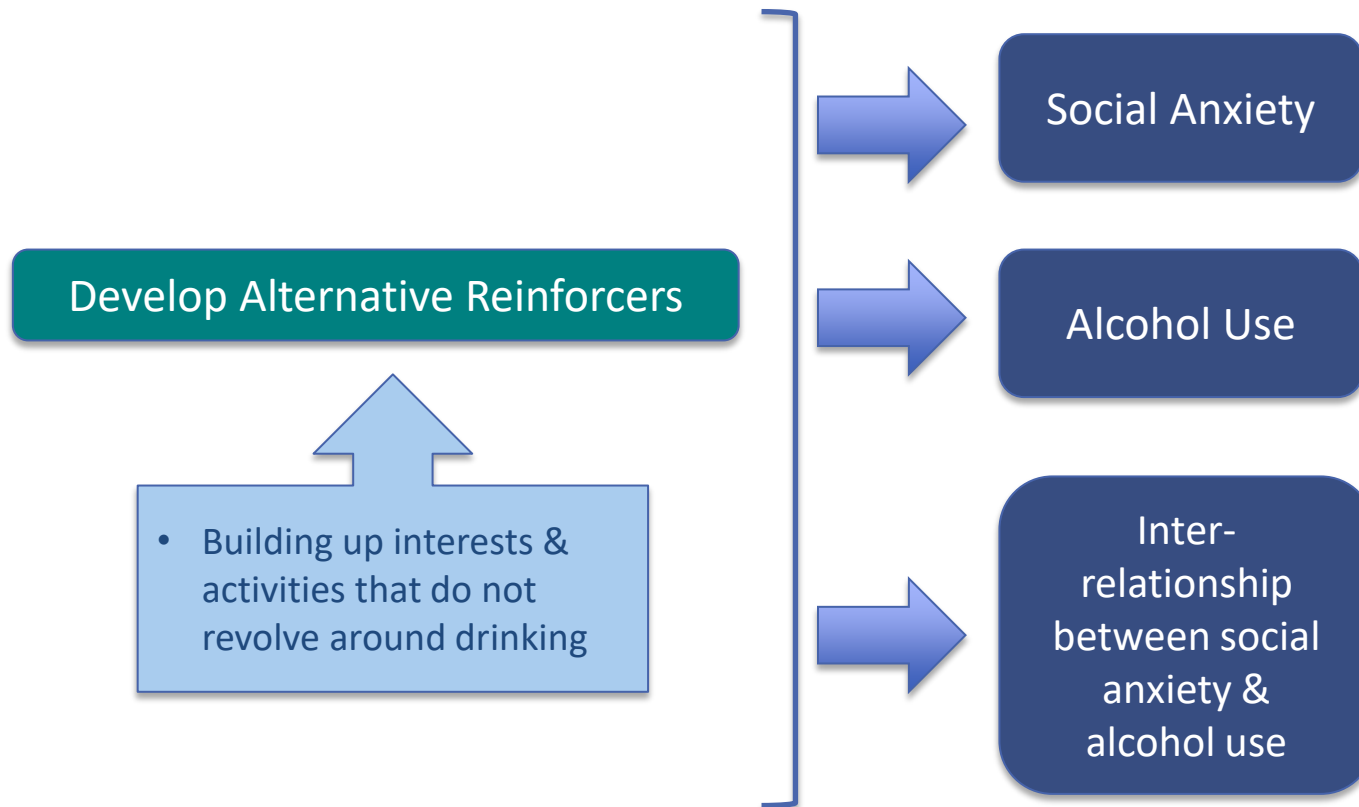
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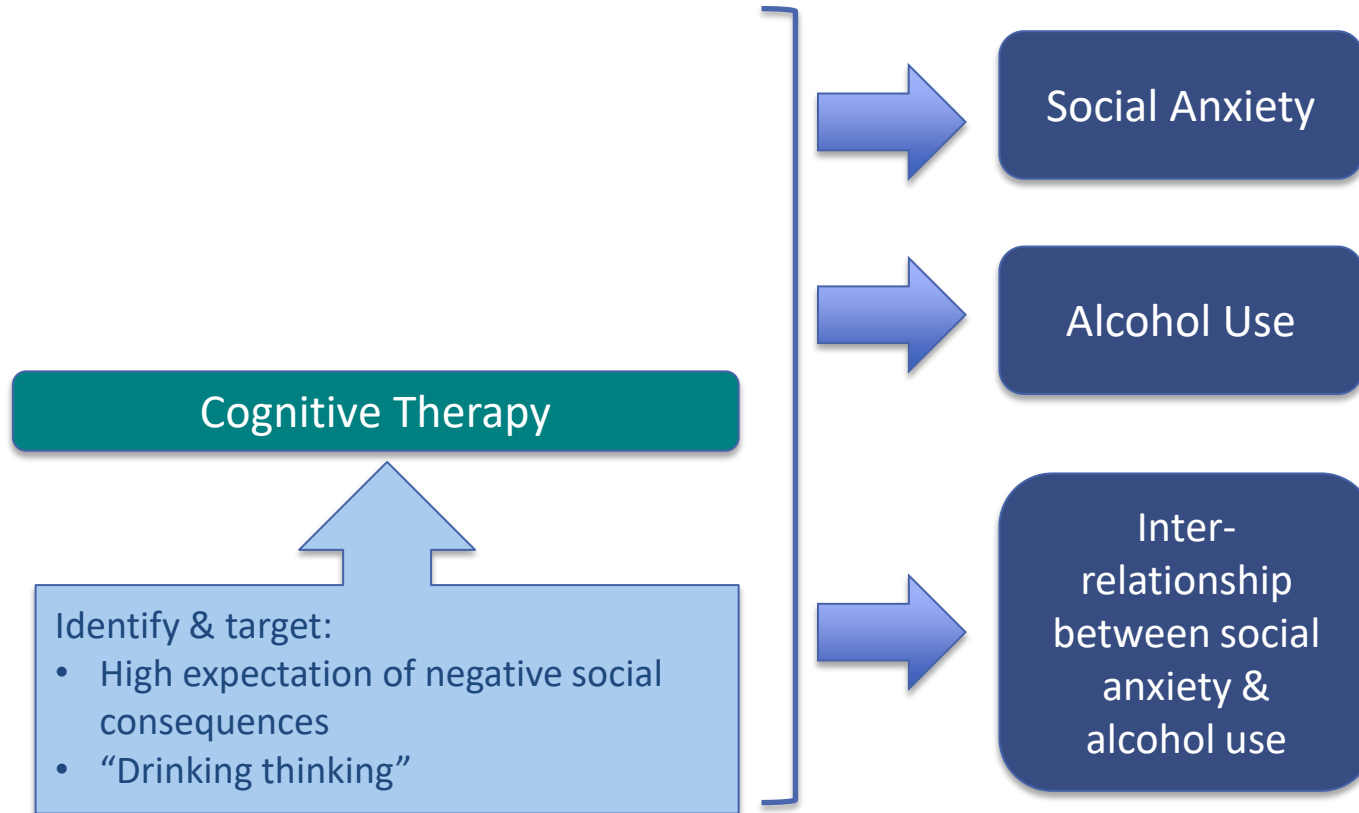
Integrated Treatment for Social Anxiety & Alcohol Use



