Scholars Journal of Applied Medical Sciences
Abbreviated Key Title: Sch J App Med Sci
ISSN 2347-954X (Print) | ISSN 2320-6691 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Pathology

Alcohol Use Disorder and Social Anxiety: A Clinical Study on Dual Pathology

N. El Moussaoui[1*], S. Bahetta[1], Y. Amara[1], M. Sabir[1], F. Omari[1]

[1]Ar-Razi University Psychiatric Hospital, CHU Rabat-Salé

DOI: https://doi.org/10.36347/sjams.2024.v12i09.020 | **Received:** 15.08.2024 | **Accepted:** 23.09.2024 | **Published:** 28.09.2024

***Corresponding author:** N. El Moussaoui
Ar-Razi University Psychiatric Hospital, CHU Rabat-Salé

Abstract **Case Report**

This article explores the complex relationship between alcohol use disorder (AUD) and social anxiety disorder (SAD), two conditions that frequently co-occur in clinical practice. Studies indicate that individuals with SAD are at an increased risk of developing AUD, using alcohol as a means to alleviate anxiety in social situations. This dual pathology presents significant challenges in both diagnosis and treatment, as the presence of one disorder can exacerbate the other. Through a clinical case study and a comprehensive review of the literature, we aim to shed light on the mechanisms of this comorbidity, explore therapeutic approaches, and highlight the importance of integrated treatment strategies. The case of a 31-year-old patient with severe alcohol dependence and social anxiety illustrates the complexities of managing such cases, where both psychological and pharmacological interventions are required for successful outcomes.

Keywords: Alcohol Use Disorder (AUD), Social Anxiety Disorder (SAD), Comorbidity, Integrated Treatment, Psychological and Pharmacological Interventions.

INTRODUCTION

The relationship between anxiety disorders and substance use disorders has long been a focus of psychiatric research. Among the anxiety disorders, social anxiety disorder (SAD) is particularly associated with alcohol use disorder (AUD), as individuals suffering from social anxiety often turn to alcohol to alleviate the stress and discomfort experienced during social interactions [1]. Epidemiological studies reveal that the prevalence of comorbid SAD and AUD is higher than that of other anxiety disorders with substance use disorders [2]. This dual pathology presents a challenge for clinicians, as both disorders can reinforce and exacerbate each other.

Alcohol consumption, particularly in social settings, is often perceived as a coping mechanism for individuals with SAD, helping them overcome their fear of social scrutiny [3, 4]. However, the temporary relief provided by alcohol can quickly lead to dependence, creating a cycle where alcohol is used to manage anxiety, and anxiety increases due to alcohol dependence [5]. Furthermore, alcohol's depressive effects can exacerbate feelings of inadequacy and isolation, common in individuals with SAD, thereby worsening the overall mental health of the patient. This article aims to explore this relationship in depth, focusing on the mechanisms that drive the comorbidity between SAD and AUD and the implications for treatment [6, 7].

Objectives

The primary objective of this study is to explore the co-occurrence of social anxiety disorder (SAD) and alcohol use disorder (AUD) in patients. Specifically, we aim to:

1. Understand the mechanisms that underlie the development of comorbid SAD and AUD.
2. Identify the impact of this dual pathology on patient outcomes, particularly in terms of treatment adherence, relapse rates, and overall quality of life.
3. Evaluate the effectiveness of integrated treatment approaches that address both disorders simultaneously.
4. Illustrate the clinical challenges through a case study of a patient with severe AUD and comorbid SAD, highlighting the therapeutic strategies used to manage both conditions.

CLINICAL CASE

Othmane, a 31-year-old man, was admitted to an addiction center for alcohol withdrawal treatment. Living with his parents and unemployed, Othmane had been suffering from social anxiety since the age of 24 and

had been consuming alcohol daily since the age of 20, predominantly in social situations. His alcohol consumption began as a means of self-medicating to ease the discomfort he felt in social interactions, but it quickly escalated into dependence. Over the years, his drinking worsened to the point where he would consume a bottle of whisky daily to manage both his anxiety and the physical symptoms of alcohol withdrawal, such as tremors and agitation.

