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TO STUDY THE PREVALENCE OF ALCOHOL DEPENDENCE & PSYCHIATRIC CO-MORBIDITY IN ALCOHOL DEPENDENT SUBJECTS IN OUT-PATIENT SETTINGS.

Psychiatry

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ABSTRACT

Introduction: The use of alcohol for the purpose of relaxation or socializing by mankind has been reported throughout history in most civilizations. The social approval to alcohol use has varied from strong disapproval to being actively encouraged. Another definition for binge drinking is simply drinking to get drunk. Binge drinking turns into alcohol abuse when someone's drinking begins to cause problems and the drinking continues anyway. Alcohol abuse is when someone continues to drink in spite of continued social, interpersonal or legal difficulties. Prevalence of Alcoholism in India is nearly 62.5 million people in India drink alcohol with the per capita consumption being around four litres per adult per year. **Aim:** To study the prevalence of alcohol dependence and co-morbidity in out-patient settings. **Materials and Methods:** Present study was conducted to assess the prevalence of co-morbidity among 50 (Fifty) alcohol dependent patients who attended Out-Patient de-addiction unit of Psychiatry Department of Muzaffarnagar medical college, Muzaffarnagar between December 2020 to December 2022. **Results:** After screening for alcohol dependence psychopathology was observed among patients under study. Patients were diagnosed for anxiety, depression, psychosis, schizophrenia and sexual dysfunctions. The literature indicates a high prevalence of anxiety symptoms among alcohol-dependent individuals. Some clinicians and researchers have taken these data to indicate that anxiety and alcohol use disorders might be genetically linked. **Conclusion:** Results indicated high prevalence rate in late adolescents and earlier adulthood. Dependency was more prevalent in Hindu's subjects than in Muslims. More dependency was observed in those who have few years of education i.e., from High school to secondary school than those who were either illiterate or highly qualified Unskilled to Semi-skilled workers were having more dependency than those who were either unemployed or highly skilled.

KEYWORDS

Alcohol, Binge drinking, Consolidation, Prevalence, Anxiety, Depression, psychosis, schizophrenia, sexual dysfunctions.

INTRODUCTION

The use of alcohol for the purpose of relaxation or socializing by mankind has been reported throughout history in most civilizations. The social approval to alcohol use has varied from strong disapproval to being actively encouraged. But because alcohol is such a common, popular element in many activities, it can be hard to see when drinking has crossed the line from moderate or social use to problem drinking. The recognition of alcoholism as a disease occurred during the early 1950 by the World Health Organization (WHO). Jelinek's [1] description of “disease concept of alcoholism” and the subtypes of alcoholism generated a lot of interest. It proved to be stimulus for systematic descriptions of alcohol related problems. The first description of “Alcohol Dependence Syndrome” in 1976 by Edward and Gross [2] emphasized inability to control consumption, salience of drink seeking behavior, and narrowing of drinking repertoire as the characteristics besides the phenomena of tolerance and withdrawal. Alcohol problems occur at different levels of severity, from mild and annoying to life-threatening. Although alcohol dependence (alcoholism) is the most severe stage, less severe drinking problems can also be dangerous. Officially, binge drinking means having five or more drinks in one session for men and four or more for women. [3] Another definition for binge drinking is simply drinking to get drunk. Binge drinking turns into alcohol abuse when someone's drinking begins to cause problems and the drinking continues anyway. Alcohol abuse is when someone continues to drink in spite of continued social, interpersonal or legal difficulties.Prevalence of Alcoholism in India is nearly 62.5 million people in India drink alcohol with the per capita consumption being around four litres per adult per year.

AIM AND OBJECTIVE

1. To study the prevalence of alcohol dependence in out-patient settings.
2. To study the prevalence of psychiatric co-morbidity in alcohol dependent subjects.

Review of literature

Co-morbidity Studies In Alcohol Dependence

The first study of psychiatric co-morbidity in alcohol dependence was carried out in 1974 by Tyndel [4]. He found that all the 100 patients studied could be assigned other psychiatric diagnoses neurotic (58%), psychotic (6%), personality disorder (36%), affective psychosis (4.2%), schizophrenia (1.31%) and paranoid disorder (0.5%) according to DSM-II.