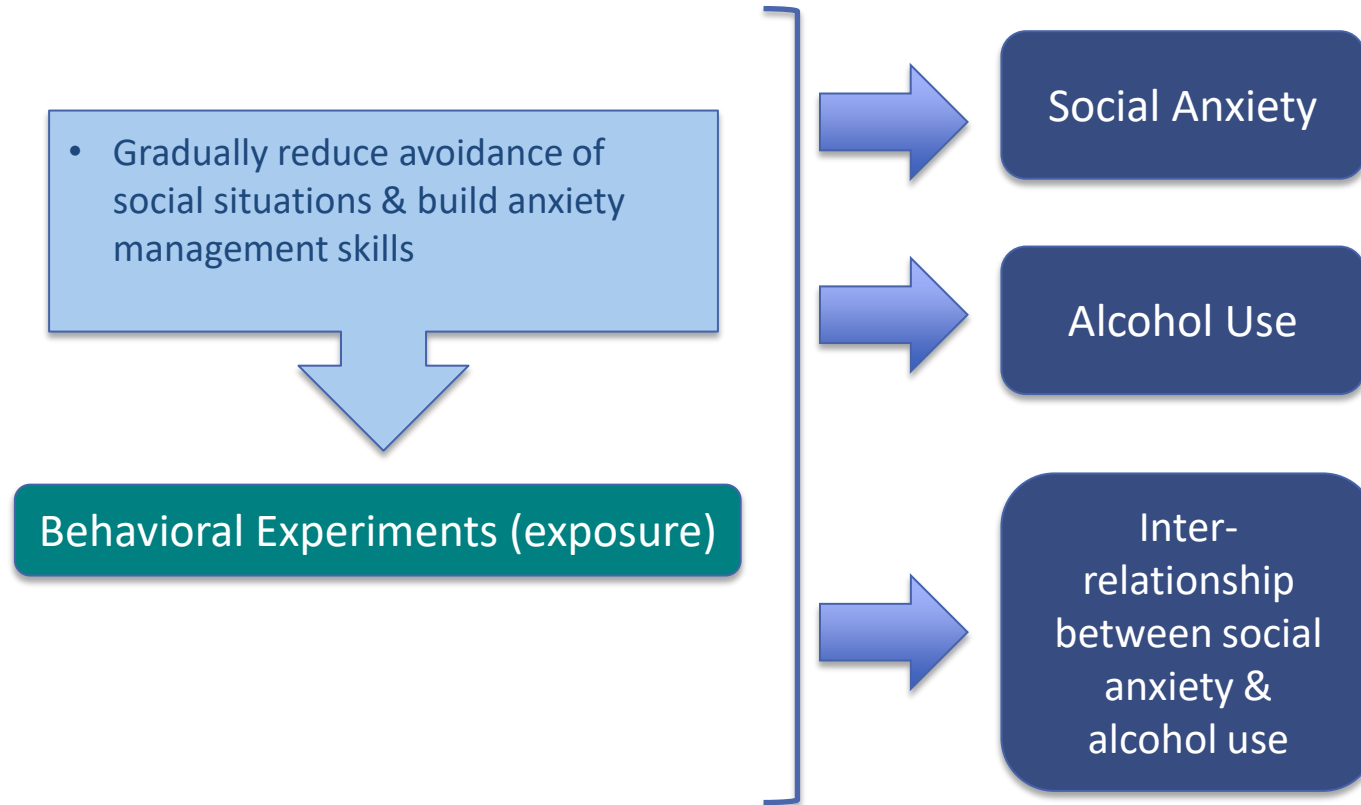
Integrated Treatment for Social Anxiety & Alcohol Use



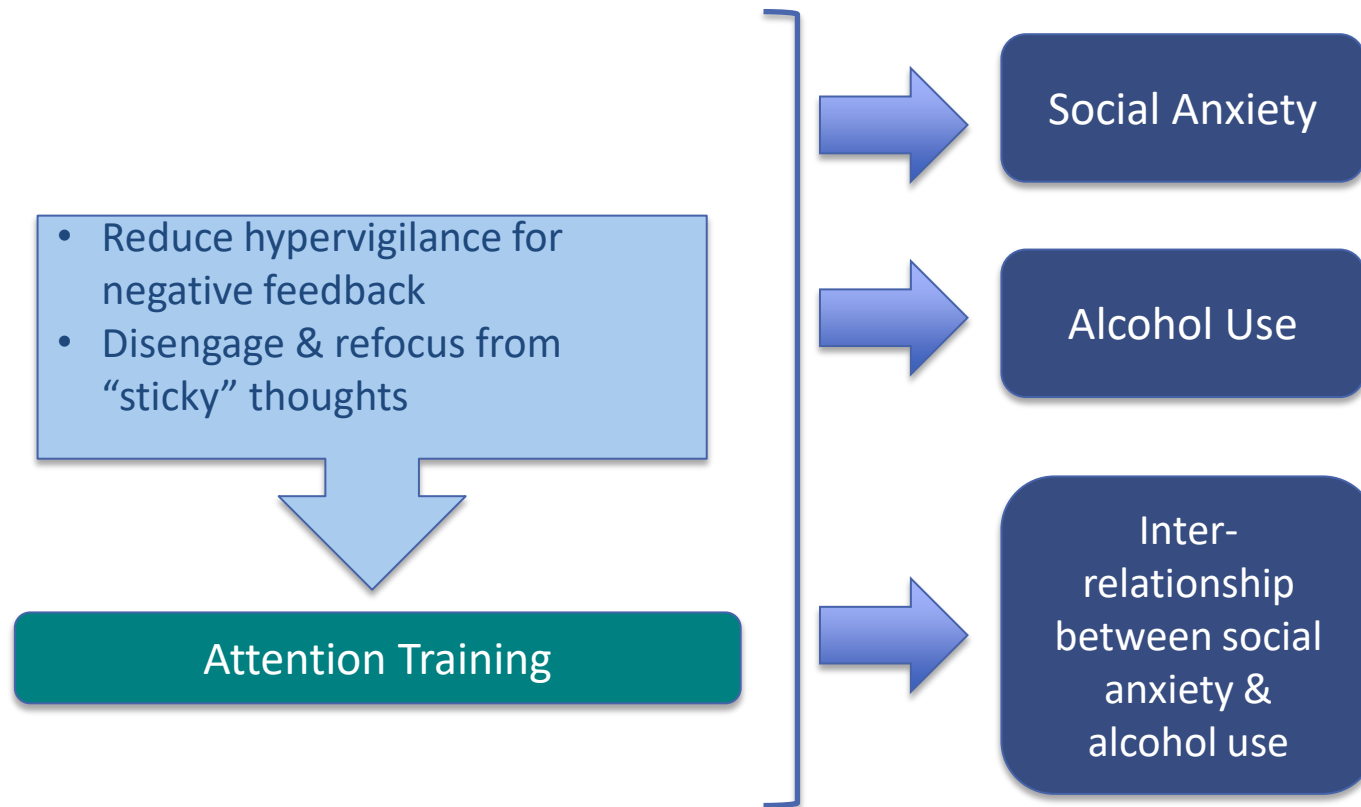
Integrated Treatment for Social Anxiety & Alcohol Use



