

The NSDUH Report

February 16, 2007

Co-Occurring Major Depressive Episode (MDE) and Alcohol Use Disorder among Adults

Depression and alcohol use problems can each impair a person's ability to carry out routine activities at home or work and negatively

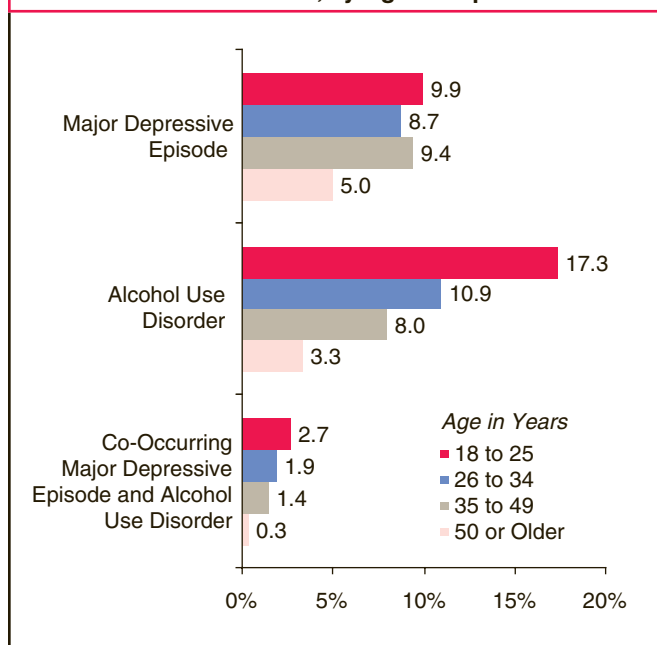
impact daily life.^{1,2} The occurrence of depression and alcohol use problems in the same individuals is a major public health concern.

In Brief

- Combined data from 2004 and 2005 indicate that 7.6 percent of adults aged 18 or older experienced at least one major depressive episode (MDE) in the past year, and 8.0 percent had an alcohol use disorder
- An estimated 2.7 million adults, or 1.2 percent of persons aged 18 or older, had past year co-occurring MDE and alcohol use disorder
- Among adults with past year co-occurring MDE and alcohol use disorder, 40.7 percent did not receive treatment in the past year for either problem, 48.6 percent received treatment for MDE only, 1.9 percent received treatment for an alcohol use disorder only, and 8.8 percent received treatment for both problems

The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older questions to assess lifetime and past year major depressive episode (MDE). NSDUH defines MDE using the diagnostic criteria set forth by the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV),³ which specifies a period of 2 weeks or longer in which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.⁴ Respondents with MDE were asked about their experiences with treatment for depression during the past year. *Treatment for MDE* is defined as seeing or talking to a medical doctor or other health professional or taking prescription medication for MDE.

Figure 1. Percentages of Persons Aged 18 or Older with Past Year Major Depressive Episode, Alcohol Use Disorder, and Co-Occurring Major Depressive Episode and Alcohol Use Disorder, by Age Group: 2004-2005

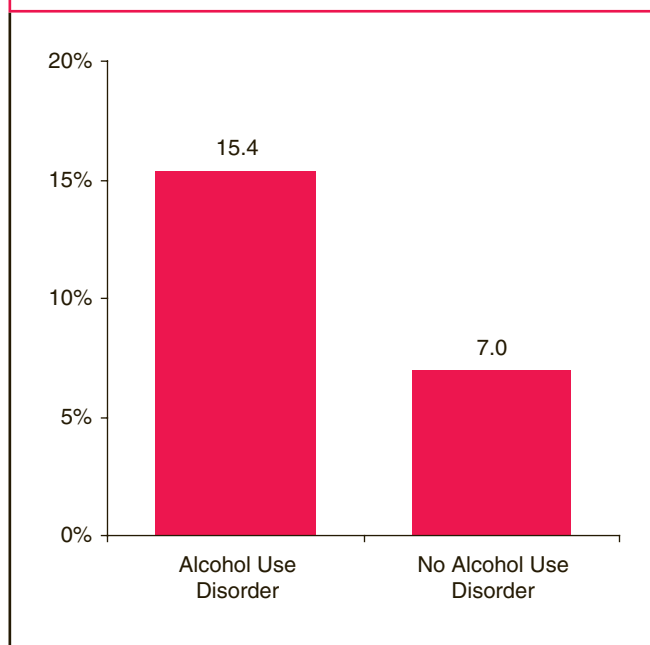


Source: SAMHSA, 2004 and 2005 NSDUHs.

