

Original Research

Psychiatric comorbidity in patients with alcohol dependence syndrome

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ABSTRACT:

Background: The present study was conducted for assessing psychiatric comorbidity in patients with alcohol dependence syndrome. **Materials & methods:** The study sample comprised 100 in-patients diagnosed by the primary investigator as Alcohol dependence syndrome. A data collection sheet was used to record socio-demographic data, general health, and alcohol dependence characteristics like age of initiation of drinking, duration of drinking, frequency of attempts to abstain, and the total duration of abstinence. The English version of the Mini-International Neuropsychiatric Interview (MINI Plus) was used to evaluate previous and current psychiatric disorders, and the diagnosis was confirmed by using ICD-10 RDC after 2 weeks of admission to limit the interference from withdrawal symptoms. Severity of Alcohol Dependence Questionnaire (SADQ) was used to measure the severity of dependence. All the results were recorded in Microsoft excel sheet and were analysed by SPSS software. **Results:** Psychiatric comorbidity was seen in 38 percent of the patients. Among the 38 patients with presence of psychiatric comorbidity, anxiety disorder was seen in 16 patients while depressive disorder and seizure disorder were seen in 11 patients watch. **Conclusion:** From the above results, the authors concluded that there is an urgent need to thoroughly assess patients for possible under-identified dual diagnosis and provide treatments accordingly.

Key words: Psychiatric Comorbidity, Alcohol dependence

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INTRODUCTION

Alcohol misuse has been linked to numerous social, economic, and health problems. Estimates vary but have suggested that up to 40% of patients have experienced complications of alcohol misuse. In the United States, 138.3 million people age 12 and older surveyed report that they actively use alcohol, according to the 2015 National Survey on Drug Use and Health. More than 85,000 deaths per year can be attributed to alcohol. In addition, motor vehicle accidents, dementia, depression, homicide, and suicide have all been linked to alcohol use disorder. Although the pathogenesis of alcohol use disorder is not strictly known, several factors are thought to contribute to its development.¹⁻³

The development of alcohol dependence is a complex and dynamic process. Many neurobiological and environmental factors influence motivation to drink. At any given time, an individual's propensity to imbibe is thought to reflect a balance between alcohol's positive reinforcing (i.e., rewarding) effects, such as euphoria and reduction of anxiety

(i.e., anxiolysis), and the drug's aversive effects, which typically are associated with negative consequences of alcohol consumption (e.g., hangover or withdrawal symptoms). Memories associated with these rewarding and aversive qualities of alcohol, as well as learned associations between these internal states and related environmental stimuli or contexts, influence both the initiation and regulation of intake. These experiential factors, together with biological and environmental influences and social forces, are central to the formation of expectations about the consequences of alcohol use. These expectations, in turn, shape an individual's decision about engaging in drinking behavior.⁴⁻⁶ Hence; the present study was conducted for assessing psychiatric comorbidity in patients with alcohol dependence syndrome.

MATERIALS & METHODS

The present study was conducted for assessing psychiatric comorbidity in patients with alcohol dependence syndrome. The study sample comprised 100 in-patients diagnosed by the primary investigator

as Alcohol dependence syndrome as per International Classification of Mental and Behavioural Disorders - Research and Diagnostic Criteria (ICD-10 RDC). A data collection sheet was used to record socio-demographic data, general health, and alcohol dependence characteristics like age of initiation of drinking, duration of drinking, frequency of attempts to abstain, and the total duration of abstinence. The English version of the Mini-International Neuropsychiatric Interview (MINI Plus) was used to evaluate previous and current psychiatric disorders, and the diagnosis was confirmed by using ICD-10 RDC after 2 weeks of admission to limit the interference from withdrawal symptoms. Severity of Alcohol Dependence Questionnaire (SADQ) was used to measure the severity of dependence. All the results were recorded in Microsoft excel sheet and were analysed by SPSS software.

RESULTS

Mean age of the patients with Alcohol dependence syndrome was 49.5 years. 90 percent of the patients were males. Majority of the patients were of nuclear family and were married. Significant proportion of patients had educational qualification up to graduation only. Psychiatric comorbidity was seen in 38 percent of the patients. Among the 38 patients with presence of psychiatric comorbidity, anxiety disorder was seen in 16 patients while depressive disorder and seizure disorder were seen in 11 patients watch.

