Letters to the Editor

Substance Use, Sexual Intercourse, and Condom Nonuse Among Depressed Adolescents and Young Adults: Scientific Views

To the Editors:

We read with much interest the article by Shrier et al. [1]. In the study, it was observed that substance use was associated with increased odds of sex on the same day, but not after adjusting for weekend. There was no main effect of substance use on condom nonuse. The authors concluded that contextual factors, not intoxication, influence associations of substance use with sexual behavior in depressed youth.

The study population was not described in terms of the substance use status. It was not clearly stated whether the individuals in the sample population were having substance use disorders such as substance dependence or substance abuse. In this regard, we would like to highlight an earlier study that reported that individuals with substance dependence diagnoses were less likely to reliably use condoms [2]. It was reported that adolescents and young adults with substance use disorders were less consistent in using condoms compared with nonabusing community youth [3]. Youth identified with substance problems were more likely to engage in risky sexual behaviors during adolescence and to continue to do so to the extent that substance problems persist. These findings underscore the importance of making the correct diagnosis of substance abuse or dependence in the patients.

Another issue to highlight is that the formal Axis I diagnosis of the patients was not specified in the study. Patients were recruited if they had clinically significant depressive symptoms. However, depression may be a symptom of major depressive disorder, dysthymia, bipolar mood disorder, and borderline personality disorder. Having bipolar disorder may increase a person’s risk to engage in unhealthy and unsafe sexual behaviors, such as condom nonuse. Bipolar patients often act impulsively. This can result in high-risk behavior, such as repeated intoxication, and risky sexual behavior. Similarly, patients with borderline personality disorder may have various forms of impulsivity, including sexual impulsivity. The existing empirical literature indicates that patients with borderline personality disorder appear to differ from others without this personality disorder. Specifically, those with borderline personality disorders are more likely to exhibit greater sexual preoccupation, have earlier sexual exposure, engage in casual sexual relationships, and report having a greater number of different sexual partners (promiscuity). In addition, these patients appear to be characterized by greater number of high-risk sexual behaviors [4]. Thus, we need to determine the psychiatric diagnosis before we can establish the association of substance use with sexual behavior in depressed youth.

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References


The Authors reply:

In their letter, Drs. Sulaiman, Said, and Das raise two important points salient to the discussion of substance use and sexual behavior in depressed youth. First, adolescents with substance use disorders are at higher risk of condom nonuse and other sexual risk behaviors than those without substance abuse or dependence [1]. However, only two participants in our sample (5%) had a diagnosis of a substance use disorder according to their referring provider [2]. Second, individuals with both bipolar disorder [3] and borderline personality disorder [4] have increased rates of engaging in impulsive sexual behavior. In our sample, only one participant was diagnosed with bipolar disorder and one with borderline personality disorder. These low prevalence rates may reflect the presence of subthreshold psy-