Impulsivity and Quality of Life in a Population with Problematic Alcohol Consumption

Monserrath Estefanía Castillo Sánchez[1], Fabricio Alejandro Vásquez de la Bandera Cabezas[1]

[1] Universidad Técnica de Ambato, Ecuador.

RESUMEN

Introducción: el consumo problemático de alcohol constituye un desafío relevante para la salud pública debido a sus repercusiones en el funcionamiento físico, psicológico y social de las personas. En este contexto, la impulsividad, concebida como un rasgo psicológico multidimensional, se ha vinculado con dificultades en la autorregulación conductual y emocional, así como con una menor percepción de bienestar general. **Objetivo:** analizar la relación entre las dimensiones de impulsividad y los dominios de la calidad de vida en personas con consumo problemático de alcohol que asisten a grupos de Alcohólicos Anónimos en Ecuador. **Método:** se desarrolló un estudio no experimental, transversal y correlacional, con enfoque cuantitativo. Participaron 124 adultos seleccionados mediante muestreo no probabilístico por conveniencia. Se aplicaron la *Barratt Impulsiveness Scale* (BIS-11) y el *World Health Organization Quality of Life – BREF* (WHOQOL-BREF). Se realizaron análisis descriptivos y correlacionales mediante el coeficiente Rho de Spearman. **Resultados:** se identificaron asociaciones negativas y estadísticamente significativas entre las dimensiones de impulsividad atencional, motora y no planificada y los dominios físico, psicológico, social y ambiental de la calidad de vida. No se observaron diferencias estadísticamente significativas en las dimensiones de impulsividad en función del sexo. **Discusión y conclusiones:** los hallazgos evidencian una relación consistente entre mayores niveles de impulsividad y una menor percepción de calidad de vida en personas con consumo problemático de alcohol que participan en procesos de recuperación comunitaria, lo que resalta la relevancia de considerar este rasgo psicológico en la evaluación e intervención clínica y psicosocial de las adicciones.

Palabras clave: consumo problemático de alcohol, impulsividad, calidad de vida, adicciones.

ABSTRACT

Introduction: problematic alcohol consumption represents a major public health challenge due to its detrimental effects on individuals' physical, psychological, and social functioning. Within this context, impulsivity—conceptualized as a multidimensional psychological trait—has been associated with deficits in behavioral and emotional self-regulation, as well as with lower perceived overall well-being. **Objective:** to analyze the relationship between impulsivity dimensions and quality of life domains in individuals with problematic alcohol consumption attending Alcoholics Anonymous (AA) groups in Ecuador. **Method:** a non-experimental, cross-sectional, correlational study with a quantitative approach was conducted. The sample consisted of 124 adults selected through non-probabilistic convenience sampling. The Barratt Impulsiveness Scale (BIS-11) and the World Health Organization Quality of Life – BREF (WHOQOL-BREF) were administered. Descriptive and correlational analyses were performed using Spearman's rho coefficient. **Results:** statistically significant negative associations were identified between attentional, motor, and non-planning impulsivity and the physical, psychological, social, and environmental domains of quality of life. No statistically significant differences in impulsivity dimensions were observed according to sex. **Discussion and conclusions:** the findings demonstrate a consistent relationship between higher levels of impulsivity and lower perceived quality of life among individuals with problematic alcohol consumption who participate in community-based recovery processes. These results highlight the importance of considering impulsivity as a relevant psychological trait in the clinical and psychosocial assessment and intervention of addictive behaviors.

Keywords: problematic alcohol consumption, impulsivity, quality of life, addictions.

Corresponding Author:
Monserrath Estefanía Castillo Sánchez. Universidad Técnica de Ambato. Av. Colombia y Chile 02-111, Ambato, Tungurahua, Ecuador. E-mail: mcastillo8340@uta.edu.ec
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INTRODUCTION

Problematic alcohol consumption constitutes one of the primary public health challenges due to its high prevalence and the multiple adverse consequences it generates in individuals' physical, psychological, social, and economic functioning (World Health Organization [WHO], 2023). This issue extends beyond the individual sphere, significantly affecting family dynamics, occupational performance, and community integration, thereby generating a substantial social and healthcare burden. According to WHO (2019), harmful alcohol use is associated with reduced self-control and diminished risk assessment capacity, which increases the likelihood of impulsive, risky, or aggressive behaviors, directly impacting perceived quality of life.