Table 1: Prevalence of psychiatric comorbidity

Psychiatric comorbidity	Number of patients	Percentage
Present	38	38
Absent	62	62
Total	100	100

DISCUSSION

Alcohol use disorder is among the leading causes of morbidity and mortality worldwide; an estimated 95 million people live with alcohol dependence globally. Alcohol use disorder refers to impaired control over alcohol use, leading to physiological dependence and tolerance, and detrimental psychological, social, and physical consequences. Psychiatric comorbidity is the presence, simultaneously or in sequence, of more than one disorder within an individual within a certain time period. The prevalence of most mood, anxiety, substance, and thought disorders is higher in people with alcohol use disorder than in the general population, although the magnitude of the correlation varies across disorders. Alcohol use disorder comorbidity could arise from several potential mechanisms, including a direct or indirect causal effect of the disorder on other psychiatric disorders, or vice versa, shared genetic and environmental causes of the disorder and other psychiatric disorders, or because alcohol use disorder and other psychiatric disorders share psychopathological characteristics

and form part of a single diagnostic entity.⁷⁻¹⁰ Hence; the present study was conducted for assessing psychiatric comorbidity in patients with alcohol dependence syndrome.

Mean age of the patients with Alcohol dependence syndrome was 49.5 years. 90 percent of the patients were males. Majority of the patients were of nuclear family and were married. Significant proportion of patients had educational qualification up to graduation only. Psychiatric comorbidity was seen in 38 percent of the patients. Arya S et al studied the relation between psychiatric comorbidity with quality of life in patients with alcohol dependence. Patients with other substance abuse except tobacco or those with severe physical impairment were excluded. Materials and Methods: Hundred in-patients were assessed between the period of August 2013 to July 2014, using a number of instruments including specially designed proforma for clinical and drinking variables, CIWA-Ar, SADD, M.I.N.I 5.0 and WHO QoL Bref. Prevalence of psychiatric disorder was found to be 32% across all the tested patients, with anxiety (n = 13) and depressive disorder (n = 12) being most common. Presence of psychiatric comorbidity lead to significant lowering in overall quality, perception of general health, physical (42.12 vs 57.78, P = 0.001), psychological (40.19 vs 53.29, P = 0.002), social (43.97 vs 66.90, P = 0.000), and environment (50.47 vs 62.71, P = 0.001) domains. Comorbid psychiatric disorders have a significant negative impact on the quality of life in patients with alcohol dependence syndrome.¹⁰

Among the 38 patients with presence of psychiatric comorbidity, anxiety disorder was seen in 16 patients while depressive disorder and seizure disorder were seen in 11 patients watch. Sharma B et al observed the prevalence of psychiatric comorbidity in alcohol dependent patients in our setup. Consecutive patients presenting to the outpatient section of Psychiatric department who met the DSM-IV-TR criteria for alcohol dependence were included in the study. They were interviewed using Structured Clinical Interview for DSM-IV-TR (SCID I&II) to assess for comorbidity. Data was analyzed using Statistical Package for Social Sciences (SPSS TM) software. Out of 31 patients enrolled, 14 (45.16%) had psychiatric comorbid conditions all of which were Axis I disorders. Anxiety disorder (35.71%) was the most frequent associated disorder followed by depressive disorder (28.57%). The alcohol dependent patients with comorbidity was significantly younger (mean age=35.71+13.60 years) in comparison to those without comorbidity (mean age=42.59+11.15 years). Other socio-demographic parameters were comparable between the two groups. Patients with history of past psychiatric illness and medication were less likely to have comorbidity, which was statistically significant. Psychiatric comorbidity is common in alcohol dependent people. Anxiety disorder and depression were more prevalent entities.

Those with past illness and medications were less likely to have comorbidities.¹¹

CONCLUSION

From the above results, the authors concluded that there is an urgent need to thoroughly assess patients for possible under-identified dual diagnosis and provide treatments accordingly.

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