Alcoholics seeking treatment: Does co-occurring social anxiety disorder interfere with AA affiliation?

**Introduction & Study Goals**

Social anxiety disorder (SA) is characterized by marked and persistent fear of situations that expose one to unfamiliar people or the scrutiny of others. SA is often accompanied by problem drinking. Approximately 25% of individuals with SA meet diagnostic criteria for AUD; 15% of individuals with AUD meet diagnostic criteria for SA.  

Those with alcohol problems most commonly seek help from Alcoholics Anonymous. Yet the social nature of 12-step organizations may pose a significant barrier to recovery for those with comorbid SA and AUD. While co-occurring SA among alcoholics has been posited to adversely impact 12-step facilitated treatment (TSF) outcomes, formal investigation in this area has been lacking.

The purpose of this study is to examine the link between SA and participation in TSF treatment using data from Project MATCH.

**Results**

No significant differences were found between the study sample of 133 pairs (N=266) and those excluded from the full Project MATCH sample (N=1460) with regards to any of the baseline variables. Participants with and without SA were similar in terms of background characteristics and AA affiliation prior to treatment (Table 1).

**Methods**

**Study Population and Procedures**  
Study participants were selected from Project Match, a multi-center longitudinal investigation of the efficacies of three behavioral interventions for AUD. Participants were recruited from two treatment settings: outpatient or aftercare. A total of 133 pairs of patients (N=266) assigned to TSF were matched on age, gender, and study arm; for each matched pair, one patient had comorbid SA and one patient did not. The data collection schedule included a baseline assessment, and follow-up assessments at 3 month intervals for 15 months.

**Background Characteristics.** At baseline, the following background characteristics were assessed: demographic variables, study arm, alcohol use prior to treatment, Antisocial Personality Disorder (ASPD), and SA.

**AA Affiliation (AAA).** Two subscales of the AA Involvement Scale were used to assess AAA: Attendance (number of meetings attended in the past 90 days), and Involvement (behavioral engagement in the AA program and fellowship). Attendance. Those with SA reported significantly lower AA involvement scores when assessed six months after treatment than women without SA (HR=1.8, p<0.05). Figure 1 graphically compares the duration of maintained sobriety post treatment between women with and without SA.

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**SA status and time to relapse**  
Overall, there was no association between SA and likelihood of relapse. As shown in Table 2, a significant gender by SA interaction emerged (HR=2.0, p<0.05). Table 2 shows results of Cox models run separately for men and women to interpret this significant interaction. Men with SA were more likely to relapse than men without SA (HR=0.8, p<0.05). However, women with SA were significantly more likely to relapse in the 12 months following treatment than women without SA (HR=1.8, p<0.05). Figure 1 graphically compares the duration of maintained sobriety post treatment between women with and without SA.

**SA status and level of AA participation**

Overall, there was no association between SA and AAA levels in the year prior to treatment. Due to the exploratory nature of this investigation, we report all two-tailed tests with alpha level of p<0.05.

**Discussion**

In this study, alcoholic women with SA were more likely to relapse and less likely to participate in certain components of the AA program than women without SA. While no association between SA and AA attendance was found for men and women alike, gender differences emerged in the SA impact on AA involvement (F=6.81, p<0.01). Post hoc analyses revealed no differences in involvement scores for men with and without SA (F=0.04, p=.85). However, women with SA reported significantly lower AA involvement scores during follow-up in comparison to women without SA (F=11.79, p<0.001). The lower AA involvement scores among women with SA in comparison to women without SA over the 15-month study period are graphed in Figure 2.

**References**


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