Globally, harmful alcohol use is estimated to be responsible for more than 2.6 million deaths annually, accounting for approximately 4.7% of total global mortality (WHO, 2024). In the Region of the Americas, alcohol consumption exceeds 25% of the global average; however, this pattern is not evenly distributed, as approximately 10% of consumers account for nearly half of total alcohol intake, constituting a high-risk group for severe physical, psychological, and social consequences (Pan American Health Organization [PAHO], 2020).

In Ecuador, alcohol remains the most widely consumed psychoactive substance and represents the country's principal addiction-related problem, with higher prevalence among men. According to the Zonal Coordination 5 of the Ministry of Public Health (Ministerio de Salud Pública del Ecuador [MSP], 2022), for every three men who consume alcohol there is approximately one woman; nevertheless, rehabilitation programs are implemented equally for all participants (MSP, 2022; MSP, 2023). In this context, community-based groups such as Alcoholics Anonymous (AA) play a relevant role in recovery processes by offering mutual support spaces oriented toward abstinence and self-control strengthening.

Currently, AA operates more than 400 active groups throughout Ecuador (AA Ecuador, 2022).

For the purposes of the present study, problematic alcohol consumption is defined as a pattern of use that generates negative consequences in physical, psychological, or social functioning, without necessarily meeting criteria for a formal clinical diagnosis, in line with public health approaches proposed by WHO and PAHO.

Within this framework, impulsivity emerges as a key psychological trait for understanding behaviors associated with alcohol consumption. According to Moeller et al. (2001), impulsivity is defined as a tendency to respond rapidly and without adequate planning to internal or external stimuli, without sufficient consideration of potential negative consequences. From a multidimensional perspective, impulsivity comprises attentional, motor, and non-planning components, all of which are associated with difficulties in behavioral and emotional self-regulation. Recent studies indicate that elevated impulsivity levels are linked to greater vulnerability to relapse, planning deficits, and reduced cognitive control, thereby compromising the effectiveness of rehabilitation programs (Levitt et al., 2023). Complementarily, Aponte-Zurita & Moreta-Herrera (2023) and Wilson et al. (2024) report that this trait increases the likelihood of engaging in risk behaviors, experiencing psychological instability, and encountering difficulties in emotional regulation and goal attainment. These findings reinforce the relevance of impulsivity as a central factor in understanding problematic alcohol consumption and its consequences.

Quality of life, in turn, is conceptualized as a multidimensional construct encompassing individuals' subjective perceptions of physical, psychological, social, and environmental well-being (WHO, 1946). Among individuals with problematic alcohol consumption, quality of life is often compromised due to the physical consequences of prolonged use, emotional distress, deterioration of interpersonal relationships, and limited access to resources. Lahbairi et al. (2022) demonstrated that factors associated with alcohol abuse significantly impair emotional and social well-being, while Dayal & Kaloiya (2024) showed that interventions focused on self-regulation and resilience can partially mitigate these effects.

Moreover, several studies report a negative relationship between impulsivity and quality of life. Reichl et al. (2022) found that higher impulsivity levels during detoxification predict poorer post-treatment quality of life, while Dayal et al. (2023) identified consistent associations between elevated impulsivity and reduced physical, psychological, and social well-being.

In the Ecuadorian context, empirical evidence jointly addressing impulsivity and quality of life among individuals with problematic alcohol consumption—particularly in community-based populations such as AA—remains limited. Therefore, examining the relationship between these variables is relevant in order to provide contextualized evidence that contributes to the development of more comprehensive and culturally appropriate psychological intervention strategies.

Accordingly, the general objective of the present study was to analyze the relationship between impulsivity dimensions and quality of life domains in individuals with problematic alcohol consumption attending AA groups in Ecuador. Complementarily, the study aimed to identify predominant impulsivity dimensions, describe quality of life domains, and explore potential differences in impulsivity dimensions according to sex.

METHOD

Design

The present study adopted a non-experimental design, as the variables were observed without manipulation. It employed a cross-sectional approach, with data collected at a single time point, and a correlational scope aimed at analyzing the relationship between impulsivity dimensions and quality of life domains. he methodological approach was quantitative.