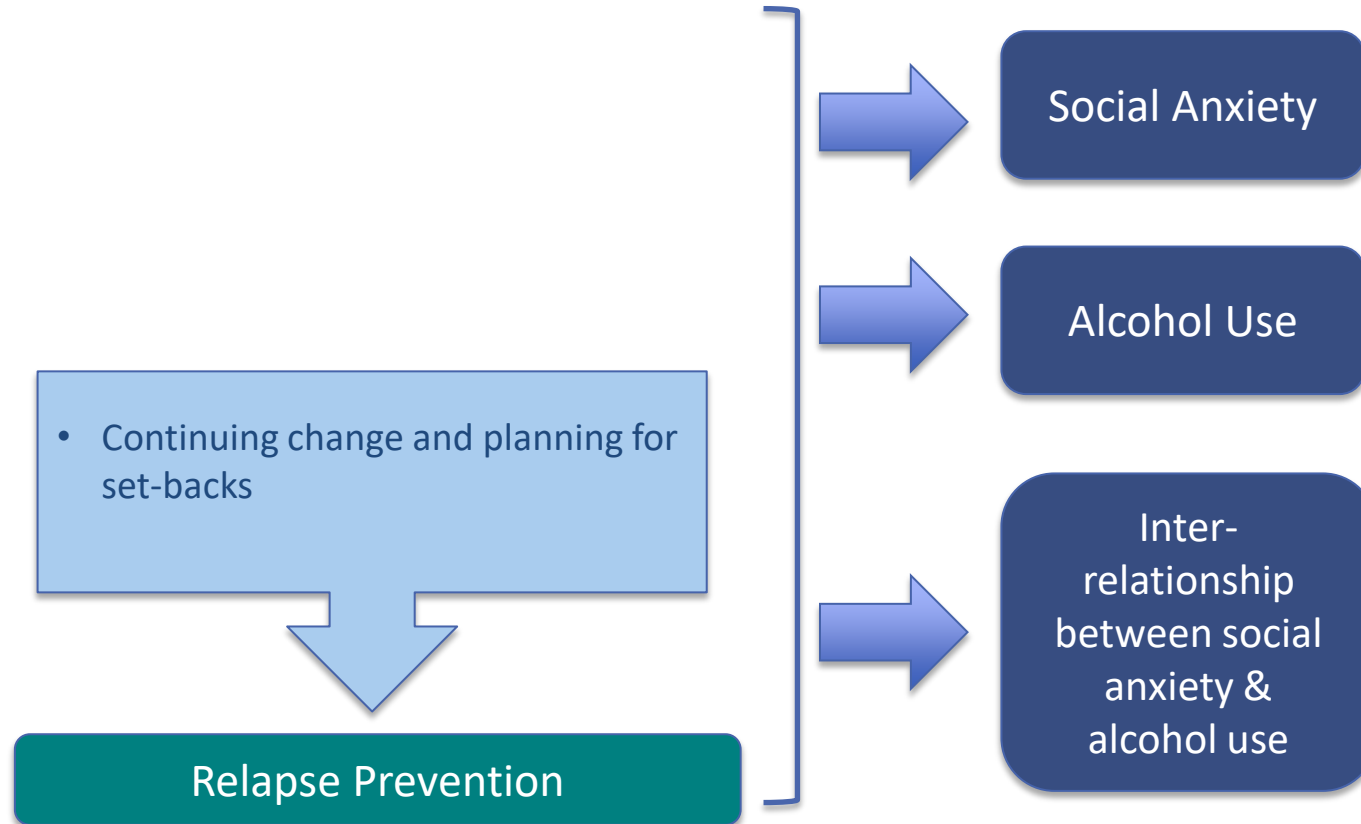
Integrated Treatment for Social Anxiety & Alcohol Use



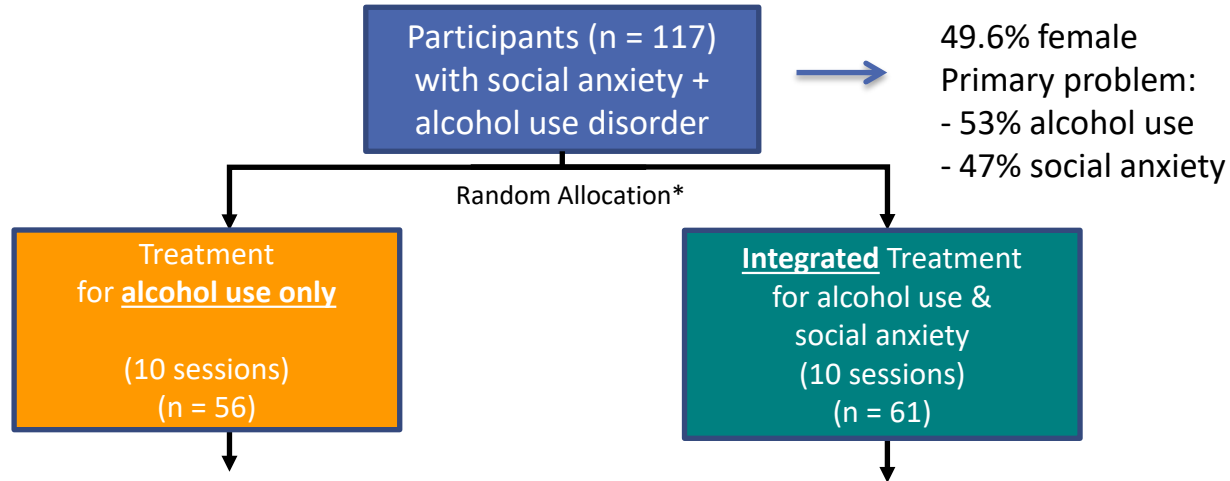
Integrated Treatment for Social Anxiety & Alcohol Use



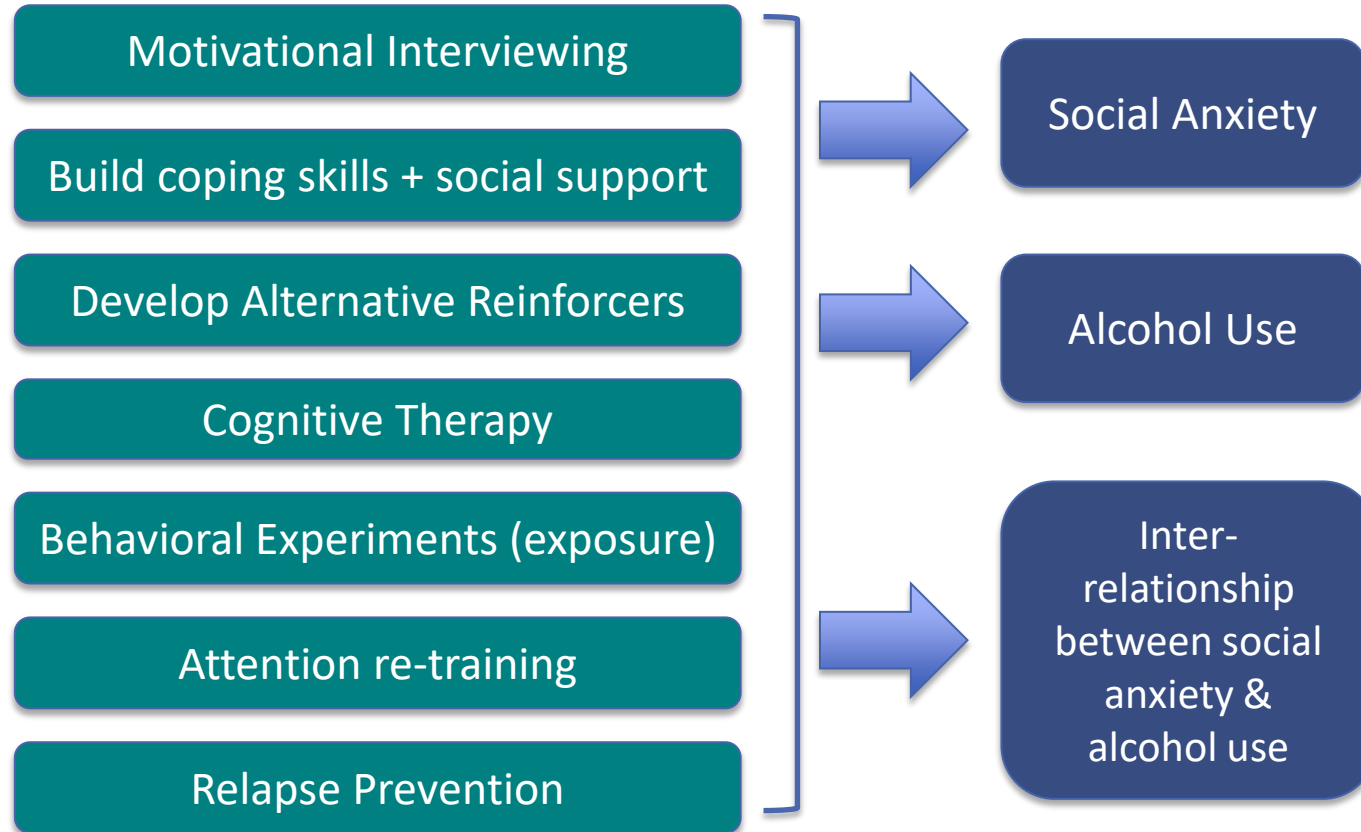
Integrated Treatment for Social Anxiety & Alcohol Use