NSDUH also asks respondents questions to assess their symptoms of alcohol dependence or abuse during the past year. NSDUH defines *alcohol dependence or abuse* using criteria specified in the DSM-IV,³ including symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year. Individuals who meet the criteria for either alcohol dependence or abuse are said to have an alcohol use disorder. Respondents are also asked about treatment they received in the past year for alcohol problems. For these analyses, an individual is defined as having received treatment for an alcohol use disorder only if he or she reported receiving such treatment at a specialty facility in the past year.^{5,6}

This report examines past year MDE, alcohol use disorder, and co-occurring MDE and alcohol use disorder among adults aged 18 or older. For the purposes of this report, individuals with both MDE and alcohol use disorders in the past 12 months are said to have co-occurring MDE and alcohol use disorders. All findings presented in this report are based on combined 2004 and 2005 NSDUH data.⁷

Figure 2. Percentages of Past Year Major Depressive Episode among Persons Aged 18 or Older, by Past Year Alcohol Use Disorder: 2004-2005



Source: SAMHSA, 2004 and 2005 NSDUHs.

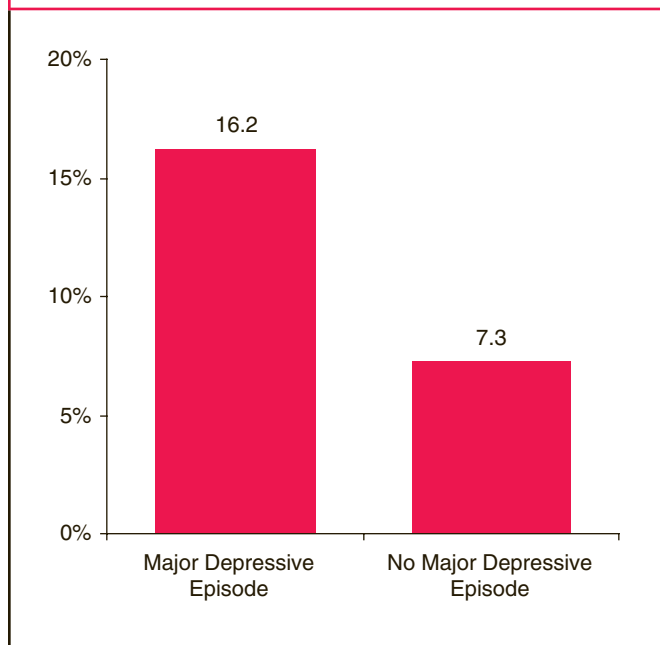
Past Year Major Depressive Episode

Combined data from 2004 and 2005 indicate that 7.6 percent of adults (an estimated 16.4 million persons) experienced at least one MDE in the past 12 months. Women were nearly twice as likely as men to have past year MDE (9.8 vs. 5.4 percent). Persons aged 50 or older were less likely to have past year MDE than adults in other age groups (Figure 1). Adults aged 18 or older with a past year alcohol use disorder were more than twice as likely as those with no past year alcohol use disorder to have experienced MDE in the past year (Figure 2).

Alcohol Use Disorder

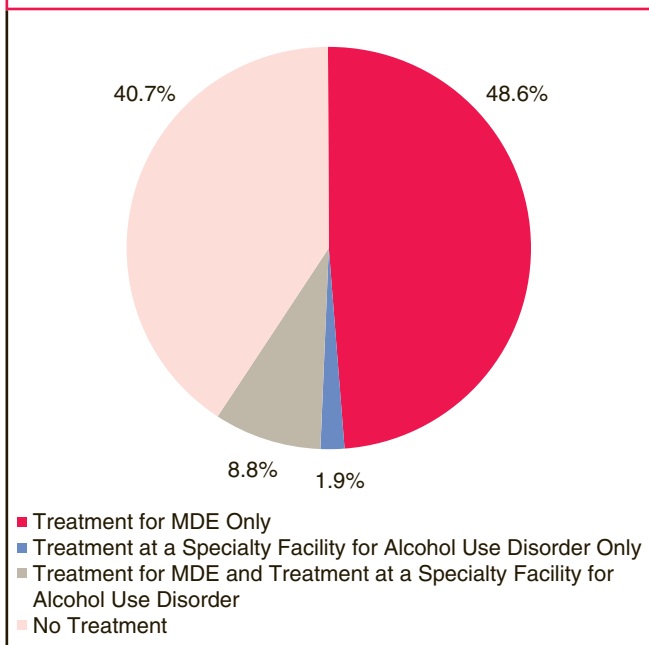
Among adults aged 18 or older, 8.0 percent (an estimated 17.3 million persons) met the criteria for alcohol use disorder in the past year. Males were more than twice as likely as females to have past year alcohol use disorder (11.2 vs. 5.0 percent). Increasing age was associated with a lower rates of past year alcohol use disorder, with adults aged 18 to 25 having the highest rate (17.3 percent) and adults aged 50 or older having the lowest rate (3.3 percent) (Figure 1). Adults who experienced MDE in the past year were more than twice as likely to have alcohol use disorder as adults who did not have MDE (Figure 3).