Participants

The initial population consisted of 128 individuals with problematic alcohol consumption undergoing recovery. Through non-probabilistic convenience sampling, a final sample of 124 participants was selected. All participants attended AA mutual-help groups regularly in the city of Ambato and met the established inclusion criteria. The sample comprised 98 men and 26 women, evidencing a sex imbalance that limits the robustness of comparative analyses.

Inclusion criteria included individuals aged between 18 and 65 years, regular attendance at AA meetings, and voluntary participation through digitally informed consent. Exclusion criteria comprised active consumption of other psychoactive substances (except nicotine and caffeine), pregnancy, and the presence of cognitive impairments that could hinder adequate comprehension or completion of the assessment instruments.

Instruments

Impulsivity was assessed using the Barratt Impulsiveness Scale (BIS-11), developed by Patton et al. (1995). This instrument consists of 30 items distributed across three dimensions: motor impulsivity, attentional impulsivity, and non-planning impulsivity. Items are rated on a four-point Likert scale ranging from 1 (rarely/never) to 4 (almost always/always), with higher scores indicating greater impulsivity.

Several items are reverse-worded and were recoded prior to score calculation. Previous studies have reported adequate internal consistency (α = .87) in adult populations, supporting its psychometric reliability (Tsatali et al., 2021).

Quality of life was assessed using the World Health Organization Quality of Life – BREF *(WHOQOL-BREF; WHOQOL Group, 1998)*, which consists of 26 items distributed across four domains: physical health, psychological health, social relationships, and environment. Items are rated on a five-point Likert scale, and domain scores are transformed to a 0 – 100 scale, with higher scores indicating better perceived quality of life. Reverse-worded items were recoded prior to score calculation. Previous studies report high internal consistency (α > .90) in adult populations (Kirouac et al., 2017).

Procedure

The study was reviewed and approved by the Human Research Ethics Committee of the Technical University of Ambato (CEISH-UTA) on September 15th, 2025, under code 175-CEISH-UTA. Subsequently, authorization was obtained from Alcoholics Anonymous group leaders to access participants. Prior to data collection, participants received clear information regarding the study objectives, voluntary participation, and data confidentiality.

Data collection was conducted in person and collectively through a digital link to questionnaires hosted on Google Forms, which participants accessed using their own mobile devices. The approximate completion time ranged from 10 to 15 minutes per participant. Digital informed consent was obtained prior to participation. Psychological support or referral was made available for participants who might experience discomfort during data collection however, no participant required additional assistance.

Data Analysis

Data were processed and analyzed using Jamovi version 2.7.6. Descriptive analyses included means, medians, standard deviations, minimums, and maximums to describe impulsivity dimensions and quality of life domains. Normality was assessed using the Shapiro–Wilk test prior to inferential analyses.

As the variables did not meet normality assumptions, non-parametric tests were applied. Spearman's rho coefficient was used to examine associations between impulsivity dimensions and quality of life domains, while the Mann–Whitney U test was employed to explore potential sex differences.

Ethical Considerations

The study was conducted in accordance with the ethical principles of the Declaration of Helsinki (World Medical Association [WMA], 2013). As a minimal-risk study, anonymity and confidentiality were ensured through data coding and secure storage. All participants were informed of the study objectives and provided voluntary digital informed consent.

RESULTS

Relationship between Impulsivity and Quality of Life

Spearman's rho correlation analyses revealed statistically significant negative associations between impulsivity dimensions and quality of life domains. Specifically, motor impulsivity was negatively correlated with physical health (ρ = –.788, p < .001), psychological health (ρ = –0.807, p < .001), social relationships (ρ = –0.768, p < .001), and environment (ρ = –0.784, p < .001), indicating that higher levels of motor impulsivity are associated with lower perceived well-being across these domains.

Similarly, attentional impulsivity showed negative correlations with physical health (ρ = –.766, p < .001), psychological health (ρ = –0784, p < .001), social relationships (ρ = –.780, p < .001), and environment (ρ = –.772, p < .001). Non-planning impulsivity was also negatively associated with physical health (ρ = –.776, p < .001), psychological health (ρ = –.818, p < .001), social relationships (ρ = –.778, p < .001), and environment (ρ = –.818, p < .001), indicating that a greater tendency to act without planning is linked to a lower perception of overall well-being (Table 1).

Table 1

Correlation between Impulsivity and Quality of Life.

