6.1 Alcohol addiction

6.1.1 Development of typology research

As already emphasized in the last chapter, it has long been known that alcohol dependents are not a homogenous group. Studies that have used the DMS-IV in order to categorize alcohol dependents into groups were able to show that the majority of patients either have a second axis-I or an axis-II diagnosis or both an axis-I and an axis-II diagnosis.

A research group lead by Driessen M. described the high co-morbidity on axis-I and axis-II in several studies. More than 50 % of the patients show psychiatric co-morbidity with 24 % having an additional diagnosis on axis I. In addition, 17.2 % have a further axis-I dysfunction as well as another axis-II dysfunction and 16.4 % have, next to the diagnosis of alcohol dependence, an axis-II diagnosis (Zimmermann P et al. 2003; Driessen M et al. 2001).

Due to this heterogeneity, attempts have been made to categorize subgroups of alcohol dependents, in such a way that factors such as drinking history, consumption of other drugs, biographical information and other psychiatric disorders, sequelae or personality disorders are taken into consideration. These factors were usually recorded only once during in-patient admission and lead to very different typologies according to the researcher’s point of view and the criteria for selected patients. The number of subgroups of the alcohol dependent typology’s ranged from two to ten, but nowadays there is consensus that a four-cluster solution should be preferred. Four groups seem to be most suitable for basis research and therapy (Hesselbrock VM and Hesselbrock MN. 2006).

Typology according to Jellinek

The drinking behaviour-based typology according to Jellinek (Jellinek EM. 1960), which has established itself internationally due to its simplicity, was neither able to support basis research, nor provide information for therapy. Yet this typology was very important for the development of diagnostic methods and especially for the WHO in defining dependence and abuse. Yet this typology is not mentioned by any recognised journal nor is it documented in any therapy study.

Typology according to Foucault

The French school, which has clearly always taken considerably more account of the aetiology and course of mental disorders than the German speaking psychiatric schools, developed by Foucault M. 1980 and Malka R
et al. 1983, a typology which pays special attention to aetiology and sequelae. The type “alcoolite” shows gender differences (about 60% of male and 5% of female alcohol dependents). The type “alcoolose” is marked by psychological disorders, often displays an episodic intoxicating drinking behaviour and can be found in type III according to Lesch. Independent of drinking behaviour the type “somaalcoolose” often shows somatic symptoms, like severe polyneuropathy or real epilepsies, and it is very similar to Lesch’s type IV.

Multivariate and multidimensional typologies (like e.g. Bleuler M. 1985; Rounsaville BJ. et al. 1987; More LC and Blashfield RK. 1981; Skinner HA. 1982; Tarter REH. et al. 1977) have led to research tools which are suitable for defining different groups of alcohol dependents, but further studies in regard to basis research and therapy of these subgroups are still needed.

### 6.1.2 Important typologies for research and practice

#### 6.1.2.1 Two-cluster-solutions

**6.1.2.1.1 Schuckit’s typology**

In 1985, Schuckit differentiated between primary and secondary alcoholics. Primary alcoholics don’t show any mental disorders before the onset of alcohol abuse, whereas secondary alcoholics show psychological disorders before the onset of alcohol addiction. Secondary alcoholics tried to “treat” these disorders by using alcohol as a form of self-therapy. In regard to this process, Schuckit MA showed that the regression of psychical symptoms like those in anxiety or depression occurs in many patients even without a specific therapy within 14 to 21 days only of absolute abstinence (Schuckit MA. 1985).

**6.1.2.1.2 Cloninger’s typology**

As a result of genetic studies, in 1981 Bohman MS. et al. and Cloninger CR. et al. differentiated between two types of alcoholics (Knorring et al. 1985).

Type I according to Cloninger is characterized by varying alcohol abuse (sometimes occasional, sometimes heavy). Their fathers don’t show any delinquent behaviour and they belong to the upper classes. The biological mother is often alcohol dependent. Type I dependents according to Cloninger have lesser alcohol-related social problems with less frequent in-patient admittances, and the onset of alcohol dependence occurs after the age of 25. The dependents are easily influenced by their environment (“high reward dependence”), very careful and often react with avoidance behaviour (“high harm avoidance”). They are very reluctant to put themselves in risk situations (“low novelty situations”) (Kiefer F et al. 2007).

Cloninger type II patients often have more alcoholics in their family next to their alcohol dependent mother. Type II alcohol dependents according to Cloninger grow up in very difficult social conditions and aggression and violence are frequent factors in these families. The patients can also turn aggressive for minor reasons or no reason at all. They often take other drugs and the addiction process starts before the age of 25. According to Cloninger’s personality dimensions they can be characterized by a high readiness to enter risk situations (“high novelty seeking”), a love of unstable life situations (“low harm avoidance”) and act