

Research In Focus: A Weekly Digest of New Research from the NIDILRR Community

Some People with Spinal Cord Injury May Benefit from Alcohol Counseling and Education

A spinal cord injury (SCI) is damage anywhere along the spinal cord that often results from an accident or other trauma. People with SCI may be at risk for developing medical complications, such as pressure ulcers or urinary tract infections. According to prior studies, people with SCI who drink more alcohol may have a higher risk of these medical and other health complications than those who drink less. Identifying people with SCI who drink more alcohol, particularly those who “binge-drink” by having five or more drinks in one day, and helping them to reduce drinking could improve their longevity and quality of life. In a recent NIDILRR-funded study, researchers looked at drinking patterns among people with SCI before and after their injury. They wanted to find out if drinking at all, or binge-drinking, are more common among people who develop an SCI than among the general population. They also wanted to find out how people’s drinking habits might change over the first year after an SCI.

Researchers from the [Rehabilitation Research and Training Centers \(RRTC\) on Secondary Conditions after SCI](#) analyzed data previously collected by the NIDILRR-funded Southeastern Regional SCI System. The data were collected through two surveys sent to a group of people receiving SCI rehabilitation treatment at a hospital in Georgia between 2002 and 2006. A total of 201 participants over age 18 completed both surveys. The participants completed the first survey while they were still staying at the hospital shortly after their SCI, and the second survey about one year after the first survey. On both surveys, the participants answered two questions regarding their drinking: how many days they had at least one alcoholic drink during the previous month, and how many days they had at least five drinks. On the first survey, the participants were asked to consider their drinking during the month before their SCI, while on the second survey, they were asked to consider their drinking over the past month before they received the survey. For this study, the researchers used the data to compare the participants’ drinking rates before their SCI with the drinking rates reported by adults without SCI living in Georgia during the same time period. They also compared the participants’ drinking rates before their SCI with their rates a year after SCI.

The researchers found that the participants reported higher drinking rates before their SCI than their peers in the non-SCI population. About 69% of the participants said they had at least one drink during the month before their SCI, and about 45% said they had at least one day of binge drinking. In contrast, only about half of the adults from the general population in the same geographic region had reported having at least one drink in the past month, and only about 13% of them reported binge drinking. When the

researchers compared drinking rates before and after SCI, they found that the participants' drinking decreased overall. Only about half of the participants reported any drinking and only about 17% reported binge drinking. The participants reported fewer days of drinking, dropping from an average of 7 days before their SCI to 2.7 days about a year after they had SCI.

The results indicated that the participants who experienced an SCI were more likely to drink alcohol than their peers in the general population. They were also more likely to binge-drink than their peers in the general population. According to the authors, binge drinking could increase a person's risk of experiencing an accidental injury that leads to SCI. Some people who enter SCI rehabilitation may have a history of heavy drinking.

The authors suggested several reasons why people with SCI may drink less after their injury. They could have less access to alcohol due to lack of transportation or physical ability to leave the home and purchase alcohol or participate in social drinking. They may have caregivers who discourage drinking or live in a residence where alcohol is not allowed. They may also be wary of how alcohol may interact with medications for pain or other side effects from their injury. The authors also noted that people recovering from SCI may be ready to make a change and seek support for any potential issues with binge drinking. Future research may be helpful in understanding why alcohol consumption may change after injury.

Although some people who have a history of heavy drinking may reduce or even stop drinking while they are first recovering from their SCI, they could be vulnerable to start drinking again at a later time. The authors noted that SCI rehabilitation could be an ideal time to introduce alcohol moderation programs, since people who are going through SCI rehabilitation may be motivated to make changes, and may be temporarily disconnected from settings where they are most likely to buy and consume alcohol. Clinicians may also want to counsel patients with SCI about the health benefits of reducing their alcohol consumption.

To Learn More:

The [Model Systems Knowledge Translation Center](#) offers a large collection of factsheets, quick research reviews, and hot topic modules on a variety of SCI topics including [understanding what happens during injury and rehabilitation](#), [maintaining good skin care](#), and managing [depression](#) and [pain](#) after SCI.

Craig Hospital, a leading center for spinal cord injury rehabilitation, offers an article on [Alcohol after SCI](#) to help understand the difference between alcohol use and abuse and the potential effects of alcohol on the body.

To Learn More About this Study:

Davis, J.F., Cao, Y., and Krause, J.S. (2017) [Changes in alcohol use after the onset of spinal cord injury](#). The Journal of Spinal Cord Medicine. This article is available from the NARIC collection upon request.

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NARIC operates under a contract from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Administration for Community Living, Department of Health and Human Services, contract #GS-06F-0726Z.