Exploring gender differences in alcohol use disorder in an outpatient addiction center in Barcelona: are we paying enough attention to it?

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BACKGROUND

Alcohol is the substance for which most people seek help in drug addiction centres in our setting. Lately, the difference between genders in the prevalence of alcohol use disorder (AUD) has decreased. Women with AUD present greater functional, medical, and psychiatric impairment. Even so, females are less likely to seek for medical help.

AIMS / METHODS

To explore differences in sociodemographic and clinical characteristics between women and men with an AUD admitted at an outpatient's addiction center between 2017 and 2022. Data collected through the patient's clinical records. The chi-square test was used to compare categorical variables and Student's t-test was used for continuous variables.

RESULTS

A total of 390 patients with AUD were admitted to the center during this period; 24% were female. Women were more frequently separated, divorced or widowed (p=0.001). Females had fewer criminal records (5.9 vs. 20%, p<0.01) than males (table 1). The prevalence of dual diagnosis was higher in women (55% vs. 33%, p=0.00) (table 2). The most prevalent diagnoses were affective disorders in women (20%) and adaptive disorders in men (25%) (Graphic 1). Women required additional follow-up (20% vs. 9%, p=0.00) and combined treatment (psychotherapy & medication) more often (54% vs. 39%, p=0.026) (table 1). Thebinge-drinking pattern was more frequent in women (27% vs. 14%, p= 0.032) and they identified the onset of problematic consumption at a later age (mean age: w 32 vs. m 28 years, p=0.016). Females identified problematic consumption triggers linked to emotional distress (59% vs. 39%), while males identified motives related to socialization and improvement of their state (10% vs. 20%, p=0.004) (table 2).

Table 1.- Sociodemographic characteristics and follow-up data of women and men with an AUD admitted at the Cas Santa Coloma during 2017-2022.

		Women % 24% (n=92)	Men % 76% (n=298)	Total % (n=390)	Р
Nationality	Spanish	88	88	88	NS
Mean age (SD)		49 (11,3)	51 (11)	48,62 (11,4)	NS
Marital status	Single	36	40	39	0,001
	Married	21	34	31	
	Separated/Divorced	27/24	9/22	10/19	
	Widowed	6,5	0,7	2,1	
Employment situation	Working	46	43	45,4	NS
	Not working	56	54	55,6	
Living situation	No-housing problems	90	93	91	NS
	With housing problems		10	9	
Incomes	With incomes	86	82	83	NS
	Without incomes	13	10,8	11,3	
Educational level	No studies	3,3	11	8,9	0,028
	Elementary and highschool	79	82	89	
	Higher education	16,7	7,2	9,5	
Criminal records		5,9	20	16,4	<0.01
Treatment	Combined: psycotherapy+ pharmacological	54	39	43	0,008
Follow-up	Additional follow-up from Mental Health network	20	9	11,8	0,0026
AUD Treatment	Good outcomes	34	20	27	NS
outcomes (6 months)	Bad outcomes	13	8	9,2	
Drop out rate %*		15	22	20	NS

p<0,05. *Dropout rate: % of patients who have stopped attending due to dropout out of the total number of patients under follow-up by gender.

Graphic 1.- Dual diagnosis in AUD patients by gender admitted at the CAS Santa Coloma during 2017-2022 (n=148)

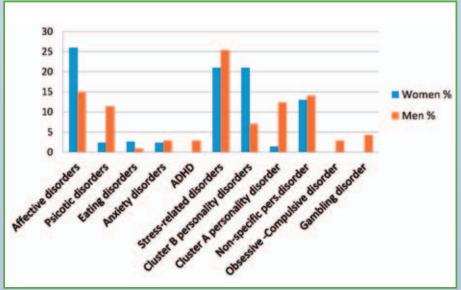


Table 2.- Clinical characteristics comparison between women and men with an AUD admitted at the CAS Santa Coloma during 2017-2022.

		Women % 24% (n=92)	Men % 76% (n=298)	Total % (n=390)	P
Family history		65,6	60	61	NS
Serologic status	VHB VHC+ (ARN+) VIH	0 1,8 (4,3) 1,2	1,7 6 (5,4) 2,6	1,3 6,3(5,1) 2,3	NS
Dual diagnosis		55	33	38	0,00
Average age drinking problem onset (SD)		28(12)	32 (13)	29(12,6)	0,016
Drinking pattern	Daily	72	84	81	0,0032
	Binge	27	14	17	
Problematic drinking triggers	Social/ Improve state	10	20	16,8	0,00
	Coping/ emotional distress	59	39	44	
	Conformity	3,3	0	0,8	

p<0,05

CONCLUSIONS

Differences in social/family conditions and clinical presentation between men and women with AUD may influence access to treatment, evolution, and therapeutic response. This highlights the need to intervene from a gender perspective.

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