

# Switzerland - Attention Deficit Hyperactivity Disorder and Future Alcohol Outcomes: Examining the Roles of Coping and Enhancement Drinking Motives among Young Men

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Report generated on: April 24, 2019

Visit our data catalog at: <https://doi.org/10.16909/DATASET/16>

## Overview

### Identification

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#### ID NUMBER

DDI-CHE-CSURF-ATTENTION-DEFICIT-V1

### Version

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#### VERSION DESCRIPTION

Version 1.0

### Overview

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#### ABSTRACT

**Objective.** Although there is evidence that Attention Deficit Hyperactivity Disorder (ADHD) symptoms are positively related to alcohol use and related problems among young adults, little research has examined the mechanisms that might explain this association. In response, this study examined the mediating effects of coping and enhancement drinking motives on the prospective associations between ADHD symptoms and alcohol outcomes.

**Method.** Participants (N = 4,536) were young men from the Cohort Study on Substance Use Risk Factors. Measures of ADHD symptoms and those of drinking motives, heavy episodic drinking (HED) and alcohol use disorder symptoms were used from the baseline and 15-month follow-up assessments. **Results.** Findings indicated that the associations of ADHD-inattention symptoms with AUD symptoms and with HED were partially and completely mediated through drinking motives, respectively, whereas drinking motives did not mediate the ADHD-hyperactivity/impulsivity-symptoms-alcohol outcomes associations. **Conclusion.** Results indicated that coping and enhancement motives partially explained the ADHD-inattention symptoms - subsequent alcohol outcomes association. These findings suggest that interventions targeting enhancement and coping motives may help prevent problematic drinking among young men with elevated ADHD-inattention symptoms.

#### KIND OF DATA

Self-reported questionnaires

#### UNITS OF ANALYSIS

Young men in Switzerland (N = 4,536)

#### KEYWORDS

Attention deficit hyperactivity disorder symptoms, coping drinking motives, enhancement drinking motives, alcohol, young males

### Coverage

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#### GEOGRAPHIC COVERAGE

French and German-speaking Switzerland

#### UNIVERSE

Young men in Switzerland

### Producers and Sponsors

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#### PRIMARY INVESTIGATOR(S)

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## FUNDING

Name	Abbreviation	Role
Swiss National Science Foundation. No Grants : FN 33CSCO-122679 and FN 33CS30-13467	SNSF	Funder

## OTHER ACKNOWLEDGEMENTS

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## Metadata Production

## METADATA PRODUCED BY

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Addiction medicine, Department of Psychiatry		Lausanne University Hospital (CHUV)	Metadata editor
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## DDI DOCUMENT VERSION

Version 1.0 (April 2019)

## DDI DOCUMENT ID

DDI-CHE-CSURF-ATTENTION-DEFICIT-V1

## Sampling

### Sampling Procedure

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Recruitment took place between August 2010 and July 2011 in three of a total of six recruitment centers covering 21 of the 26 Swiss cantons (including French and German-speaking cantons). In Switzerland, all Swiss men aged approximately 19 must undergo a recruitment process to determine their eligibility for military service. All young men were eligible for inclusion, independently of whether they were deemed eligible or not to serve in the army. Thus, virtually all men aged 19-20 in the 21 covered cantons were eligible for inclusion in the study. Participants completed questionnaires outside of the army environment. A total of 7,556 conscripts provided written informed consent to participate in the study. Of those, 5,987 (79.2%) completed the baseline assessment between September 2010 and March 2012, and among them 5,479 (91.5% of the baseline sample) completed the follow-up assessment between March 2012 and January 2014.

