ABSTRACT

Aims: The nature of the relationship between moderate alcohol consumption and cognitive functioning has attracted a considerable amount of attention overtime. However, the pattern of the relationship remains uncertain. Some studies have reported a beneficial relationship between moderate alcohol consumption and cognitive functioning especially in the elderly population, while other studies have noted different cognitive outcomes based on gender in moderate alcohol consumers. With the advent of neuropsychological test use in health care practice in Zambia, it is imperative to assess the possible influences of moderate alcohol consumption.

Methods: A cross-sectional study was carried out to investigate the relationship between moderate alcohol consumption and cognitive functioning. A sample of 324 participants was recruited, comprising 157 (48.5%) males and 167 (51.5%) females. There were 87 (26.9%) moderate alcohol consumers and 237 (73.1%) non-drinkers; with an age range of between 20 and 65 years. All the participants were conversant with the English language, and their level of educational attainment was between 5 and 19 years of schooling. Clinical Officers identified the HIV negative prospective participants who upon giving informed consent to taking part in the study, were evaluated on their cognitive functioning by means of the Zambia Neurobehavioural Test Battery.

Results: Based on self–reported alcohol consumption and cognitive functioning as measured by means of the Zambia Neurobehavioural Test Battery, it appears that the male moderate drinkers, performed better on a test of inhibition (Stroop Colour and Word test), t-score M=52.78; SD=8.4 than the non- drinking males, M=48; SD=10.2. On the other hand, it seems that the female drinking participants performed less well M=47.36; SD=8.2 when compared to the non-drinking females M=50.68; SD=9.2 in the area of verbal episodic memory.

Conclusion: Results obtained from this study seem to imply that in general there are minimal differences between moderate alcohol consumers and non-drinkers. While statistically, males performed better on inhibitory functioning and females performed worse on tests of visual episodic memory, these differences observed are minimal and are not clinically significant. Further observation is recommended especially with regard to the seemingly negative outcome observed in females.

Dedication

To my mother Ms. Anne Nalwamba, you are truly a woman of substance.

I am blessed to have been raised by such a remarkable woman.

Thank you.

Acknowledgements

I wish to express my most profound gratitude to my supervisor Dr. Anitha Menon (UNZA) for her dedication, encouragement and guidance throughout the research process.

Sincere appreciation is also extended to Prof. Knut Hestad (Norwegian University Of Science and Technology), Prof. Robert K. Heaton and Donald Franklin Jr, University of California San Diego (UCSD) for their tireless efforts in making this research a success.

I recognize the invaluable contribution that Lindsay Squeqlia (UCSD), rendered. Thank you for your enthusiasm and always being there.

I also wish to acknowledge the contribution of Dr. Sean B. Rourke (University of Toronto) for imparting me with an in depth understanding of my area of research.

Aaron Yarmoshuk, Elayna Frames, Dr. Terry Sota, Dr. Shafi Bhuiyan, Melanie Mayoh, and Nico Baker, thank you so much for your help.

The Neuropsychology class 2008-11, Mwanza Nakawala, Lumbuka Kaunda, Lisa Kalungwana, Edna Chirwa, Happy Zulu, Owen Kabanada, Gabriel Walubita and Maria Akani, your cooperation and contributions are deeply appreciated. I wish you the very best as you endeavor to implement the knowledge you have acquired to the benefit of our beloved country Zambia.

A special heartfelt thank you note to Jonathan Khozozo Mtonga, thank you for always believing in me and cheering me on.

I am also deeply indebted to Dr. Luwatula (UNZA clinic), the Health staff at the various clinics visited and to the research participants for taking time out to make this research a success.

Many thanks to the NOMA project for the financial support rendered to see this research reach its fruition.

Table of contents

List of tablesx
List of figuresxi
List of abbreviationsxii
CHAPTER ONE: INTRODUCTION1
1.1 Background1
1.2 Prevalence of alcohol consumption
1.3 Statement of the problem
1.4 Study justification
1.5 Research objectives
1.6 Operational definitions
1.7 Variables
1.8 Theoretical background8
1.9 Organisation of the report8
CHAPTER TWO: LITERATURE REVIEW10
2.1 Measuring neurocognitive functioning in relation to alcohol consumption10
2.2 Health consequences of long term alcohol abuse
2.2.1 Cognitive and neuropsychological consequences of long term alcohol abuse
2.2.2 morphological changes in long term alcoholics
2.3 Cognitive and neuropsychological consequences of moderate alcohol
consumption
2.3.1 Manifestation of cognitive outcomes based on gender in moderate alcohol consumption
2.3.2 Brain atrophy
2.3.3 Age effects on cognitive functioning in relation to moderate alcohol

