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The Bender Alcoholic*

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Introduction

Jellinek describes periodic or Epsilon alcoholism as the 'least known species of alcoholism' (1). Åmark (2), comparing them to the general population, found periodic drinkers to be older at time of study, to show increased heritability in offspring and to have a higher incidence of cycloid and cyclothymic personalities. His determination of cyclothymic personality traits reinforces the hypothesis of Dobnigg *et al.* (3) of a correlative between periodic drinking patterns and affective symptoms. This paper examines the usefulness of the diagnosis of 'bender' alcoholism.

The analyses in this paper include 242 alcoholic probands with diagnosis of primary alcoholism, sociopathic alcoholism or affective disorder alcoholism admitted to a private psychiatric hospital or to the alcoholic unit of a state-sponsored hospital. Alcoholism is defined as drinking which interferes with one's life—the specific criteria used and the resultant demographic parameters of the alcoholic population have been outlined elsewhere (4). 'Benders', or periodic drinking bouts, are defined as more than one episode of 48 hours of drinking associated with default of usual obligations. The male and female populations were examined separately (5), comparing bender *versus* non-bender alcoholics in each sex group.

Results

Bender alcoholics were found to encompass one-half to two-thirds of the proband population.

The Table reveals male bender drinkers to be older, while both male and female periodic drinkers began alcohol abuse at a younger age and showed more social and physical problems with alcohol. Their family history of alcoholism and affective disorder were not statistically different from non-bender drinkers.

The bender and non-bender alcoholic populations showed no differences in proband diagnoses of affective disorder, self-report of depressive symptoms or history of suicide attempts. Female bender drinkers showed no increased incidence of premenstrual depression or post-partum depressions.

The bender drinkers showed no unique pattern in number of years alcoholic, age first alcoholic, or age of first drink; nor were their marital histories or sexual legal problems (e.g. prostitution) different from the non-bender alcoholics.

Discussion

These findings indicate few differences between bender and non-bender alcoholics. The higher incidence of alcohol-related social and health problems may be the consequence of large amounts of alcohol imbibed over a short time. The older age at study with younger age onset of alcohol abuse for bender drinkers is consistent with Åmark's findings.

There is no evidence that bender drinkers suffer more depressive symptoms; nor do they have an increased family incidence of affective disorder. First degree relatives of bender compared to non-bender alcoholics show no higher incidence of alcoholism.

This study, therefore, indicates little justification for dividing alcoholic populations into bender and non-bender subgroups. The demographic differences reported may reflect the consequences of the drinking patterns themselves rather than the outlines of a distinct morbid process. The authors have found no data to support bender drinking as a form of affective disorder or as an alcoholic subgroup with increased alcoholic hereditary factors.

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TABLE

Comparison of bender and non-bender alcoholic populations

	Male		Female	
	Bender	Non-bender	Bender	Non-bender
	N = 96	N = 50	N = 45	N = 51
Demographic	%	%	%	%
Present age > 50 years old	22	42*	20	20
Age first alcoholic > 35 years old	10	26*	25	40
Loss of job or friends from alcohol				
one	80	38§	55	44
both	55	14§	30	8†
Poor work history	90	68†	60	34*
Police non-traffic arrests	65	36†	35	16
Alcoholic blackouts	80	68	75	50†
Any one of DT's, convulsions or cirrhosis	60	34‡	55	16†
DT's alone	41	28	31	6†
Family history				
Father alcoholic	32	26	36	26
Mother alcoholic	5	18	4	8
Mother with affective disorder	17	12	14	18
Brothers alcoholic	23	26	30	33
	(N = 145)	(N = 89)	(N = 63)	(N = 61)
Sisters alcoholic	8	2	15	18
	(N = 128)	(N = 60)	(N = 68)	(N = 69)
Sisters with affective disorder	10	14	10	15
	(N = 128)	(N = 60)	(N = 68)	(N = 69)

Statistical significance by χ^2 with Yates correction for small numbers when appropriate.

* = p ·05 or ·01 † = p ·005 ‡ = p ·001 § = p ·0005

The terms used in this table are defined by Rimmer *et al.* (4)

REFERENCES

1. JELLINEK, E. M. (1960). *The Disease Concept of Alcoholism.* New Brunswick: College and University Press in association with Hillhouse Press.
2. ÅMARK, C. (1960). 'A study in alcoholism: clinical social-psychiatric and genetic investigations.' *Acta psychiat. neurol. Scand.* Suppl. 70.
3. DOBNIGG, C., and VON ECONOMO, C. (1920). 'Die hereditäre Belastung der Dipsomanen.' *Allg. Ztschr. Psychiat.* **76**, 383.
4. RIMMER, J., PITTS, F. N., JR., REICH, T., and WINOKUR, G. (1971). 'Alcoholism: influence of sex, socioeconomic status, and race.' *Quart. J. Stud. Alc.* (in press).
5. SCHUCKIT, M., PITTS, F. N., JR., REICH, T., KING, L., and WINOKUR, G. (1969). 'Alcoholism: two types of alcoholism in women.' *Arch. gen. Psychiat.*, **20**, 301–6.

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