Figure 3. Percentages of Past Year Alcohol Use Disorder among Persons Aged 18 or Older, by Past Year Major Depressive Episode: 2004-2005



Source: SAMHSA, 2004 and 2005 NSDUHs.

Figure 4. Past Year Treatment among Adults Aged 18 or Older with Past Year Co-Occurring Major Depressive Episode (MDE) and Alcohol Use Disorder: 2004-2005



Source: SAMHSA, 2004 and 2005 NSDUHs.

Co-Occurring MDE and Alcohol Use Disorder

An estimated 2.7 million adults, or 1.2 percent of persons aged 18 or older, had past year co-occurring MDE and alcohol use disorder. Rates of past year co-occurring MDE and alcohol use disorder were similar for males and females (1.3 and 1.1 percent, respectively). Increasing age was associated with lower rates of past year co-occurring MDE and alcohol use disorder, with adults aged 18 to 25 having the highest rate (2.7 percent) and adults aged 50 or older having the lowest rate (0.3 percent) (Figure 1).

Treatment of MDE and Alcohol Use Disorder

Adults with past year co-occurring MDE and alcohol use disorder may receive treatment for their MDE only, for their alcohol use disorder only, for both their MDE and alcohol use disorder, or for neither problem. Among adults with past year co-occurring MDE and alcohol use disorder, 40.7 percent did not receive treatment in the past year for either problem (Figure 4). Nearly half (48.6 percent) received treatment in the past year for MDE only, 1.9 percent received treatment at a specialty facility for alcohol use disorder only, and 8.8 percent received treatment for both problems.

End Notes

- 1 Kessler, R. C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K. R., Rush, A. J., Walters, E. E., Wang, P. S. (2003). The epidemiology of major depressive disorder: Results from the National Comorbidity Survey Replication (NCS-R). *Journal of the American Medical Association*, 289, 3095-3105.
- 2 Hasin, D. S., Goodwin, R. D., Stinson, F. S., & Grant, B. F. (2005). Epidemiology of major depressive disorder: Results from the National Epidemiologic Survey on Alcoholism and Related Conditions. *Archives of General Psychiatry*, 62, 1097-1106.
- 3 American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- 4 In assessing MDE, no exclusions were made for MDE caused by medical illness, bereavement, or substance use disorders.
- 5 *Substance use treatment at a specialty facility* is defined as treatment received at a drug or alcohol rehabilitation facility (inpatient or outpatient), hospital (inpatient only), or mental health center. It excludes treatment in an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient.
- 6 An individual was counted as receiving alcohol use treatment only if he or she received treatment at a specialty facility in the past year for an alcohol problem. Individuals who reported receiving substance use treatment at a specialty facility but were missing information on the substance (i.e., alcohol vs. illicit drugs) were not counted in the estimates for alcohol use treatment at a specialty facility.
- 7 Beginning in 2004, a module related to major depressive episode (MDE) derived from the DSM-IV criteria for major depression was included in the NSDUH questionnaire. The 2004 NSDUH sampling strategy employed a split-sample design in which approximately half of the adult respondents received the new MDE module. In 2005, all adults were administered the MDE module. To ensure comparability across both years of data, all analyses in this report include only adults who were administered the new MDE module in 2004 and all respondents in 2005. For further discussion of the methodology, see Section B.4.5 of Appendix B in the following document: Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

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Research findings from the SAMHSA 2004 and 2005 National Surveys on Drug Use and Health (NSDUHs)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2004 and 2005 data are based on information obtained from 86,367 persons aged 18 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on NSDUH used in compiling data for this issue is available in the following publications:

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2004 and 2005 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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