# Questionnaires

## Overview

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**Adult ADHD symptoms.** Adult ADHD symptoms over the past 12 months were assessed at baseline with the Adult ADHD Self-Report Scale Screener (ASRS-v1.1; Kessler et al., 2007). The ASRS-v1.1 is a six-item scale that measures six ADHD symptoms based on DSM-IV diagnostic criteria for ADHD (American Psychiatric Association, 2000). Participants indicated how often they experienced each symptom over the past 12 months with a Likert-scale ranging from 0 to 4. The ASRS-v1.1 includes a 4-item inattention subscale (e.g., How often do you have problems remembering appointments or obligations) and a 2-item hyperactivity/impulsivity subscale (e.g., How often do you feel overly active and compelled to do things, like you were driven by a motor; Hesse, 2013).

**Drinking motives.** Coping and enhancement drinking motives were measured at 15 months with two 3-item subscales of the Drinking Motives Questionnaire Revised Short Form (DMQ-R SF; Kuntsche & Kuntsche, 2009). Participants were asked to consider all the time they had consumed alcohol in the past year and indicate how often they did so for coping (e.g., to forget about your problems) or enhancement (e.g., to get high) motives, using a 5-point Likert scale.

**Alcohol outcomes.** AUD symptoms following DSM-5 diagnostic criteria were measured with 11 items adapted from the Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA; Bucholz et al., 1994; Hesselbrock, Easton, Bucholz, Schuckit, & Hesselbrock, 1999). Participants were asked to indicate whether they had experienced any of 11 situations corresponding to AUD symptoms over the past 12 months (e.g., you often found yourself drinking more and for longer periods of time than you intended). Participants were also asked to indicate how often they drank six or more alcoholic beverages ( $\geq 60$ gr of pure alcohol) on one occasion in the past 12 months with a Likert scale ranging from 0 to 5. Answers were dichotomized to yield a report of monthly HED, where 0 = reporting less than 1 HED per month and, 1 = reporting one or more HED per month.

**Depression symptoms.** Depression symptoms were assessed at baseline with the Major Depression Inventory (MDI; Bech, Rasmussen, Olsen, Noerholm, & Abildgaard, 2001), which is a 10-item scale covering the ICD-10 symptoms of depression such as feeling lacking in energy and strength (World Health Organization, 1994). Participants were asked to indicate how often they had experienced each symptom over the past 2 weeks using a 6-point Likert scale ranging from 0 to 5. Answers were summed up to yield a total score (depression symptoms).

**Anti-social personality disorder symptoms.** The Mini International Neuropsychiatric interview (MINI plus; Lecrubier et al., 1998) was used to assess anti-social personality disorder (ASPD) symptoms. Participants were required to indicate how often they had engaged in 12 behaviors—six before they were 15 years old (e.g., Before you were 15 years old, how often did you start fights or bully, threaten, or intimidate others?) and in six others since they were 15 (e.g., Since you were 15 years old, how often have you exposed others to danger without caring?)—using a 6-point Likert-scale ranging from 1 to 6. Answers were summed up to yield a total score (ASPD symptoms).

## Data Collection

### Data Collection Dates

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Start	End	Cycle
2010-09-01	2014-01-01	N/A

### Data Collection Mode

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Self-reported questionnaires (Internet or paper-pencil questionnaires depending on participants' preferences)

### Questionnaires

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## Data Processing

### Data Editing

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First, in the parent study, non-response analysis between screening, written informed consent and baseline completion were conducted and indicated that non-respondents reported more alcohol use than respondents. The magnitude of these differences was, however, small, indicating a small non-response bias (Studer et al., 2013). In the current study, missing values ( $n = 375$ , 6.8%;  $< 10\%$ ) on key variables were listwise deleted.

In the current study, abstainers ( $n = 568$ , 10.4%) were not included because the questionnaire assessing drinking motives was administered among 12-month drinkers only.

Finally, we tested for mediation using the 95% bias-corrected bootstrap confidence intervals based on 5,000 bootstrap samples, to account for potential nonnormality of the indirect effect (Fritz & Mackinnon, 2007; Preacher & Hayes, 2004).

## Data Appraisal

No content available