Othmane had previously been hospitalized for alcohol withdrawal at age 26 but relapsed shortly afterward due to unmanaged social anxiety. During his most recent admission, he reported intense feelings of inadequacy and shame in social situations, which he attributed to bullying during his adolescence. Despite these challenges, Othmane expressed a desire to quit drinking, though his motivation was ambivalent due to the fear of facing social situations without alcohol.

Upon admission, Othmane underwent a structured withdrawal process, which included benzodiazepine treatment to manage withdrawal symptoms and vitamin therapy to address nutritional deficiencies. His treatment plan also involved pharmacological intervention for social anxiety with selective serotonin reuptake inhibitors (SSRIs) and a gradual introduction of cognitive-behavioral therapy (CBT) to help him develop coping mechanisms for social situations.

During his stay, it became evident that his social anxiety was deeply rooted and played a significant role in his alcohol dependence. In addition to pharmacological interventions, Othmane participated in group therapy, which initially caused significant distress due to his social anxiety but eventually helped him build confidence in interacting with others. The treatment team noted that addressing Othmane's anxiety was key to preventing relapse and ensuring long-term sobriety.

DISCUSSION

1. Mechanisms of Co-occurrence between Social Anxiety and Alcohol Use Disorder

Studies show that social anxiety often precedes the development of alcohol use disorder (AUD). About 80% of patients with comorbid SAD and AUD developed social anxiety before becoming alcohol-dependent [1]. This sequence is well-illustrated in Othmane's case, where social anxiety led him to start consuming alcohol at a young age as a means of disinhibition in social contexts. Alcohol is frequently used as a self-medication mechanism, with individuals attempting to mitigate the discomfort they feel in social interactions [8].

However, this "remedial" consumption tends to reinforce the cycle of dependence. Alcohol, while temporarily reducing anxiety symptoms, paradoxically increases anxiety in the long term, particularly during withdrawal periods. This mechanism is well-documented in the literature, echoing prospective studies showing that symptoms of social anxiety predict pathological alcohol use [5]. In some cases, milder forms of social anxiety may expose individuals more to social situations, leading them to use alcohol to cope with stress, thereby exacerbating their consumption [2].

2. Impact of Social Anxiety on Alcohol Dependence

The presence of social anxiety disorder among alcohol-dependent patients appears to worsen the severity of the dependence. Studies show that patients with comorbid social anxiety exhibit greater severity in their alcohol dependence, a higher frequency of alcohol-related complications, and more pronounced psychiatric comorbidities compared to patients with only alcohol dependence [1-3]. Othmane, for example, presented severe alcohol use, drinking a bottle of whisky per day, indicating a high level of dependence exacerbated by his underlying anxiety.

Patients with social anxiety are also more likely to turn to alcohol as a solution to avoid stressful situations. This includes not only social interactions but also daily tasks such as making appointments or engaging with strangers. Alcohol becomes central to managing their anxieties, creating a vicious cycle where it becomes indispensable for coping with social anxiety [4].

3. Integrated Therapeutic Approach

Managing the comorbidity of social anxiety and alcohol dependence requires an integrated therapeutic approach. As seen in Othmane's case, it is crucial to address both disorders simultaneously to avoid relapse. Treating one disorder in isolation often leads to treatment failures.

Effective treatment strategies include the use of selective serotonin reuptake inhibitors (SSRIs) to reduce social anxiety symptoms, combined with behavioral interventions such as cognitive-behavioral therapy (CBT). In Othmane's case, the introduction of paroxetine (an SSRI) helped reduce his anxiety symptoms, while CBT allowed him to confront social situations without relying on alcohol. These interventions have shown significant efficacy, especially when combined with group therapies, where patients can gradually expose themselves to social fears in a controlled environment [7].

The importance of this integrated approach is further highlighted in the literature. Patients receiving integrated therapies, where both anxiety and dependence are treated simultaneously, have better long-term remission rates. This is due to the fact that alcohol dependence and anxiety feed off each other, and any

treatment neglecting one of the aspects leaves room for relapse [3].