Physical Health	Spearman's rho	-.788*	-.766*	-.776*
	df	122	122	122
	p-value	<.001	<.001	<.001
Psychological Health	Spearman's rho	-.807*	-.784*	-.818*
	df	122	122	122
	p-value	<.001	<.001	<.001
Social Relationships	Spearman's rho	-.768*	-.780*	-.778*
	df	122	122	122
	p-value	<.001	<.001	<.001
Environment	Spearman's rho	-0.784*	-0.772*	-0.818*
	df	122	122	122
	p-value	<.001	<.001	<.001

Note: Spearman's rho = Spearman correlation coefficient; *df* = degrees of freedom; *p* = level of significance; * *p* < .001.

Impulsivity Dimensions

Elevated values were observed across all impulsivity dimensions. Motor impulsivity showed a mean score of 31.3 (*SD* = 8.30) and a median of 33; attentional impulsivity presented a mean of 22.9 (*SD* = 5.23) and a median of 24; and non-planning impulsivity yielded a mean of 30.2 (*SD* = 5.98) and a median of 31.

These results reflect difficulties in action control, attention, and behavioral planning within the studied population (Table 2).

Quality of Life Domains

Participants reported moderate mean scores across all evaluated quality of life domains: physical health (*M* = 12.9, *SD* = 2.78), psychological health (*M* = 12.5, SD = 3.01), social relationships (*M* = 12.0, *SD* = 3.51), and environment (*M* = 12.0, *SD* = 3.47), reflecting an intermediate perception of well-being among individuals with problematic alcohol consumption (Table 3).

Differences in Impulsivity Dimensions According to Sex

No statistically significant differences were found between men and women in motor, attentional, or non-planning impulsivity dimensions according to the Mann–Whitney U test (p > .05), indicating that both sexes exhibited comparable levels of impulsivity across dimensions (Tables 4 and 5).

Table 2

Correlation between Impulsivity and Quality of Life.

	N	*Mean*	*Median*	*SD*	*Minimum*	*Maximum*
Motor Impulsivity	124	31.3	33.0	8.30	11	41
Attentional Impulsivity	124	22.9	24.0	5.23	8	29
Non-Planned Impulsivity	124	30.2	31.0	5.98	14	39

Note: N = sample size; *SD* = standard deviation.

Table 3

Quality of Life Domains in Individuals with Problematic Alcohol Use.

	N	*Mean*	*Median*	*SD*	*Minimum*	*Maximum*
Physical Health	124	12.9	12.0	12.0	9.71	20.0
Psychological Health	124	12.5	12.0	3.01	8.67	20.0
Social Relationships	124	12.0	12.0	3.51	5.33	20.0
Environment	124	12.0	11.5	3.47	6.00	20.0

Note: N = sample size; *SD* = standard deviation.

Table 4
Group Descriptive Statistics.

	Group	N	Mean
Motor Impulsivity	Men	98	31.2
	Women	26	31.7
Attentional Impulsivity	Men	98	23.0
	Women	26	22.2
Non-Planning Impulsivity	Men	98	30.3
	Women	26	29.9

Note: N = sample size.

Table 5
Mann–Whitney U Test for Independent Samples.

	Group	Statistic	p
Motor Impulsivity	Mann-Whitney U	1251	.887
Attentional Impulsivity	Mann-Whitney U	1086	.246
Non-Planning Impulsivity	Mann-Whitney U	1187	.592

Note: p-value = level of significance.

DISCUSSION AND CONCLUSIONS

The results of the present study indicate that impulsivity is negatively associated with all domains of quality of life, including physical health, psychological well-being, social relationships, and environmental satisfaction. In other words, higher impulsivity levels are linked to lower perceived well-being. Consistently, Meyer et al. (2025) reported that elevated impulsivity is associated with poorer quality of life among individuals with problematic alcohol consumption. Similarly, Reichl et al. (2022) found that motor, attentional, and non-planning impulsivity were significantly related to quality-of-life following abstinence, while Forsén et al. (2021) observed comparable associations in young adults with impulsive traits and impulse control disorders. In contrast, Dayal & Kaloiya (2024) did not identify a direct significant relationship, suggesting that other variables may moderate this association. Overall, these findings highlight the importance of considering impulsivity as a relevant factor influencing quality of life in this population.

Within the studied sample, all three impulsivity dimensions exhibited elevated levels, reflecting difficulties in action control, planning, and concentration.