consumption	17
2.3.4 Variations in the outcome of moderate alcohol consumption in re-	lation to
neurocognitive functioning	18
2.4 Conclusion based on literature	20
CHAPTER THREE: METHODOLOGY	21
3.1 Study design	21
3.2 Participants	21
3.3 Recruitment	26
3.4 Procedure	26
3.5 Inclusion and exclusion criteria	27
3.6 Measures.	28
3.6.1 Measures in the test battery capturing cognitive functioning	28
3.6.2 Measuring alcohol consumption	35
3.6.3 Psychiatric screening and health history	36
3.6.4 Reading level.	37
3.7 Ethical consideration	37
3.8 Data management	38
3.9 Data analysis	39
3.10 Methodological limitations	39
CHAPTER FOUR: RESULTS	40
4.1 Response rate	40
CHAPTER FIVE: DISCUSSION	48
5.1 Differences between moderate alcohol consumers and non-drinkers	of alcohol49
5.2 Differences with regard gender in relation to moderate alcohol cons	umption

and cognitive functioning5	0
5.3 Differences of moderate alcohol consumption and cognition based on age group	. 52
5.4 Comparing frequency of moderate alcohol consumption and cognitive functioning	g53
CHAPTER SIX: CONCLUSION	55
6.1 Limitations and strengths of the study	56
6.2 Recommendations.	57
REFERENCES	58
APPENDICES	
APPENDIX A Chinese Substance Use History Form	
APPENDIX BZambia Neurobehavioural Test Battery	
APPENDIX CDemographic Questionnaire	
APPENDIX DWRAT	
APPENDIX EInformed consent form	
APPENDIX FBiomedical Research Ethics approval letter	
APPENDIX GMinistry of Health letter	

List of tables

Table 1 - Summary table of all the measures used in the present study
Table 2.1 - Age and education of the drinkers and non-drinkers
Table 2.2 - Distribution of the whole sample
Table 2.3 - Distribution of the moderate alcohol consumers
Table 2.4 - Mean alcohol units consumed based on gender
Table 3.1 - Cognitive functioning of moderate drinkers compared to non-drinkers41
Table 3.2 - Cognitive functioning of male drinkers compared to male non-drinkers42
Table 3.3 - Cognitive functioning of female drinkers compared to female
non-drinkers43
Table 4.1 - Two-way between-groups ANOVA for Executive functioning (T3)44
Table 4.2 - Two-way between-groups ANOVA for Verbal Fluency (T3)44
Table 4.3 - Two-way between-groups ANOVA for Working memory (T3)45
Table 4.4 - Two-way between-groups ANOVA for Visual learning (T3)45
Table 4.5 - Two-way between-groups ANOVA for Verbal learning (T3)
Table 4.6 - Two-way between-groups ANOVA for Motor dexterity (T3)
Table 4.7- Two-way between-groups ANOVA for Speed of information
processing (T3)47
Table 5 - One-way between groups ANOVA comparing frequency of consumption and cognitive functioning across all cognitive domains

List of figures

Figure 1- Pie chart showing the gender distribution of the sample	.22
Figure 2- Pie chart showing the urban/rural distribution of the sample	23
Figure 3- Bar chart showing the distribution level of education of the sample	24
Figure 4- Bar chart showing gender distribution in the moderate drinking group of the sample.	25

List of abbreviations

ADL -Activities of Daily Living Scale

BDI -Beck Depressive Inventory

CTT -Colour Trails Test

DEC -The Drug Enforcement Commission

DSM-IV -Diagnostic and Statistical Manual of Mental Disorders

HIV -Human Immunodeficiency Virus

ICD-9 -International Classification of Diseases

TMT -Trail Making Test

PASAT -Paced Auditory Serial Addition Test

QPO -Quantity Per Occasion

VCT -Voluntary Counseling and Testing

WAIS-III -Wechsler Adult Scale

WCST -Wisconsin Card Sorting Test

WHO -World Health Organisation

WMS-III -Wechsler Memory Scale

WRAT -Wide Range Achievement Test

ZAT - Zambia Achievement Test