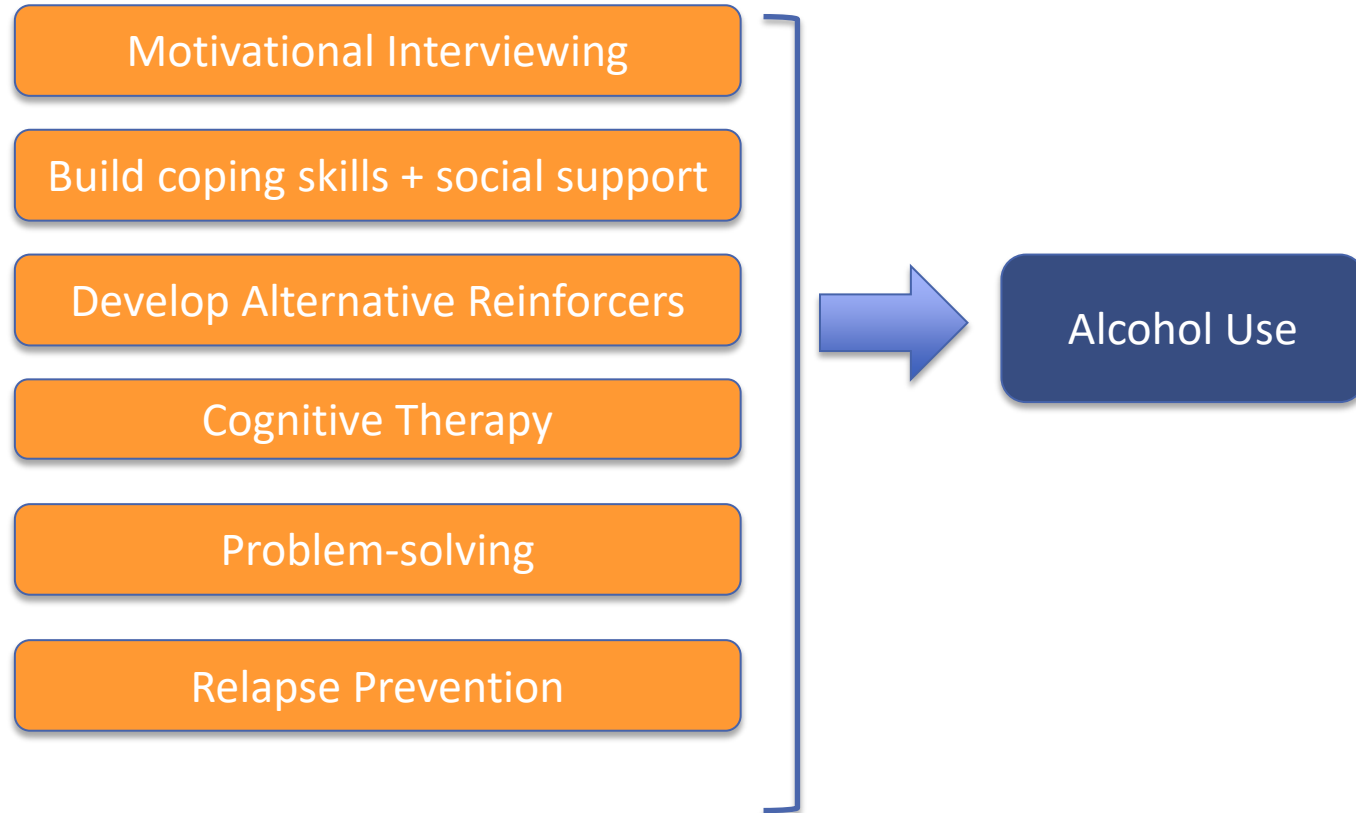
Treatment Evaluation: Can we improve outcomes?



