

"Hidden" Alcoholics

Medical Implications of Undiscovered Addiction

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THE "hidden alcoholic" is one who is able to conduct his life in such a manner as to maintain a reasonable semblance of normality in the areas of marital, social and occupational behavior. The general public thinks of an alcoholic as being quite unstable, unemployed and usually as being on skid row. The hidden alcoholic appears to be a reasonably stable person, employed and, for all outward purposes, able to conduct his life in a normal manner. The fact that he is able to keep his addiction hidden is due not only to public misunderstanding of alcoholism, but also to his surreptitious drinking pattern which is designed to enable him to drink without detection by friends and employers. The hidden alcoholic, aware of social values and pressures for economic security, will hide excessive drinking by drinking alone.

The most recent publication estimating the prevalence of alcoholism was made in 1953. The study indicated that there were 4,589,000 alcoholics in the United States, 4,884,000 men and 705,000 women.² This means that one of every 13 men (drinkers and non-drinkers) 20 years of age and older in the United States is an alcoholic. Not more than 7 per cent of these four and a half million alcoholics are on the skid rows of America. Only about 6 per cent of the total number of alcoholics is to be found seeking or receiving aid in out-patient clinics or hospitals or in affiliation with Alcoholics Anonymous.⁸ Where are the remainder? The answer seems to be that they are "hidden"—hidden from general recognition.⁸

These statistical data were brought out through analyzing the marital and occupational stability of a sub-group of alcoholics at Shadel Hospital, Seattle,⁸ and comparing the information about these alcoholics with similar information about other sub-groups of alcoholics.

The patient sample from our experience used in this study consisted of 830 male former alcoholics, and the results were compared with studies completed in 1942 by Bacon,¹ in 1944 by Malzberg,³ another study in 1948 by Malzberg⁴ and a study completed in 1950 by Straus and Bacon.⁷ Table 1

• "Hidden alcoholics"—those who drink surreptitiously to keep their addiction secret—far outnumber the overt habitues of skid rows. The former rather than the latter should be considered "typical" alcoholics. Even though they have severe problems, they maintain fairly good employment stability and stability in marriage. Yet they steadily deteriorate.

Often "hidden" alcoholics go to physicians because of symptoms referable to alcoholism but contrive to conceal their addiction and so make diagnosis difficult. Hence, physicians observing certain kinds of symptoms that cannot be attributed to a readily observable or demonstrable pathologic change should make searching inquiry as to the patient's drinking habits. For not until the proper diagnosis is made in such cases can there be hope of effective treatment.

shows the comparisons made regarding the marital status of these male alcoholics.

It can be seen from this table that the patients studied had a relatively high degree of marital stability—less than in the general population, but certainly higher than might have been expected of alcoholics.

Occupational comparison was made between the patient sample of 830 male former alcoholics⁸ and Straus' and Bacon's 1950 sample of 2,023 male alcoholics.⁷ (See Table 2 for these comparisons.)

A large proportion of the alcoholics, who had a wide variety of job classifications, had occupational stability. More than 40 per cent of the patients in the group studied were engaged in top-level jobs, management and private ownership, while only 3 4/10 per cent were unemployed. Both the present group and that reported upon by Straus and Bacon represented a distinct alcoholic sub-group; it is not implied that they were representative of alcoholics in general. While it cannot be inferred that the same proportion of marital and occupational stability would be found in all alcoholics, it would seem logical to assume that a vast majority of alcoholics do have a considerable degree of stability in their marriages and on their jobs and that only a small proportion are on skid row, the remainder being in the "hidden" category. To say that hidden alcoholics have a high degree of marital and occupa-

Submitted March 27, 1958.

TABLE 1.—Marital Status of Male Alcoholics in Five Studies*

Marital Status	Comparative Data (in Per Cent) of Five Studies				
	Conn. Arrested Inebriates (1,023) ^{†1} (1,223)	New York Alcoholics With Psychosis ³ (516)	New York Alcoholics Without Psychosis ⁴ (309)	Clinic Patients (2,023) ⁷	Sanatorium Patients (830) ⁸
Single.....	53.1	36.4	22.0	17.0	7.8
Married.....	22.9	38.8	58.9	53.0	68.9
Separated.....	11.5	10.3	6.1	15.0	4.6
Divorced.....	7.5	3.4	6.1	12.0	16.5
Widowed.....	5.0	10.3	5.5	3.0	2.2
Unascertained.....	0.8	1.3
Totals.....	100.0	100.0	99.9	100.0	100.0

*Table 1 is reprinted from Wellman, Maxwell and O'Hollaren, "Private Hospital Alcoholic Patients and the Changing Conception of the 'Typical' Alcoholic," *Quart. J. Stud. Alc.*, 1957, Vol. 18, No. 3, p. 391, by permission of the publisher and authors.⁸

[†]The numbers in parentheses are the numbers of patients observed in the studies.

