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Estimated Probability of Becoming Alcohol Dependent: Extending a Multiparametric Approach

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Abstract

Background: United States (US) epidemiological studies suggest that for every 5-8 who start drinking alcoholic beverages, at least one drinker will develop an alcohol dependence (AD) syndrome within the first 10 years after onset of drinking (Lopez-Quintero et al., 2011; Wagner & Anthony, 2002). Recently, we described a multiparametric functional analysis approach for new research to estimate these transition probabilities with a two-dimensional function (2D; Vsevolozhskaya & Anthony, 2015). Here, we demonstrate extension of this analysis to three-dimensional (3D) functions that combine information about number of recent drinking days and number of drinks on the typical drinking day (with Y = AD risk as the third dimension).

Methods: Data are from the United States National Survey on Drug Use and Health (NSDUH) Restricted-use Data Analysis System, 2002-2011, with nationally representative samples of newly incident drinkers and rapid-onset AD syndromes ascertained via standardized audio computer self-interviews, completed for surveys of non-institutionalized civilian US citizens, age 12 years and older. Drinking history, including DSM-IV AD status, was assessed via the standardized computer-assisted interview assessments. The 3D functional estimates are based on a non-linear parametric Hill equation evaluated for (1) number of drinking days in 30 days just before NSDUH assessment, and (2) typical number of drinks on recent drinking days.

Results: Among newly incident drinkers with just one drink per drinking day, the estimated AD risk ranges from more than 0% to 1% among infrequent drinkers with a single drinking day per month (95% bootstrap confidence interval: 0.7, 1.0), upward to about 3% among daily drinkers (95% CI: 1.4, 3.7). Among newly incident drinkers with ~2 drinks per drinking day, estimated AD risk is much larger among daily drinkers (21.4%, 95% CI = 5, 21). Across subgroups defined by 3, 4, and 5 or more drinks per day, the estimated AD risk is larger, as can be seen clearly for those who have progressed to daily drinking: 31% for 3 drinks, 84% for 4 drinks, 90% for 5+ drinks, respectively, with some degree of CI overlap. However, among infrequent drinkers, with no more than one drinking day per month, the estimated AD risk does not appreciably differ from 1% irrespective of the number of drinks consumed per typical drinking day.

Conclusions: Via the multiparametric functional analysis approach extended beyond the number of drinks per typical drinking day, this evidence helps clarify that AD risk apparently is relatively constant and quite limited when newly incident drinking is limited to no more than one drinking day per month. When newly incident drinkers are observed within 12 months after drinking onset, there is substantial increase in AD risk among daily drinkers, provided the typical number of drinks per day increases from 1 to 5+ drinks. This study is novel in its focus on newly incident drinkers and variations in risk of developing alcohol dependence soon after drinking onset. A new research agenda for research among newly incident drinkers can be built upon this initial platform.

3D Hill Function for Alcohol Dependence Risk

Discussion of Findings

Evaluated for newly incident drinkers with ~1 drinking day per month, the model-based probability of observing an AD syndrome is roughly 1%, irrespective of the number of drinks consumed. This estimate is consistent with 1% value from the 2D Hill function.

As the frequency of drinking increases, this ‘AD risk’ estimate begins to depend on the amount of alcohol consumed per drinking occasion. Specifically, among daily drinkers with 4+ drinks per drinking occasion we see a marked increase in AD risk relative to those with one drink per occasion. Also, the highest lower bound of the estimated AD risk for newly incident drinkers is seen among daily heavy episodic drinkers, with 5+ drinks consumed per drinking occasion, at least 30% of whom are observed with an AD syndrome.

In terms of the expected number of the consecutive drinking days, after which half of the expected maximum proportion of people develop AD (i.e., PD50), we see no marked variation among drinkers with at least 2 drinks per drinking occasion (although there is variation in the respective expected maximums or pmax). Also, the quantity PD50×2 leads us to predict that very high AD risk values will be seen for newly incident drinkers after about two months of daily drinking of two or more drinks per occasion, all else being equal.

Limitations

Of special concern is the self-report interview survey data from NSDUH. However, in the context of nationally representative sample surveys on this scale, there are few logistically feasible and affordable alternatives to self-report. In addition, cross-sectional data always will be inferior to longitudinal data when fitting Hill functions of this type. Nonetheless, these cross-sectional estimates provide novel evidence of the distribution of estimated ‘AD risk’ in relation to indicators of both frequency and “dose” of drinking. Finally, feedback loops might be present (Anthony, 2010) as can be seen in a monotonic increase in the typical number of drinks per drinking occasion association with a non-monotonic increase in the AD risk. However, a restriction on the Hill parameter estimates can be enforced to ensure a monotonic increase in AD risk associated with the monotonic increase in the number of drinks.

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Disclosure

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