Integrated Treatment for Social Anxiety & Alcohol Use



Comparison Group: Treatment for Alcohol Use Only



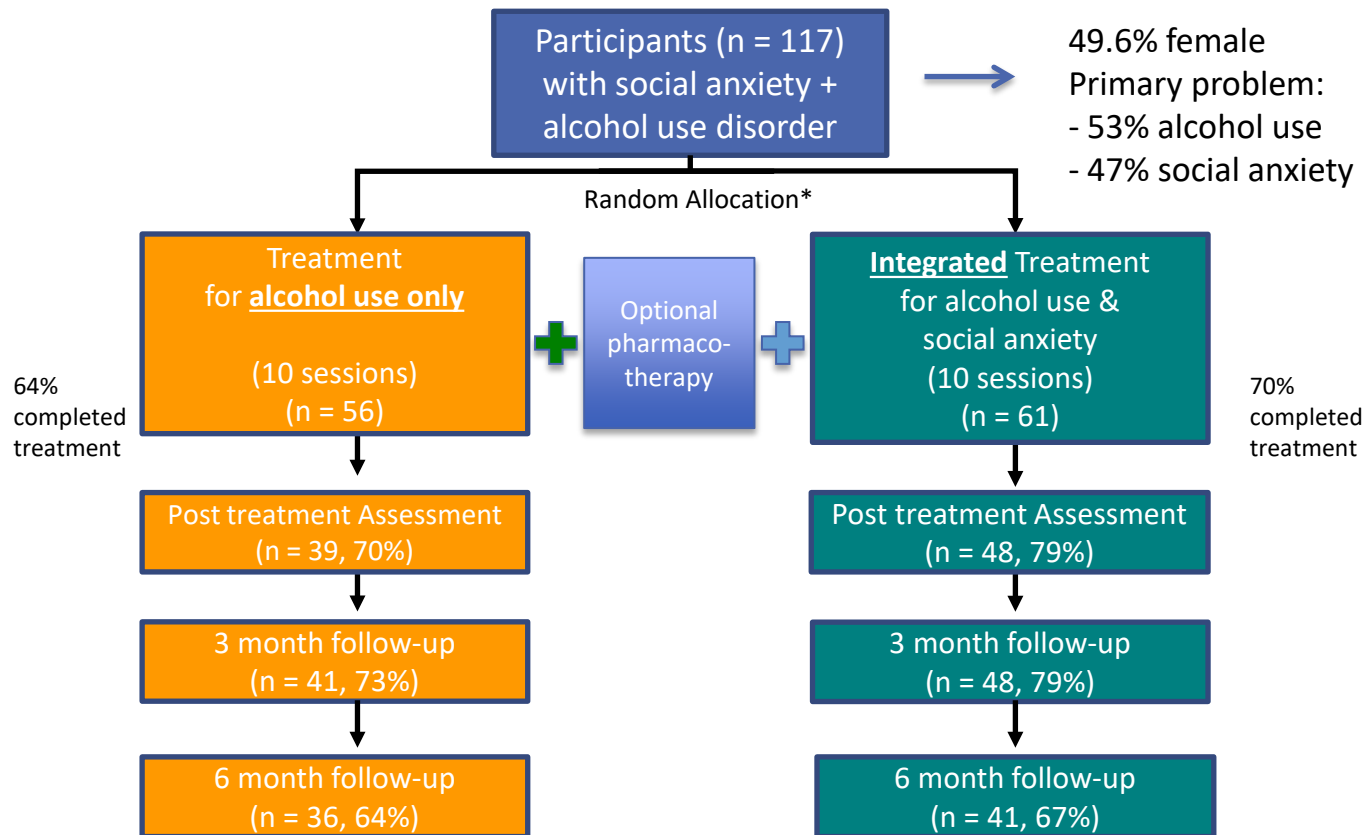
Measures

➤ Social Anxiety & Alcohol Use disorder determined by diagnostic interview

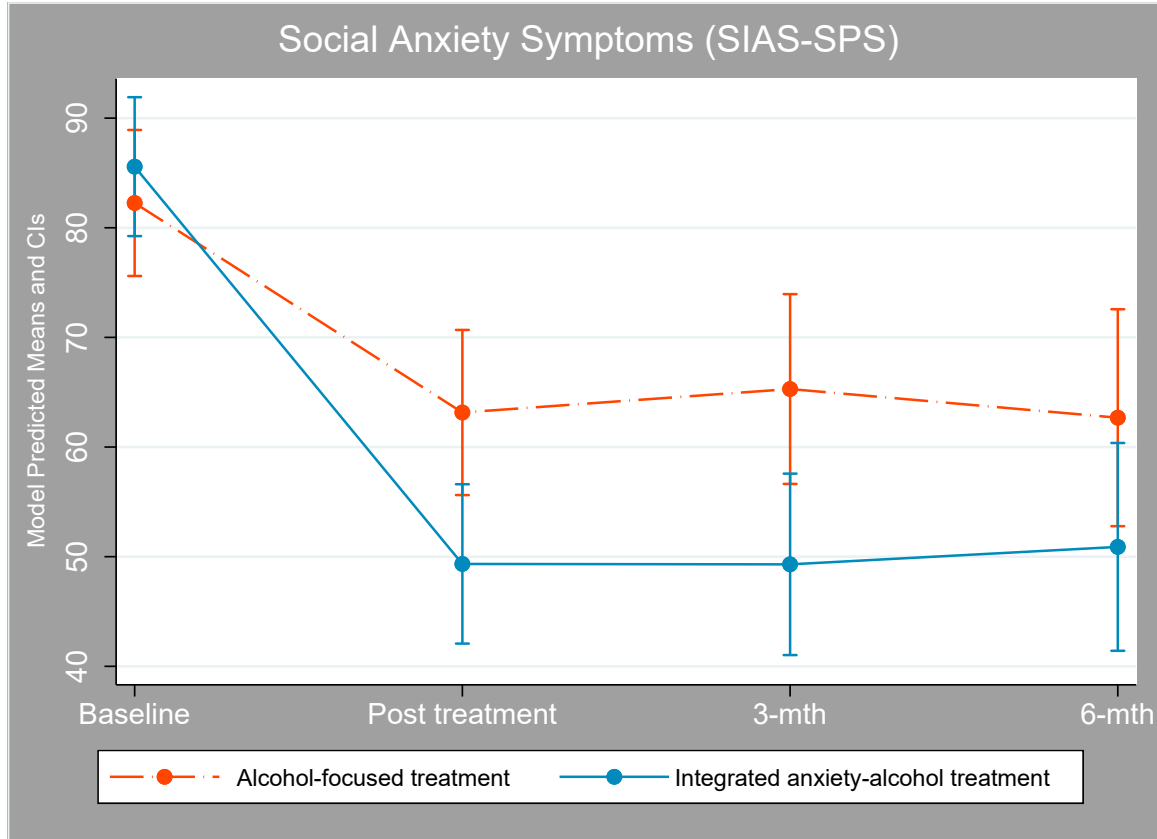
➤ Primary outcomes

- Social anxiety symptoms (Social Phobia and Social Interaction Anxiety Scale)
- Number of drinks consumed (Timeline Follow-back)
- Severity of Alcohol Dependence (SAD-Q)
- Overall functioning & quality of life (SF-12)

Integrated Treatment: Can we improve outcomes?



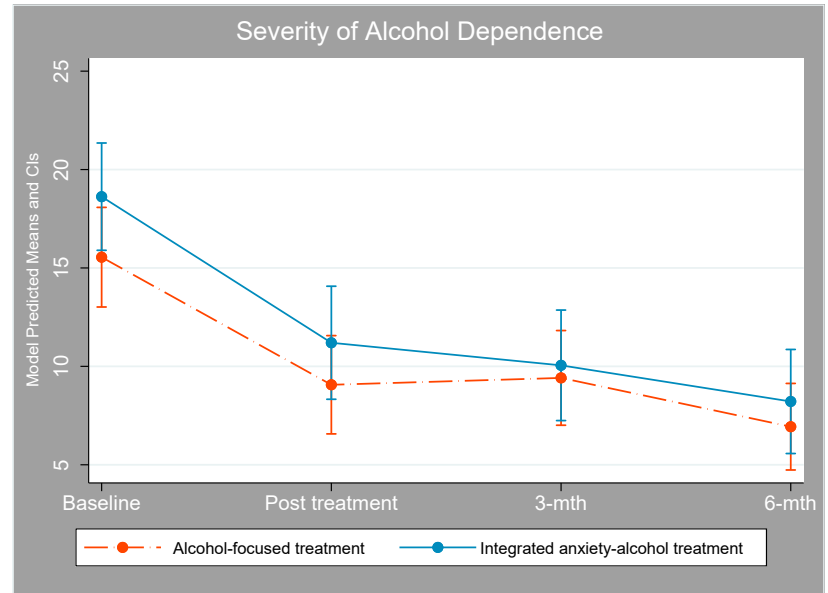
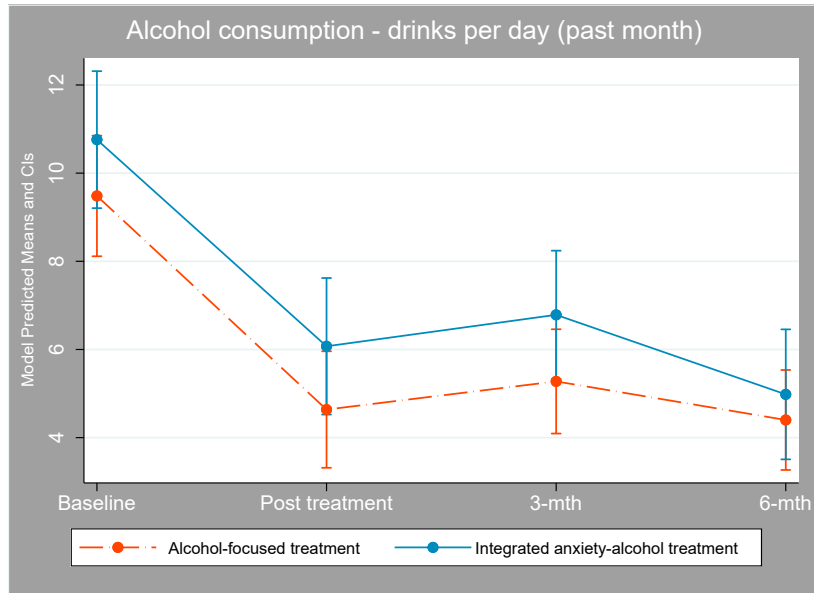
Results: Social Anxiety Symptoms



