



Cognitive barriers to readiness to change in alcohol-dependent patients

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Résumé en
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BACKGROUND: Patients' personal investment and readiness to change have proved to be a prerequisite for the successful treatment of alcohol addiction. The aim of this study was to determine the contribution of cognitive functions to the motivation process to abandon maladjusted behavior in favor of a healthier lifestyle. **METHODS:** An adapted version of the "readiness to change" questionnaire was completed by 31 alcohol-dependent patients after detoxification and at alcohol treatment entry. This tool is designed to assess the 3 main stages of motivation to change regarding alcohol consumption: precontemplation (substance abuse and no intention to stop drinking), contemplation (strong intention to change habits but ambivalent behavior), and action (cessation of excessive alcohol consumption and behavioral changes for healthier habits) stages. Patients and 37 healthy controls also underwent an extensive neuropsychological battery including episodic memory, metamemory, executive functions, and decision-making assessment. **RESULTS:** When alcohol-dependent patients were considered as a group, the mean score on the action subscale was significantly higher than the precontemplation and contemplation ones. Nevertheless, when the stage of change reached by each patient was considered individually, we found that some alcohol-dependent patients were still in the earlier precontemplation and contemplation stages. Stepwise regression analysis revealed links between impaired memory and executive functions and low motivation, and between good decision-making skills and high motivation. **CONCLUSIONS:** Our results suggest that a set of complementary cognitive abilities is needed to achieve awareness and resolve ambivalence toward alcohol addiction, which is essential for activating the desire to change problematic behavior.

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