Motor impulsivity manifests as a tendency to act without forethought, characterized by rapid and unreflective responses that may hinder treatment adherence. Attentional impulsivity is reflected in reduced capacity to maintain focus, which can negatively affect decision-making and emotional regulation. Non-planning impulsivity indicates limited future orientation, with difficulties anticipating consequences and organizing long-term behaviors.

These findings are consistent with Galkin (2023), who reported impairments in decision-making and inhibitory control among individuals with alcohol dependence. Similarly, Liu et al. (2020) found that self-reported impulsivity predicts the severity of alcohol dependence. Coates et al. (2020) demonstrated that heightened impulsivity is associated with increased craving and relapse risk during treatment, whereas Herman & Duka (2020) reported no significant differences, suggesting that contextual factors and treatment characteristics may influence this relationship.

Regarding quality of life, individuals with problematic alcohol consumption exhibited moderate scores across physical, psychological, social, and environmental domains, reflecting compromised—but not entirely deteriorated—overall well-being. In the physical domain, limitations related to withdrawal symptoms, fatigue, and general health deterioration were evident. Psychologically, feelings of guilt, anxiety, and low self-esteem were predominant. Socially, interpersonal difficulties and social isolation were common, while environmental dissatisfaction was associated with occupational and economic challenges. Similar findings were reported by Colaco et al. (2023), who identified intermediate quality of life scores and emphasized the influence of variables such as age, marital status, and years of alcohol use.

Dayal & Kaloiya (2024) also observed significant reductions in physical and psychological well-being, while Teixeira et al. (2021) found that prolonged abstinence periods are associated with improvements in quality of life and emotional well-being. Conversely, Grønkjær et al. (2022) noted that abstinence does not always lead to immediate improvements in well-being, underscoring the complexity of the relationship between alcohol consumption and quality of life.

No significant differences were observed in motor, attentional, or non-planning impulsivity dimensions according to sex, suggesting that gender does not constitute a determining factor in the manifestation of these traits. This finding aligns with Haeny et al. (2021), who reported that the effects of impulsivity and family history of alcohol use disorder do not significantly differ between men and women. DeVito et al. (2020) also noted that evidence regarding sex differences in impulsivity remains heterogeneous. However, Duan et al. (2023) found that, in certain contexts

women may exhibit higher levels of impulsivity associated with alcohol use, indicating that sex-related effects may depend on neurocognitive factors and the type of assessment employed.

Contributions and Applications

The present study provides contextualized evidence regarding the relationship between impulsivity and quality of life in an Ecuadorian population with problematic alcohol consumption, contributing to the fields of clinical psychology, public health, and subjective well-being research. The findings may inform clinical practice, support the design of rehabilitation programs focused on self-control and emotional regulation, guide public health policies, and strengthen support strategies for individuals with problematic alcohol use within community-based contexts such as Alcoholics Anonymous. Identifying relevant impulsivity traits and their association with quality-of-life domains may facilitate more effective interventions aimed at improving overall well-being and promoting social reintegration among individuals undergoing recovery processes.

Limitations of the Study

The present study has several methodological limitations that should be considered when interpreting the results. First, the sample was selected through convenience sampling and consisted exclusively of individuals attending AA groups, which may limit the generalizability of the findings to individuals with problematic alcohol consumption outside such programs. Additionally, the sample size and the unequal distribution between men and women restrict the robustness of comparative analyses.

Relevant sociodemographic and clinical variables—such as age, educational level, employment status, years of alcohol use, duration of abstinence, and family or social context—were not included and may moderate the relationship between impulsivity and quality of life. Furthermore, only self-report instruments were used, which may introduce bias related to subjective perception or social desirability.

Finally, the cross-sectional design precludes causal inference and allows only for the identification of associations.

Future research should aim to increase sample size, balance sex representation, include relevant clinical and sociodemographic variables, complement self-report measures with objective assessments, and employ longitudinal and multivariate designs to examine changes in impulsivity and quality of life over time and to explore potential predictive relationships.

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CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest. They also declare no use of artificial intelligence tools. All content was verified and edited by the authors, who assume full responsibility for the final version of the manuscript.

AUTHORS CONTRIBUTION

Monserrath Estefanía Castillo Sánchez: conceptualization, methodology, formal analysis, investigation, data curation, writing original draft, writing review and editing.
Fabricio Alejandro Vásquez de la Bandera Cabezas: validation, supervision, visualization.

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