Integrated treatment was associated with significantly greater reductions in social anxiety symptoms at all 3 timepoints

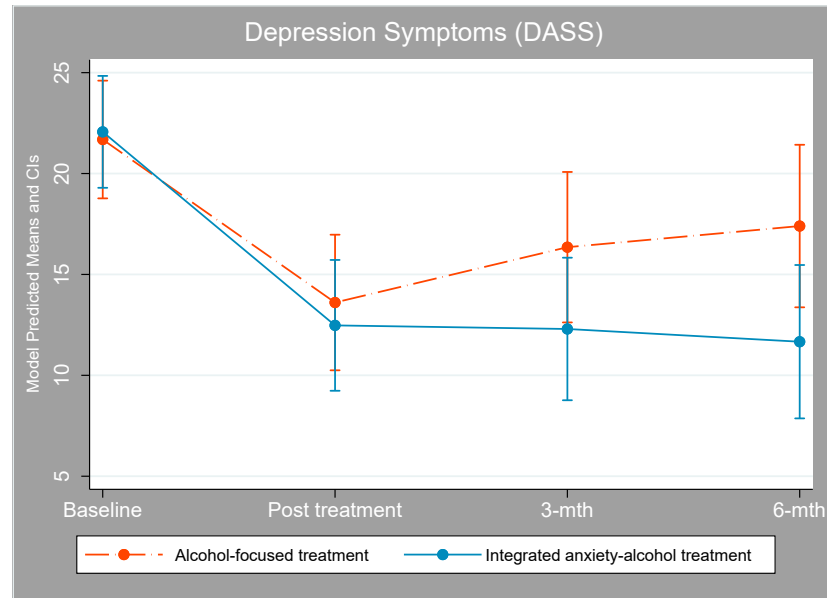
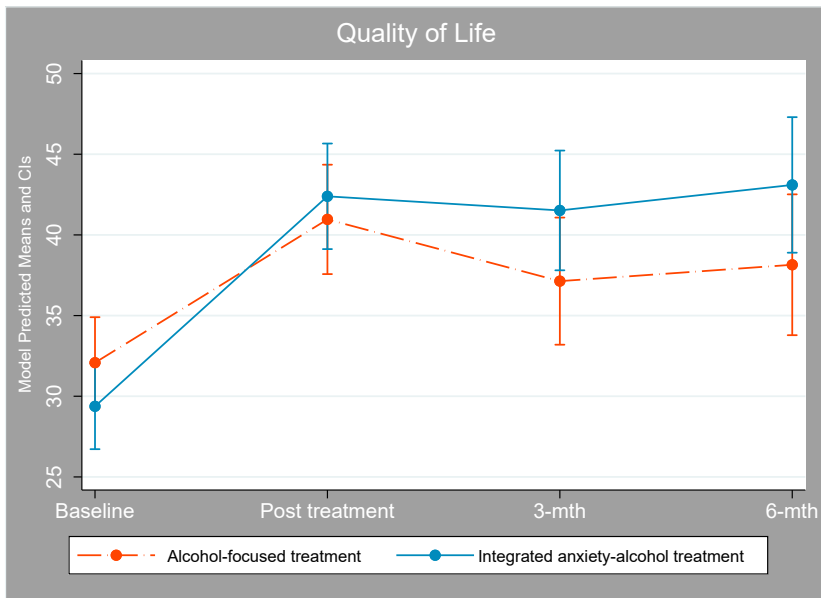
Stapinski, L. A., Sannibale, C., Teesson, M., Rapee, R. M., Haber, P & Baillie, A. (2021). ANZJP.

Results: Alcohol Consumption & Severity of Dependence



Both groups significantly reduced alcohol consumption and dependence symptoms, no between group differences.

Results: Quality of Life & Depression



Integrated Treatment significantly improved quality of life, and reduced depression symptoms by 6-month follow-up.

Conclusions: Should we treat social anxiety and alcohol use together?

With the same number of treatment sessions, integrated treatment led to:

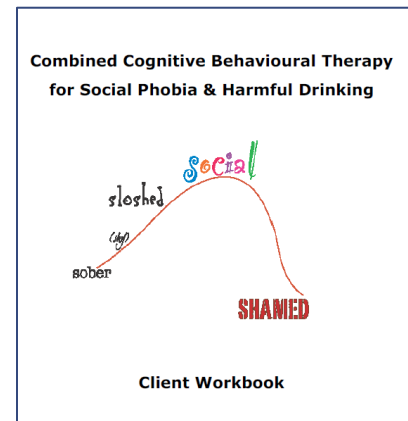
- Better social anxiety outcomes
- Equivalent reductions in alcohol consumption
- Better overall functioning/quality of life, lower depression
- People see their anxiety and alcohol as interrelated – integrated treatment addresses this inter-connection

Better fit with the person's experience?

Integrated Treatment for Social Anxiety & Alcohol Use



Stapinski et al,
2015, Cognitive
and Behavioural
Practice



Contact:

lexine.Stapinski@sydney.edu.au for copies of
the client and therapist workbook

Integrated treatment for other co-occurring disorders?

Co-occurring OCD & substance use	Integrated Tx vs substance use Tx: <ul style="list-style-type: none">- Better treatment retention- Reduced OCD symptom severity- Higher rates of abstinence	Fals-Stewart et al, 1992, J Substance Abuse Treatment
Co-occurring Panic Disorder & alcohol use	Integrated Tx vs alcohol abuse Tx: <ul style="list-style-type: none">- Reduced panic symptom severity- Superior alcohol Tx outcomes on some indices	Kushner et al, 2009, Addictive Behaviours
Co-occurring PTSD & substance use	Integrated Tx vs substance use Tx: <ul style="list-style-type: none">- Reduced PTSD symptom severity- Similar substance use reductions	Norman et al., 2019, JAMA Psychiatry; Mills et al., 2012, JAMA; Sannibale et al., 2013, Addiction

Outline

1. Link between anxiety & alcohol use: what's the evidence and why is it important?
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Can we intervene earlier?



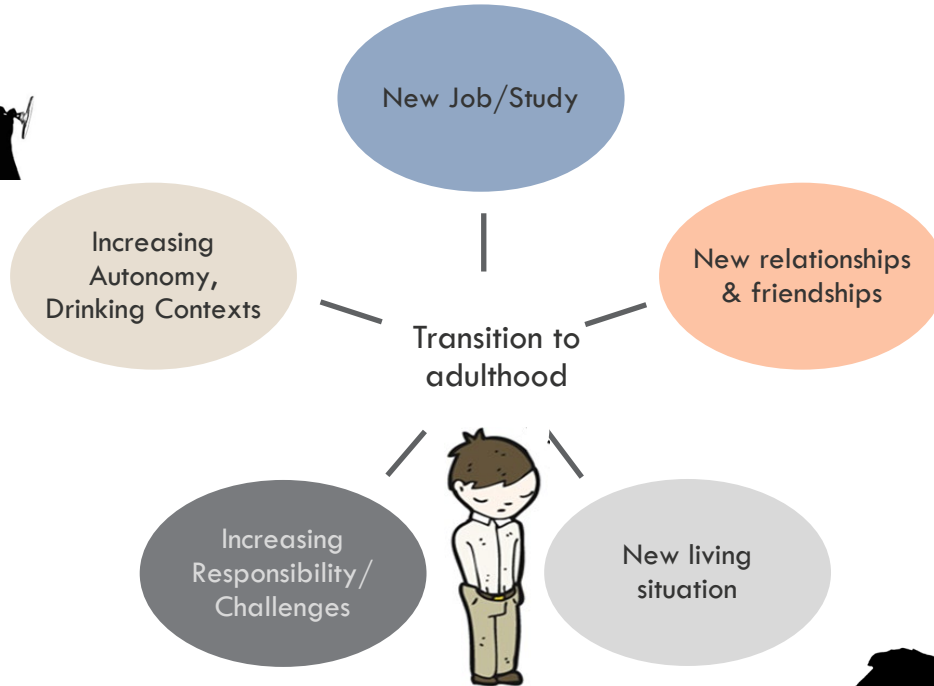
- Average delay to seek treatment for AUD is 18 years (Chapman et al 2015)
- Can we intervene at an earlier stage before problems become entrenched?

