Introduction

Depression is one of the most common mental health problems in the UK—experienced by as many as one in ten people in any year, and it shares a complex, mutually reinforcing relationship with excessive alcohol consumption.

This means regardless of whether heavy alcohol consumption or depression came first, having one condition makes it significantly more likely the other will develop. In both cases however, the risk increases with greater consumption of alcohol: excessive drinking increases the chance of developing depression, and drinking while depressed both exacerbates depressive symptoms and makes recovery more difficult.

Biological Effects

The full effects of alcohol on the brain are not yet fully understood. A number of clinical research studies have found that regularly drinking alcohol disrupts the brain’s chemistry, altering the way it operates. Lowering the level of serotonin in the brain—the chemical responsible for regulating people’s mood—and disrupting other chemicals, may lead to the development of depressive-like symptoms.

Alcohol and Depression, Depression and Alcohol – What’s the link?

There is no definitive causal link between alcohol and depression. Depression is found in heavy drinkers at a significantly higher rate than in the general population, and suffering from depression increases the likelihood of excessive alcohol consumption and dependence in the future. Alcohol dependence is roughly three times more likely amongst those experiencing depression, compared with non-depressive populations. A complex & mutually reinforcing relationship exists between the two. Alcohol’s effect on the human body (especially excessive alcohol consumption over a long period of time) has been shown to cause depressive symptoms.

‘Self-medicating’

Many people suffering from depression and experiencing acute feelings of sadness and anxiety may drink alcohol in an attempt to relieve those symptoms, this is known as ‘self-medicating’.

What is Depression?

Sufferers of depression experience persistent feelings of sadness for prolonged periods of time. This can include experiencing no happiness or pleasure from any activity, finding it hard to sleep or get up, loss of appetite, fatigue, poor concentration, feelings of worthlessness, hopelessness and even suicidal thoughts.

As well as having a devastating impact on individuals, depression also substantially impacts on public finances. It is estimated in England alone the cost of depression was nearly £11bn in 2010 - both in direct medical care and lost revenue from time taken off work.
Temporarily, the effect alcohol has on the body may relieve some of them – by depressing the central nervous system, alcohol helps ‘numb’ emotions to avoid dealing with difficult issues. However, ‘self-medicating’ has been shown to be one of the least effective methods of dealing with depression. Suffering from depression is often experienced before the development of problematic drinking, particularly in women, which suggests that people attempting to self-medicate accounts for a substantial amount of the number of concurrent alcohol problems in depressed people. Ultimately, self-medicating with alcohol not only fails to reduce depressive symptoms, but can exacerbate them and contribute to the development of problematic drinking it its own right.

**Alcohol Exacerbates Symptoms and Increases Risk**

Consuming greater amounts of alcohol may contribute to harsher, more acute depressive symptoms. Sufferers of depression who have a harmful relationship with alcohol have a higher risk of committing suicide, having marital problems and being divorced, spending more time in hospital and overall a lower chance of recovering from depression in the future.

**Dual Diagnosis**

In clinical contexts experiencing a mental health and substance misuse problem at the same time is known as ‘dual diagnosis.’ Between a third and a half of people who have a mental health problem also use drugs or drink to excess. The complex nature of dual diagnosis conditions has often led to inadequate treatment. Professionals may incorrectly diagnose one condition as being entirely symptomatic of the other – opting only to treat one element, and ignoring the complexity of the relationship. It is important treatment is coordinated and tackles both diagnoses.

Those experiencing depression while seeking treatment for alcohol dependence are both more likely to relapse and to relapse earlier. Studies have shown that alcohol treatment often only has an impact on alcohol related-depressive symptoms. Whilst, treatment for alcohol dependence in those who develop an alcohol problem after the onset of depression is much less effective.

Suffering from depression can make reducing alcohol consumption more difficult, and vice versa – it is harder to treat depression while drinking large amounts of alcohol. It is important that the NHS and treatment services are equipped to deal with people who have a dual diagnosis, and ensure dual diagnosis patients receive comprehensive care.

**Reducing alcohol reduces depressive symptoms**

Fortunately, reducing ones drinking can result in fewer, and less intense, depressive symptoms. In people who suffer from a dual diagnosis, cutting out alcohol for five weeks resulted in a substantial reduction in depressive symptoms.

**Final Word**

There is a complex, powerful and mutually reinforcing relationship between alcohol and depression. Consuming heavy amounts of alcohol increases the chance of developing depression, results in harsher depressive symptoms and can make it harder to recover. Many sufferers of depression use alcohol to ‘self-medicate’ and the treatment system does not always satisfactorily support those who experience a dual diagnosis. Reducing alcohol consumption can help to reduce depressive symptoms and cutting out alcohol altogether may be an important lifestyle change necessary for those suffering from depression.

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Alcohol and Depression

References


18 Ibid.


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