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University of Missouri-St. Louis

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2011

Disordered eating patterns and alcohol misuse in college students: evidence for “drunkorexia”?

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of major depressive disorder for physically abused women ($\beta = .47, P < .05$). No significant interactions were found for men or in the prediction of alcohol abuse symptoms.

Conclusions: This prospective study of documented cases of child abuse and neglect supports earlier research demonstrating an MAOA by child maltreatment interaction in predicting mental health outcomes of major depression and dysthymia, although only for female subjects. Reasons for sex differences and lack of alcohol abuse findings are discussed. These findings contribute to our understanding of why some maltreated children are at risk for depression and dysthymia.

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Disordered eating patterns and alcohol misuse in college students: evidence for “drunkorexia”?

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Introduction: Risky drinking and disordered eating patterns, including eating disorders, are common among college students; approximately 30% of female students have reported restricting calories to “save them” for drinking. Restricting food or calories along with heavy alcohol consumption is a recipe for disaster, increasing the risk of health and behavioral consequences. Research is lacking on the motivations regarding these alcohol-related eating patterns, termed *drunkorexia* in recent popular media stories.

Methods: The analysis examines data from a health survey given to college students in a Psychology 1000 class at a large Midwestern university. Students completed an online survey including questions regarding calorie restriction as it related to alcohol consumption, motivations for restricting, and different ways of restricting calories. Associations between disordered eating and alcohol misuse were examined for sex and Greek status differences.

Results: Fourteen percent of students reported restricting calories before alcohol consumption (25% of females and 11% of males), with 9% restricting to avoid gaining weight and nearly 4% to get drunk faster. Of those 14% who did restrict, 64% did it to avoid weight gain; 25% to get drunk faster; and 2% because of peer pressure. Of those who restricted, most (21%) were not in a fraternity or sorority, but frequently attended Greek parties; 18% were Greek members.

Conclusions: A fairly significant proportion of college students display disordered eating patterns such as purposely restricting calories to be able to increase their alcohol intake. Most students restrict food intake either to avoid weight gain from alcohol intake or to increase the likelihood of faster inebriation. Although sex differences exist, this is a phenomenon seen in both male and female college students. Interestingly, women and men who are members of sororities or fraternities did not comprise the largest group of students to exhibit this disordered eating pattern. Future research needs to investigate the characteristics of those students who did not identify as members of Greek organizations but frequently attend Greek events, as they seem to be the students with the highest level of engagement in disordered eating related to high levels of alcohol intake.

Public Health Relevance: Understanding college students’ alcohol-related motivations to engage in disordered eating patterns can help college administrators develop effective education, awareness, and prevention programs. Targeted interventions geared towards certain demographic characteristics (sex, Greek status) may increase effectiveness.

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Relationships between traumatic event reexposure and drug use in syringe exchange participants

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Introduction: Nearly all injecting drug users in community syringe exchange programs (SEPs) have been exposed to traumatic events, and our data show that about 25% are reexposed to a new traumatic event each month. However, little is known about whether and to what degree traumatic event reexposures are related to drug use—as antecedent, consequence, both, or neither.

Methods: The relationships between traumatic event reexposure and drug use were tested in a 16-month longitudinal study of 162 male and female syringe exchangers in Baltimore. Participants were assessed monthly for traumatic event reexposure and self-reported heroin (30/30 days) and cocaine use (1+/30 days). Generalized estimating equations tested the effects of traumatic event reexposure on cocaine and heroin use in the same month, 1 month later, and 2 months later. The effects of cocaine and heroin use on traumatic event reexposure in the same month, and 1 and 2 months later were also tested.

Results: Traumatic event reexposure increases the risk of cocaine use in the same month (OR [95% CI] = 1.31 [1.06–1.63]), but not in later months; reexposure had no relationship to changes in heroin use (eg, same month: 1.04 [0.81–1.32]). Conversely, neither cocaine nor heroin use has a significant effect on traumatic event reexposure in any period.

Conclusions: Traumatic event reexposure is known to exacerbate many types of psychiatric symptoms, but this is the first study to demonstrate exacerbation of substance use disorder in a community-based sample of men and women not in regular treatment. Increased cocaine use enhances the risk of acquiring and transmitting HIV and other blood-borne diseases and may further impact drug users’ ability to manage their health and behavior in the community. These results support efforts to more effectively bridge syringe exchange programs and substance abuse treatment participation.

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The role of drug and alcohol use in the pathway from depression to life stress in low-income African American girls

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Introduction: African American (AA) adolescent girls living in impoverished neighborhoods represent a population vulnerable to life stress, substance abuse, and depression. These teens may be at increased risk for “stress generation,” a cycle of depression and life stress that results in chronic, recurrent depressive episodes. However, the nature of this stress generation pattern in low-income AA adolescents remains unclear. This study examines the depression-stress link in low-income, urban adolescent girls and investigates the role of drug and alcohol use.

Methods: Participants are 177 AA girls initially recruited from outpatient mental health clinics at ages 12 to 16 years. Girls and their primary female caretakers completed 5 waves of data collection over 2 years and a subsequent assessment of trauma exposure at ages 14 to 22 years (Wave 6). Data used in the current analysis include baseline depressive symptoms, baseline and Wave 3 (1-year follow-up) substance use, and exposure to stressful life events reported at Wave 6.

Results: Multiple regression will be used to examine whether (a) baseline depressive symptoms predict exposure to more stressful life events; (b) baseline drug or alcohol use moderates this relationship; and (c) Wave 3 drug or alcohol use mediates the depression-stress relationship. Preliminary findings indicate that frequency of illicit drug use at Wave 3 (but not Wave 1 or alcohol use) predicts stressful life events at Wave 6 ($F_{1,170} = 4.88, \beta = .17, P = .03$).

Conclusion: Better understanding of stress generation and the role of substance use among low-income African American girls can contribute to effective intervention and prevention for this vulnerable population.