Developmental links between anxiety and alcohol use



- Anxiety disorders in youth are associated with earlier first use of alcohol (Birrell et al, 2015)
- Young adults with anxiety disorders report use of alcohol to cope with their emotional symptoms (Stapinski et al, 2016)
- Youth with anxiety are more likely to progress from occasional use, to more regular use and an alcohol use disorder (Conway et al, 2016)

Transition to Adulthood: Key Risk Period



- Over 12 months, almost **1 in 3** young adults consume alcohol at very high risk levels
- Harms associated with alcohol **peak in early adulthood**

Impact of **Anxiety** and **Coping Styles** (ie Drinking to cope) may become even more pronounced across this transition to adulthood...

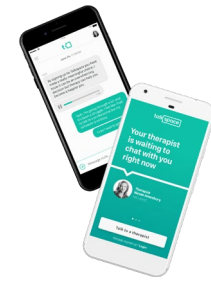
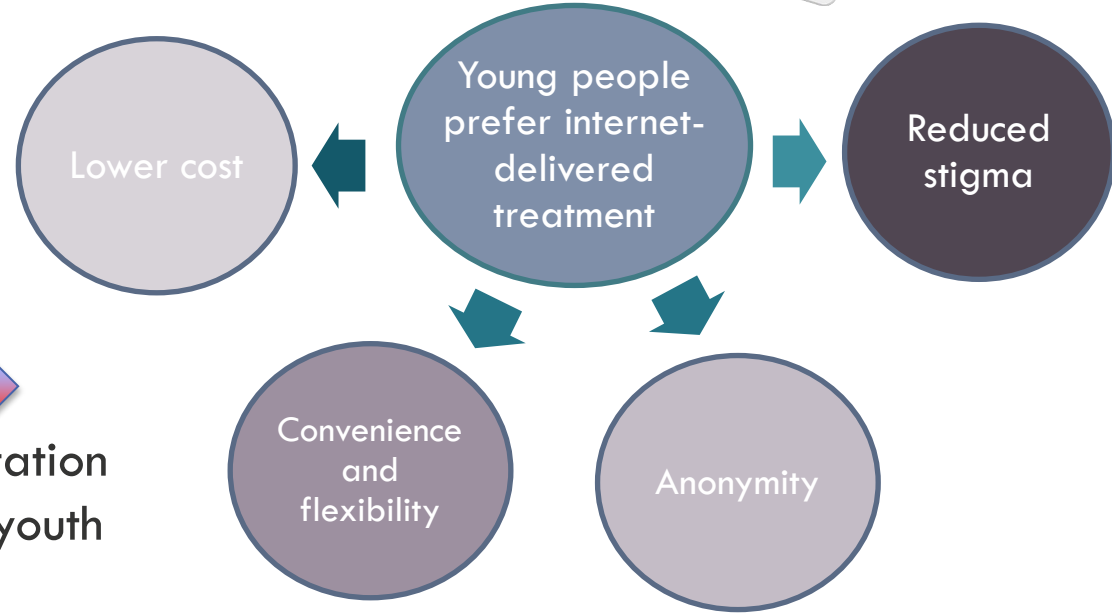


Tailoring Early Intervention for Young Adults



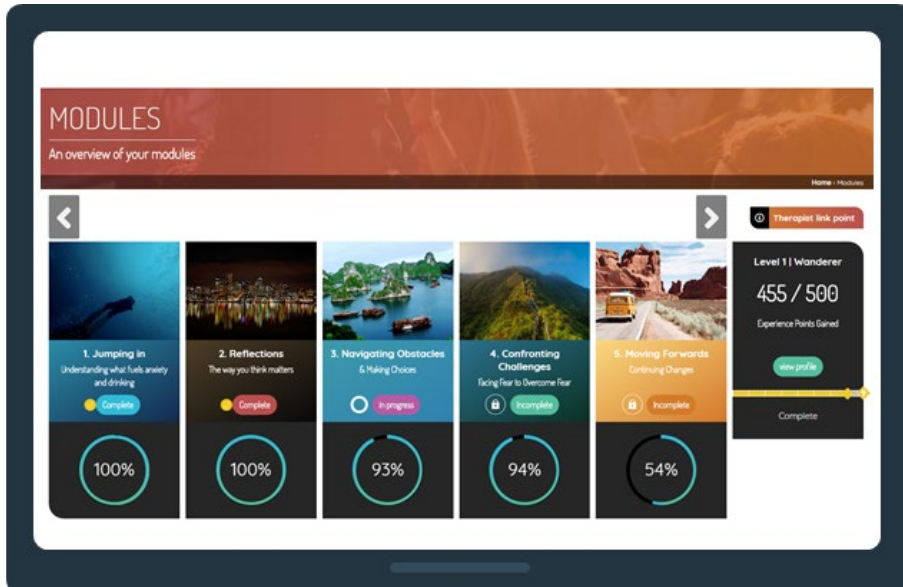
Integrated CBT for
co-occurring anxiety
and alcohol use
problems

BUT – adaptation
needed for youth



The Inroads program: A youth focussed early intervention

- 🌐 Early intervention to enhance anxiety coping skills, & address coping-motivated drinking
- 🌐 Adapted to unique challenges & drinking contexts relevant to young adults



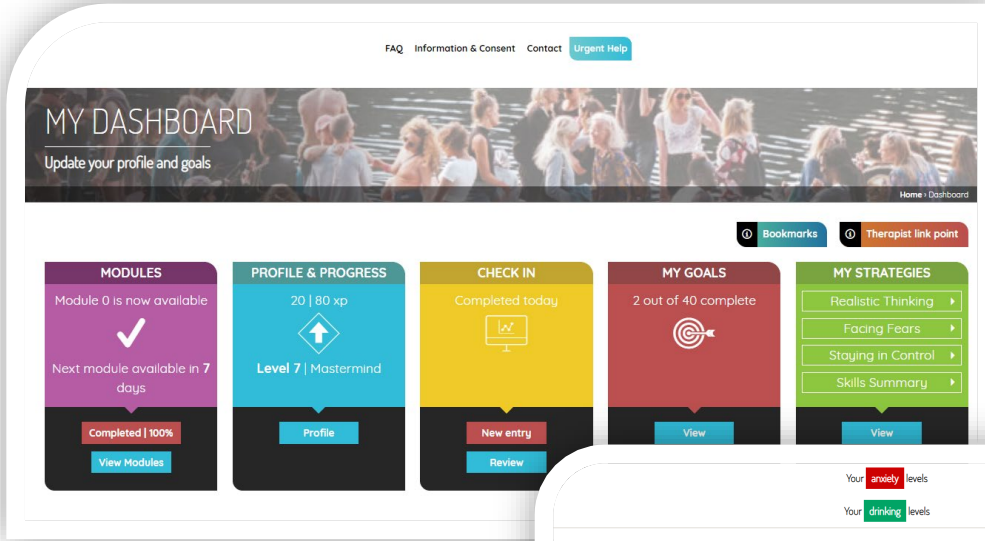
Developed in consultation with young people