4. Adherence to Treatment and Risk of Relapse

Patients suffering from comorbid social anxiety and alcohol dependence often face greater difficulties adhering to treatment. Their fear of social interactions may lead them to avoid group therapies or even face-to-face consultations. Othmane, for instance, initially expressed reluctance to participate in group sessions, illustrating this issue. However, once he engaged in these sessions, he experienced a gradual improvement in his social well-being [8].

The literature also points to an increased risk of relapse among socially anxious patients, especially during the first few months following alcohol withdrawal. Rigorous follow-up during this critical phase is essential. Studies show that socially anxious women, in particular, are at higher risk of relapse, highlighting the need for enhanced therapeutic support. For Othmane, regular follow-up by a multidisciplinary team helped maintain his long-term abstinence, demonstrating the importance of continuous and tailored support for patients with dual pathology [9].

5. Stigma and Access to Care

Stigma associated with alcohol dependence and social anxiety significantly hinders access to care. Individuals suffering from these disorders may hesitate to seek help out of fear of being judged or perceived as weak. This is especially true for those with social anxiety, who often feel shame and inadequacy in interpersonal relationships. Othmane, for example, waited several years before seeking treatment for his social anxiety, delaying his recovery.

Research indicates that improving access to care and reducing stigma requires better education for both patients and healthcare professionals. Awareness campaigns, particularly in general medical practices and addiction centers, can help demystify this comorbidity and encourage patients to seek help earlier. Healthcare providers' recognition of the specificities of this dual pathology also helps avoid further stigmatization of patients, who may already be reluctant to engage in treatment [10].

CONCLUSION

The relationships between social anxiety and alcohol use disorder are complex and deeply intertwined. This clinical case illustrates the importance of an integrated and tailored approach to meet the specific needs of patients. Early recognition of this comorbidity, combined with a comprehensive therapeutic strategy, is essential to prevent relapse and promote sustained recovery. Clinicians must be vigilant in recognizing the unique characteristics of patients with dual pathology and offer reinforced support, both pharmacologically and psychotherapeutically.

REFERENCES

1. Beesdo, K., Bittner, A., Pine, D. S., Stein, M. B., Höfler, M., Lieb, R., & Wittchen, H. U. (2007). Incidence of social anxiety disorder and the consistent risk for secondary depression in the first three decades of life. *Archives of General Psychiatry*, 64(8), 903-912.
2. Kushner, M. G., Abrams, K., & Thuras, P. (2005). Follow-up study of anxiety disorder and alcohol dependence in comorbid patients. *Alcoholism: Clinical and Experimental Research*, 29(9), 1432-1443.
3. Mellentin, A. I., Skøt, L., Nielsen, B., Nielsen, A. S., & Hesse, M. (2018). Comorbid social phobia does not predict the outcome in alcohol use disorder outpatient treatment. *Drug and Alcohol Dependence*, 193, 148-153.
4. Buckner, J. D., Ecker, A. H., & Proctor, S. L. (2013). Social anxiety and alcohol problems: The roles of perceived descriptive and injunctive peer norms. *Journal of Anxiety Disorders*, 27(7), 735-742.
5. Crum, R. M., Pratt, L. A., & Ford, D. E. (2001). Social phobia and risk of alcohol dependence: A prospective analysis. *Journal of Anxiety Disorders*, 15(1-2), 1-15.
6. Koyuncu, A., İnce, E., Ertekin, E., & Tükel, R. (2019). Comorbidity in social anxiety disorder: Diagnostic and therapeutic challenges. *Drugs in Context*, 8, 212573.
7. Wolitzky-Taylor, K., & LeBeau, R. (2023). Recent advances in the understanding and psychological treatment of social anxiety disorder. *Faculty Reviews*, 12.
8. Turner, S. (2018). Self-medication with alcohol or drugs for mood and anxiety disorders: A narrative review of the epidemiological literature. *Depression and Anxiety*, 35(9), 851-860.
9. Naassila, M. (2016). Neurobiologie de l'addiction à l'alcool. *Traité d'addictologie*. Lavoisier.
10. Benyamina, A., & Boumendjel, M. (2016). Les pathologies duelles en addictologie : état des lieux et prise en charge. *Traité d'addictologie*. Lavoisier.