

Association between Morningness/Eveningness, addiction severity and psychiatric disorders among individuals with addictions

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Introduction

- Chronotype or morningness-eveningness preference in humans
 - Intrinsic biological characteristic
 - Defined by sleep-wake cycle
 - Variation of the attention level between morning and evening
 - Chronotype is a continuum
 - Two extremes: Morning-Type (MT) and Evening-Type (ET) (Natale and Cipogna, 2012)
- Clinical association between chronotype and substance use
 - Evening-type (ET) subjects
 - Use more sedative and stimulating substances (Prat and Adan, 2011)
 - « Social jetlag » hypothesis to adjust their degree of daytime activation (Wilzmann et al., 2010)
 - Associated with eating behavior and compulsive internet use (Natale et al., 2008; Lin and Gau, 2013)
- Neurobiological association between chronotype and addiction
 - Circadian clock genes regulates dopaminergic activity in the brain reward system (McClung, 2007)

Objectives

- To describe chronotype in a sample of subjects with at least one substance or non-substance addictive disorder
- To compare socio-demographic characteristics, addiction severity and psychiatric comorbidities according to chronotype

Methods

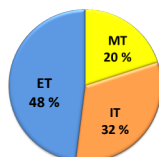
- Sample
 - Participants enrolled in the Aquitaine Addiction Cohort
 - Met diagnosis for at least one addiction (with or without substance)
 - Seeking treatment in an outpatient addiction clinic
- Assessment
 - Chronotype: Morningness-Eveningness Questionnaire (MEQ) (Horne and Ostberg, 1976; Taillard et al., 2004)
 - Self-questionnaire, 19 questions
 - Exploring: life preference in terms of hours for activity, sleep/wake cycle, meals, tiredness and sleepiness
 - modified Addiction Severity Index (mASI) (Denis et al., 2015)
 - History of substance use, tobacco use, gambling use
 - Severity of the addiction
 - Mini International Neuropsychiatric interview (MINI) (Sheehan et al., 1998)
 - Diagnosis of substance use disorder, gambling disorder
 - Other Axis I diagnoses and Antisocial personality disorder

Results – Sample characteristics

- N= 333 participants
 - Males 63%
 - Age: Mean= 39.8 y.o. (SD=11.4)
 - Met DSM criteria for addictive disorder
 - Tobacco 70%
 - Alcohol 46%
 - Cannabis 27%
 - Opiates 13%
 - Cocaine/Amphet. 10%
 - Benzos. 8%
 - Non-substance addictive disorder 17%
 - Gambling 13%
 - Eating disorders 4%
 - Psychiatric comorbidities
 - At least one mood disorder 30%
 - At least one anxiety disorder 44%
 - ADHD 5%
 - Antisocial Personality Disorder 9%

Results – Chronotype

- Chronotype
 - Mainly Evening Type



- Following analyses on ET and MT only
 - N= 172
 - 58.7% males, 41.8 y.o. (SD=11.9)

Results – Factors associated with chronotype (1)

- Chronotype was not linked to
 - Gender
 - Age
 - Years of substance use/ behavior
 - Severity of the addiction
 - Nb. of addictive disorders
 - Anxiety disorder
 - ADHD

Results – Factors associated with chronotype (2)

- Evening-type individuals were more likely to meet
 - Non-substance addictive disorder (i.e. gambling, eating disorders) (aOR=4.71, 95%CI 1.32-18.6, p=0.02)
 - Poly-addiction (besides tobacco) (aOR=6.10, 95%CI 1.59-26.0, p=0.01)
 - At least one mood disorder (aOR=2.58, 95%CI 1.14-6.20, p=0.02)
- Evening-type individuals were less likely to meet
 - Antisocial personality disorder (aOR=0.19, 95%CI 0.04-0.75, p=0.02)

Results – Factors associated with chronotype (3)

- When analyzing MEQ score as a continuous variable
 - Low MEQ score (i.e. ET) was associated with
 - Mood disorder ($\beta=-1.6$, p=0.03)
 - Non-substance addictive disorder (i.e. gambling, eating disorders) ($\beta=-3.2$, p=0.04)
 - High MEQ score (i.e. MT) was associated with
 - Antisocial personality disorder ($\beta=2.7$, p=0.02)

Discussion

- High prevalence of ET in individuals with addictive disorders
 - Compared to general population of same age (Broms et al., 2014; Taillard et al., 2004)
- Chronotype was associated with specific addiction pattern
 - ET was associated with poly-addiction
 - Could reflect a more severe addiction
 - ET was associated with non-substance addictive disorders
 - ET was not associated with more severe addiction
 - Severity of the addiction high in our sample
- Association between chronotype and psychiatric disorders
 - Association between the ET and Mood disorders
- Further studies are needed
 - To compare with a control group of healthy subjects
 - To compare with samples with less severe substance use disorder and less psychiatric comorbidities

