

One in three can't escape anxiety and depression of early sobriety

A study of people in alcohol treatment found nearly a third never escape the anxiety/depression that can accompany early sobriety, which may spur relapse.

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Early abstinence is a make-or-break period. If anxiety or depression doesn't improve quickly, relapse risk may be much higher.”

*Jennifer Blackford, PhD,
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[recent study](#) of more than 1,000 people in alcohol treatment found that nearly one in three never escape the crushing anxiety or depression that often accompanies early sobriety — a red flag that may predict relapse and signal the need for more targeted care.

Published in “Alcohol: Clinical and Experimental Research” this spring, the study tracked weekly anxiety and depression symptoms during the first six weeks of treatment. While most patients saw symptoms ease

quickly, researchers identified three distinct recovery paths:

- Low trajectory (70%) — Symptoms started low and resolved rapidly.
- High trajectory (about 25%) — Symptoms started high but improved gradually.
- Sustained trajectory (about 5%) — Symptoms stayed high with little change.

The sustained group was more likely to have severe PTSD symptoms and other mental health diagnoses. Women were more likely than men to fall into the high-symptom depression group, highlighting a possible sex-specific risk.

“Early abstinence is a make-or-break period,” said corresponding author Jennifer Blackford, PhD, of the University of Nebraska Medical Center’s Munroe-Meyer Institute. “If anxiety or depression doesn’t improve quickly, relapse risk may be much higher. The good news is, we can identify these patterns in the first few weeks and act before it’s too late.”

Dr. Blackford teamed with co-authors Manesh Gopaldus, MD, Elizabeth Flook, MD, PhD, and Margeret Benningfield, MD, of Vanderbilt University Medical Center, and Nick Hayes, PhD, of Cumberland Heights Foundation, on the study.

Alcohol use disorder affects millions of Americans and contributes to more than 140,000 deaths each year. Despite the availability of treatment, over half of patients relapse within a year. By recognizing sustained emotional distress early, clinicians may be able to tailor care — such as adding anxiety-focused psychotherapy or medication — to improve outcomes.

The researchers note that their findings come from de-identified patient data from a large community-based treatment program, making the results directly relevant to real-world clinical settings. They call for future studies to examine relapse rates in each subgroup and the impact of specific interventions.

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