

## A Brief Note on Alcoholic Dependence

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### DESCRIPTION

Alcohol dependence is a previous psychiatric diagnosis in which an individual is physically or psychologically dependent upon alcohol (also chemically known as ethanol).

The development of alcoholism is a complex and dynamic process. Motivation to drink is influenced by several of neurobiological and environmental factors. An individual's proclivity to consume alcohol is assumed to represent a balance between alcohol's positive reinforcing (i.e., rewarding) effects, such as euphoria and anxiety reduction, and the drug's unpleasant effects, which are often associated with negative consequences of alcohol intake (e.g., hangover or withdrawal symptoms). Memories connected with alcohol's rewarding and negative characteristics, both the start and management of intake are influenced by learnt correlations between these internal states and relevant external stimuli or circumstances. These personal experiences, as well as biological and environmental elements, as well as societal forces, all play a role in the construction of expectations regarding the effects of alcohol consumption. As a result of these expectations, an individual's decision to engage in drinking behaviour is influenced.

The nature of these factors and their ability to influence drinking decisions vary not only from one person to the next, but also depending on the stage of addiction—that is, whether the drinker is in the early stages of problem drinking, early problem drinking, or later excessive consumption associated with dependence. Despite the fact that many people abuse alcohol without fitting the criteria for alcoholism, continuous excessive alcohol consumption can lead to addiction. The transition from controlled to more frequent and excessive alcohol consumption is hypothesised to be aided by neuro adaptive alterations that occur as a result of sustained alcohol use and abuse (which appear as tolerance and physiological dependence). Drinking that is out of control. Indeed, for some alcoholics, the dread of experiencing withdrawal symptoms if they try to stop or severely reduce their drinking may play a significant role in their continued use and abuse of alcohol. This article will give an overview of the basic characteristics of alcoholism and the withdrawal syndrome that comes with it,

with a focus on the aspects of withdrawal that are thought to contribute most to the problem of relapse. It will discuss evidence from both clinical and experimental investigations that emphasise long-term physiological and emotional alterations that are common in addiction and have been proposed to play a crucial role in relapse persistence. It will look at animal models of alcohol dependency and withdrawals, as well as self-administration models, which have helped researchers understand the brain mechanisms driving relapse and excessive drinking in people are addicted to alcohol.

### Other alcohol-related disorders

Because only three of the seven DSM-IV criteria for alcoholism are required, not all patients will meet the same criteria, and thus will not have the same symptoms and problems. As a result, physiological dependency is not experienced by everyone who is addicted to alcohol. The existence of symptoms such as tolerance and withdrawal distinguishes alcohol dependence from alcohol abuse. The less specific word alcoholism is occasionally used to refer to both alcohol dependence and alcohol abuse. However, there are many other definitions of alcoholism, and only a few of them are compatible with alcohol misuse. As far as the medical community is concerned, there are two major distinctions between alcohol dependence and alcoholism.

- Alcoholism is a condition in which alcohol is the only addictive drug involved. Alcoholism is a condition where a person is addicted to alcohol or another cross-tolerant addictive drug.
- In alcoholism, learning to manage the use of alcohol can lead to a reduction in alcohol use, as described by the DSM-IV. That is, a client may be offered a social learning strategy that teaches them how to 'cope' with external demands by relearning their drinking behaviour. Patients without alcoholism are generally not thought to be 'in remission' unless they are alcohol-free.

The following elements are the template for which the degree of dependence is judged:

- Narrowing of the drinking repertoire.
- Increased salience of the need for alcohol over competing needs and responsibilities.

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**Received:** 05-Jan-2022, Manuscript No. JALDD-22-16333; **Editor assigned:** 10-Jan-2022, PreQC No. JALDD-22-16333(PQ); **Reviewed:** 24-Jan-2022, QC No. JALDD-22-16333; **Revised:** 31-Jan-2022, Manuscript No. JALDD-22-16333 (R); **Published:** 7-Feb-2022, DOI: 10.35248/2329-6488.22.10.347.

**Citation:** Thomas J (2022) A Brief Note on Alcoholic Dependence. J Alcohol Drug Depend. 10: 347.

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- An acquired tolerance to alcohol.
- Withdrawal symptoms.
- Relief or avoidance of withdrawal symptoms by further drinking.
- Subjective awareness of compulsion to drink.
- Reinstatement after abstinence.