

Health outcomes in misclassified ex-drinkers: implications for health benefits of moderate consumption

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Introduction Epidemiological evidence on the health benefits of moderate alcohol consumption relies on survey respondents self-reporting their drinking status. However, previous work has found that many ex-drinkers misclassify themselves as lifetime abstainers, which may lead to misleading estimates of the health impacts of alcohol. The aim of this study is to examine the relationship between health outcomes and misclassification of self-reported drinking status.

Method 17,434 respondents were administered the 17th annual wave of the Household Income and Labour Dynamics in Australia (HILDA) survey. Respondents who report alcohol consumption in prior waves but identify as a lifetime abstainer in this wave were identified and separated from ex-drinkers and accurate lifetime abstainers. The prevalence of various health outcomes (heart disease, cancer, hypertension etc) in these groups was then estimated.

Results: There were decreases in the prevalence of most disorders tested in this study in the lifetime abstainer category when misclassified ex-drinkers were appropriately removed from this group. This decrease was significant for depression and anxiety. Misclassified ex-drinkers were 4.1 and 2.8 times more likely to report depression and anxiety respectively than accurately reported lifetime abstainers.

Discussions and Conclusions: The inclusion of misclassified ex-drinkers in the lifetime abstainer category can inflate the apparent risk of harm to lifetime abstainers thus making the relative risk of harm in other groups, appear lower. This may affect not just the appearance of protective effects of alcohol for some outcomes but could also result in underestimates of harm from alcohol consumption at all risk levels.

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