



Prevalence of problem drinking in patients with depression and association between depression severity and problem drinking: a cross-sectional survey

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Table 2. SIGH-D scores and the number of patients with alcohol drinking problems

SIGH-D score	Total	Alcohol dependence*	Suspected alcohol dependence**	Alcohol abuse*	Patients with DRL ≥High***
	425	112 (26.4%)	135 (31.8%)	44 (10.4%)	75 (17.6%)
0-7: Normal	135	15 (11.1%)	32 (23.7%)	13 (9.6%)	14 (10.4%)
8-13: Mild depression	129	26 (20.2%)	40 (31.0%)	15 (11.6%)	21 (16.3%)
14-18: Moderate depression	79	24 (30.4%)	21 (26.6%)	10 (12.7%)	10 (12.7%)
19-22: Severe depression	41	18 (43.9%)	21 (51.2%)	4 (9.8%)	15 (36.6%)
≥23: Very severe depression	41	29 (70.7%)	21 (51.2%)	2 (4.9%)	15 (36.6%)
Cochran-Armitage Trend test	–	<0.0001	0.0001	0.5815	<0.0001

*Alcohol dependence and abuse were assessed using item J (alcohol dependence and abuse) of the Mini International Neuropsychiatric Interview (MINI) questionnaire, Japanese version. Patients who answered at least one of the questions 3a-d in the affirmative were diagnosed with alcohol abuse. Patients who answered at least three of the questions 2a-g in the affirmative were diagnosed with alcohol dependence.

**Suspected alcohol dependence was diagnosed using the Alcohol Use Disorders Identification Test (AUDIT), Japanese version. Patients who scored 15 or higher were diagnosed with suspected alcohol dependence.

***DRL was determined using the World Health Organization methodology.

DRL, drinking risk level; SIGH-D, Structured Interview Guide for the Hamilton Depression Rating Scale.