TABLE 2.—Occupational Classification of Clinic and Private Sanatorium Patients (in Per Cent)*

	Clinic Patients ⁷	Sanatorium Patients ⁸
Major-minor official, manager, owner	14.0	40.9
Professional	6.0	6.5
Public servant	7.0	1.3
Clerical	6.0	2.6
Salesman	10.0	9.7
Skilled labor	23.0	9.5
Semi-skilled labor	16.0	17.6
Unskilled labor	17.0	5.0
Other	1.0	6.9 [†]
Totals	100.0	100.0

*Table 2 is reprinted from Wellman, Maxwell and O'Hollaren, "Private Hospital Alcoholic Patients and the Changing Conception of the 'Typical' Alcoholic," *Quart. J. Stud. Alc.*, 1957, Vol. 18, No. 3, p. 395, by permission of the publisher and authors.⁸

[†]Includes retired (1.9 per cent), unemployed (3.4 per cent), and no response (1.6 per cent).

tional stability does not imply that they do not have difficulties in both areas. The implication is only that they do not evidence this instability to the degree that has been considered characteristic of typical alcoholics.

An alcoholic of this type is able to conceal his drinking from employers, friends and oftentimes even his family physician. He may complain of various symptoms that are a direct result of excessive drinking, yet in no way indicate to the physician the extent of his addiction.

IMPLICATIONS TO THE MEDICAL PROFESSION

In light of data on the prevalence of alcoholism and the recent indications of drastic change in the general description of the typical alcoholic, it seems logical to point out the following factors:

1. Alcoholism is a major medical problem.
2. Approximately 6 per cent of the total alcoholic population is receiving treatment of some type. It is certain that the vast majority of alcoholics have physiological symptoms as a result of their alcoholism. Many of them must be under medical care

for these symptoms but have not yet been discovered to be alcoholics. Physicians are treating alcoholics in many cases without the benefit of realizing they are alcoholics.

3. Because of the "hidden" alcoholic's compulsive need to keep his addiction hidden, he will usually not report to a physician the full extent of his drinking or the effect that alcohol has on his general health. In such cases, the importance of obtaining an accurate history of the patient's characteristic response to alcohol cannot be overemphasized. Where hidden alcoholism is suspected, the physician should carefully check the history of the patient with the spouse or some other member of the immediate family.

If a positive history of hidden alcoholism is obtained, the patient should be confronted with the diagnosis and advised to face the problem and the need for treatment.

4. Because of the popular misconception of the "typical" alcoholic, physicians are failing in many cases to recognize alcoholism as the underlying cause of physical symptoms.

Hence it would seem helpful to review symptoms that characteristically arise as a result of excessive drinking.

CHARACTERISTIC PHYSICAL CHANGES

The facial appearance is the first area affected overtly by alcoholism. The capillaries around the conjunctiva of the eye become engorged.⁵ However, the physician may not associate this condition with alcoholism, since in most instances an alcoholic who goes to a physician for treatment of illness will take care not to appear under the influence of alcohol. More commonly, a puffy, edematous appearance is noted in the skin and subcutaneous tissue of the face and forehead; and, as alcoholism continues and there are repeated episodes of drinking, this facial edema eventually leads to the development of deep grooving at the corners of the eyes as well as

throughout the skin of the forehead, face and cheeks.⁵ In persons with fair complexion, flushing of the skin is common, with pronounced hyperemia which after a long period develops into "whiskey nose."⁵ Edema may also be observed in the nasal mucous membrane, the posterior pharynx and extending into the larynx and the vocal cords—the latter causing the hoarseness so prevalent in overt alcoholism.

Alcoholic tremor is one of the most common of physical changes associated with prolonged excessive drinking; and the tremor may persist long after the patient has ceased to drink. The tremor is aggravated when the patients attempts to stop drinking and is temporarily relieved by further ingestion of alcohol.

There seem to be no physical changes in the heart or lungs or in the abdomen or lower extremities which could be considered typical of alcoholism.⁵ However, a bounding pulse and moderately severe tachycardia is very common during withdrawal from alcohol.

Perhaps the most common form of pathologic change in the stomach is alcoholic gastritis, which is manifested by loss of appetite, frequent periods of nausea and occasional vomiting following a drinking episode. Blood in the vomitus, gross or occult, is often found. Evidence of irritation of the lower intestinal tract may be noted—either obstipation or severe diarrhea.

DISCUSSION

"Only by gathering more information as to why some individuals are more sensitive to alcohol than their social drinking friends, and by developing

techniques and indices whereby such individuals can be detected and singled out from others, can we hope to save many persons from reaching the advanced stages of alcoholism."⁶

Until such a diagnostic tool is available, the medical profession should remain constantly alert to the scope and characteristics of alcoholism so that a more accurate medical diagnosis can be made and treatment rendered to the "hidden" alcoholic.

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