- Interactive, Youth focussed design and vignettes
- Iterative development + feedback process

5-week program:

- 🌐 5 Modules – CBT and motivational enhancement
- 🌐 Encouragement and customised feedback via email/phone (trouble-shooting, enhance motivation)

Interactive, engaging features



Video 1: Realistic Thinking

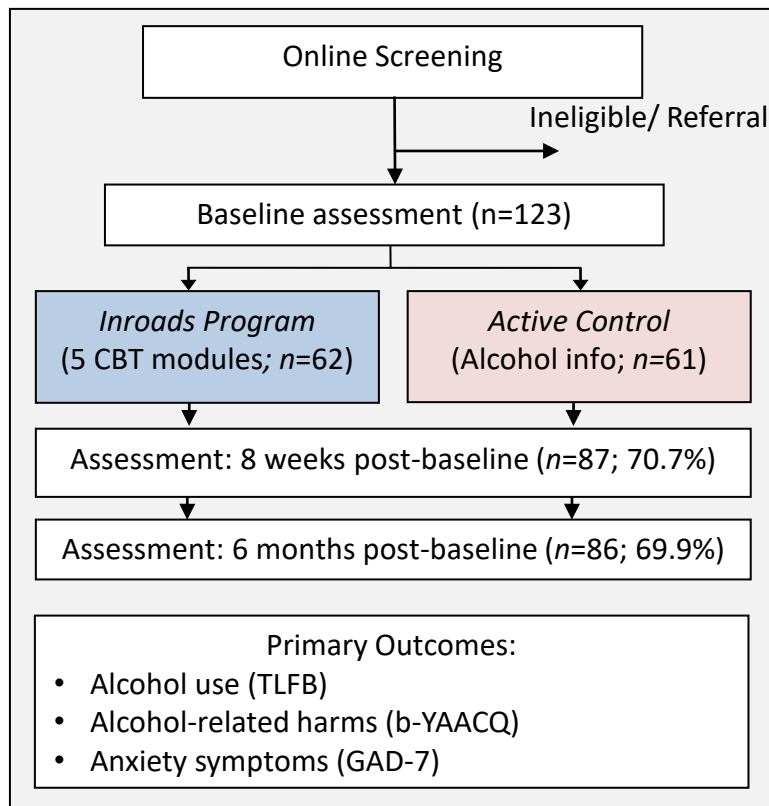


Video 2: Facing Fears to overcome anxiety



Video 3: Taking Control of drinking

The Inroads Trial: 2017-2019



Participants:

- Aged between 17 and 24, living in Australia
- Reporting harmful alcohol intake (AUDIT ≥ 8) and anxiety symptoms (GAD-7 ≥ 5 or Mini-SPIN ≥ 6)

Manuscript currently under review:
eClinicalMedicine

Results: Summary

The **Inroads program** resulted in significantly greater improvements in **general anxiety and social anxiety** symptoms, sustained at 6 months after the program for social anxiety

Both groups reduced **alcohol consumption** in the short-term, but people who received the **Inroads program** were able to sustain these reductions over the longer term

Inroads program was also associated with sustained reductions in **hazardous alcohol use**

Inroads Program: Conclusions

Inroads program improves anxiety first, at post-intervention (i.e. after 8 weeks)

There was **relapse** to drinking by 6-mths in the control group, but Inroads had capacity to **sustain drinking reductions**

By 6 month follow-up, young people in Inroads group reduced their monthly drinking on average by

- **62 standard drinks**
- **4 fewer binge drinking episodes**



Can the Inroads program help in the aftermath of covid-19?

Anxiety and stress among young people is increasing

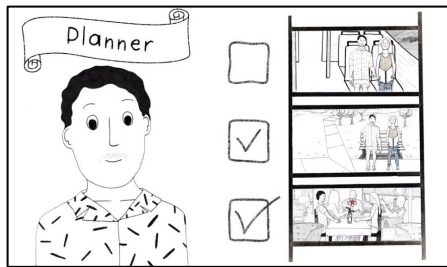
70% of Australians report higher alcohol consumption

The internet-delivered, early intervention format of Inroads means it is well-suited to helping young people develop effective coping skills

Realistic Thinking



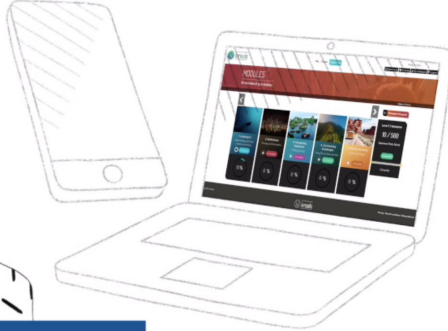
Managing anxiety



Strategies to control alcohol use



Now recruiting: Inroads Open trial



Program **adapted** to include content and vignettes to help young people apply the skills to the COVID-19 context

Responsive auto-messaging provides motivation support, trouble shooting and accountability

Now available for:

- People aged between 17 and 30, living in Australia
- With anxiety symptoms & drinking alcohol above recommended guidelines
- Self-directed or adjunct to psychologist sessions.
- Any questions contact: info@inroads.org.au

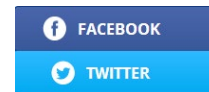
**Visit [inroads.org.au](https://www.inroads.org.au) to
assess eligibility & register**

Summary: In a nutshell

- **Ask** about anxiety & link with alcohol use
- **Motivate** to change
- Mutual **Understanding** of the inter-relationship
- Enhance **Coping** strategies for anxiety, alcohol and the interconnection between them

Thank you

- Co-authors: Andrew Baillie, Ron Rapee, Claudia Sannibale, Paul Haber, Maree Teesson, Erin Kelly, Katrina Prior, Briana Lees, Nicola Newton & Mark Deady
- Funding: NHMRC, Society for Mental Health Research, Australian Rotary Health, Australian Department of Health
- Please email me with any questions or feedback:
Email: Lexine.Stapinski@sydney.edu.au
- More information:



facebook.com/inroadsprogram1
twitter.com/inroads_program
twitter.com/lex_stapinski



More info at comorbidityguidelines.org.au

The **National Comorbidity Guidelines** were developed in consultation with a panel of experts, drawing on the experience and knowledge of clinicians, consumers, carers and researchers. They have three key aims:

1. Increase the knowledge and awareness of co-occurring mental health conditions in alcohol or other drug treatment settings
2. Improve the confidence and skills of alcohol or other drug workers
3. Increase the uptake of evidence-based care





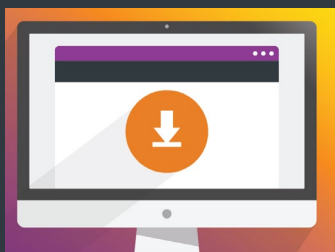
More info at comorbidityguidelines.org.au

Visit the National Comorbidity Guidelines website and Online Training Program, a free online resource for Australian healthcare providers, where you can:

ORDER A HARD COPY



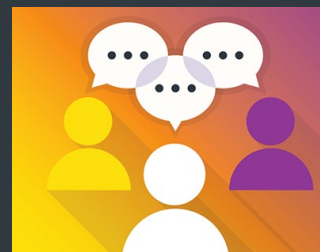
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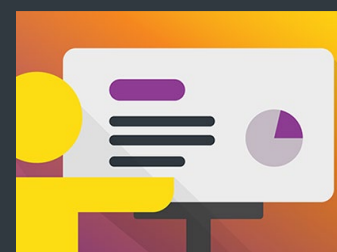
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Thanks for being part of the Comorbidity Project Webinar Series!



Thank you!

christina.marel@sydney.edu.au

erin.madden@sydney.edu.au

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again:



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