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Invited comment. Acta Psychiatrica Scandinavica

## **The importance of investigating alcohol use among people with schizophrenia**

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Alcohol use among people with schizophrenia is very common. The 2010 Australian Survey of High Impact Psychosis (SHIP study, n = 1,812 people with schizophrenia spectrum or bipolar disorders) demonstrated over half (58.7%) of men and over a third of women (38.2%) with psychoses have a lifetime alcohol use disorder, representing a doubling in the last decade (1). Among this population, alcohol use has been linked to a range of adverse consequences including unemployment, lower education level, lower socio-economic status and exacerbation of psychiatric symptoms(2). The adverse consequences associated with co-occurring alcohol use and schizophrenia also extend to the wider community as this population tend to have greater use of expensive services such as emergency medical care and psychiatric hospitalization (2).

Despite these negative consequences and the high prevalence of alcohol use among people with schizophrenia, very few randomised controlled trials of psychological interventions for co-occurring alcohol use among people with schizophrenia have been conducted. However, a number of studies employing psychological interventions have reported clinically meaningful changes in alcohol use among this population(3). Integrated treatment approaches, combining mental health and alcohol use treatments, have been found to be more effective than approaches that address these issues separately (4). There is also evidence to suggest that brief alcohol interventions may reduce alcohol consumption among this population, but that longer interventions may be associated with additional improvements in areas such as mental health and global functioning (3). Nevertheless, as the study conducted by Lin, Huang and Huang (5) demonstrates, there remains considerable room for further improvement in treatment efficacy. Their study showed that people with co-occurring alcohol use disorders and schizophrenia were rehospitalized after a significantly shorter time period than people with schizophrenia who did not have a co-occurring alcohol use disorder.

As Lin et al. highlight (5), in order for more effective treatment approaches to be developed and to reduce the disparity in rehospitalisation times, a better understanding of the factors that may influence co-occurring psychotic and alcohol use disorders may be needed. This issue has sparked some recent work by our own research team, which has highlighted the importance of social, coping/relaxation and pleasure motives for alcohol use among people with psychotic disorders (6). This research has also found people with psychotic disorders commonly report using alcohol to self-medicate depression and positive psychotic symptoms. These results suggest that alcohol use interventions among people with psychotic disorders might benefit by addressing the social importance of alcohol (e.g., how to interact in social situations without drinking alcohol) and alternative strategies to relax, gain pleasure from their lives and to cope with negative affect. It may also be important for psychiatric hospitals to provide extra outpatient support to patients with co-occurring alcohol use disorders. Lin et al. also highlight the complex challenge patients with co-occurring schizophrenia and alcohol use disorders can present to clinicians through their finding that polysubstance use was associated with alcohol use among their participants. This suggests that in addition to extra support to cope with their alcohol use and psychiatric symptoms, it may be important to offer patients with co-occurring alcohol use and schizophrenia support to reduce or cease using other substances.

This study is a welcome addition to the sparse literature regarding co-occurring mental health and substance use disorders among people from non-western countries (5). The majority of previous research in this field has been conducted in North America, Australia and Europe. For example, across two recent reviews of studies investigating treatment of alcohol use among people with psychotic disorders and the attitudes and perceptions of people with co-

occurring mental disorders and substance use disorders (3, 6), only one of 28 studies was conducted outside of North America, Australia or Europe. Social factors have been found to play an important role in the alcohol use of people with psychotic disorders and it is yet unclear whether this finding carries across cultures. Given this, and the paucity of existing research in this area, it is particularly important that future research continues to investigate co-occurring alcohol (and other drug use) use among people with schizophrenia.

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