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Citation: Eddie, D., Greene, M. C., White, W. L., & Kelly, J.F. (In Press, 2019) Medical burden of disease among individuals in recovery from alcohol and other drug problems in the United States: Findings from the National Recovery Survey. *Journal of Addiction Medicine*.
Posted at www.williamwhitepapers.com

Medical Burden of Disease among Individuals in Recovery from Alcohol and other Drug Problems in the United States: Findings from the National Recovery Survey

Abstract

Objectives: The medical sequelae of alcohol and other drug (AOD) problems exact a prodigious personal and societal cost, but little is known about the specific prevalence of such medical problems and their relationship to quality of life and indices of well-being among those recovering from problematic AOD use. To better characterize the lifetime physical disease burden, this study investigated the prevalence of medical conditions commonly caused or exacerbated by excessive and chronic AOD exposure in a nationally representative sample of U.S. adults in AOD problem recovery. Comparisons were made to the general U.S. population. Demographic and clinical correlates of disease prevalence were also investigated along with the relationship between distinct medical conditions and indices of quality of life/well-being.

Methods: Cross-sectional nationally-representative survey of the U.S. adult population who report resolving an AOD problem (n= 2002). Weighted lifetime

prevalence of common medical conditions were estimated and compared to the U.S. population. Demographic and clinical correlates of medical conditions, as well as overall disease burden, were estimated using logistic regression. Results: Relative to the general population, prevalence of hepatitis C, chronic obstructive pulmonary disease, heart disease and diabetes were elevated. Likelihood of having a lifetime diagnosis of a specific disease was related to primary substance used and sex. Quality of life was lower among those with physical disease histories relative to those without.

Conclusions: Findings highlight the increased medical burden associated with AOD problems, and speak to the need for earlier and more sustained intervention for AOD problems, greater integration of addiction treatment and primary health care, and longitudinal research to explore the complex, dynamic relationships between AOD use and physical disease.