Specific Psychiatric Co-morbidity in Alcohol Dependence

Schizophrenia

Prevalence rates for concurrent schizophrenia and substance abuse cited in literature ranges from 2-9% depending on study sample i.e. inpatient, outpatient, chronic state hospital patient.

According to the Epidemiological catchment Area study [5], the lifetime prevalence of schizophrenia among alcoholics was 3.8% that is a three to four fold rise compared to the general population. Conversely, a lifetime prevalence of alcoholism for schizophrenia in the same study was found to be a remarkable 33.7%, again a threefold increase as compared to 13.5% in the general population.

Alcohol Dependence & Sexual Dysfunctions

Lemere and Smith [10] reported that 8% of 17,000 patients treated for alcoholism had impotence. The reported prevalence of lack of sexual desire ranges from 31% to 58% of subjects using alcohol long-term [6-7]

Whalley (6) reported that 54% of hospitalized alcoholic men and 24% of healthy controls had erectile impotence. Jensen (R) reported that 63% of married alcoholic men and 10% of controls had sexual dysfunctions, especially lack of sexual desire.. Vijayasenan,[8] found that of 97 male inpatients admitted forthe treatment of alcoholism, 71% suffered from sexual dysfunction for a period of more than 12 months prior to admission to a hospital. The disturbances noted were diminished sexual desire (58%), ejaculatory incompetence (22%), erectile impotence (16%) and premature ejaculation (4%). Virtually all aspects of the human sexual response are affected by alcohol especially sexual desire and erection.

Schiavi et al.[9] failed to find any difference in sexual dysfunction in alcoholics abstinent for 2-3 months in comparison with a nonalcoholic control group, speculating that alcohol-induced Alcoholic men have reported impotence and diminished heterosexual desire and activity.

Rubin and Henson [10] have concluded that an individual whose threshold for penile erection and/or ejaculation has been raised by the ingestion of alcohol may consider this depressant effect to be an enhancement of sexual abilities because it increases the time available for sexual stimulation of his partner which could well increase the probability of her being brought to orgasm.

MATERIALS & METHODS

Study Population And Design

Present study was conducted to assess the prevalence of co-morbidity among 50 (Fifty) alcohol dependent patients who attended Out-Patient de-addiction unit of Psychiatry Department of Muzaffarnagar medical college, Muzaffarnagar between December 2020 to December 2022.

Inclusion Criteria

1. Male Patient whose diagnose was confirmed as Alcohol Dependent as per diagnostic guidelines of WHO International Classification of Mental and Behavioral Disorder (ICD-10).
2. The age of patient between 18-60 Years.
3. Patient was willing to participate in this study and was able to give informed consent.

Exclusion Criteria

1. No female Patient was included in this study.
2. Patient having history of Hepatic failure.
3. Patient having history of dementia due to any other cause.
4. Patients having history of Head Injury/ Head trauma.
5. Patient with other substance abuse/ dependence except alcohol.

Protocol For Study

Patient who attended de-addiction OPD unit of psychiatry department was first taken up for case history. Detailed case history including demographic profile of the patient, history and duration of alcohol intake, physical, clinical and laboratory examination (if necessary) and mental state examination was carried out. After completion of this process case was taken up to consultants of psychiatry department where diagnose for Alcohol Dependent was made as per ICD guidelines.

These cases were followed up for study. Cases were shortlisted from OPD record and patient was contacted over phone/ personally and asked for their willingness to participate in study. Objective of the study was briefly communicated to patient and written informed consent was obtained. Only baseline data was collected and analyzed through following psychometric tool.

OBSERVATION& RESULT

Table I Shows Age Wise Distribution Of Alcohol Dependence

Age (In Years)	No. of Cases	%
18-30	19	38
31-40	16	32
41-50	13	26
50 and above	02	4
Total No. of Cases = 50	Mean age 35.52	

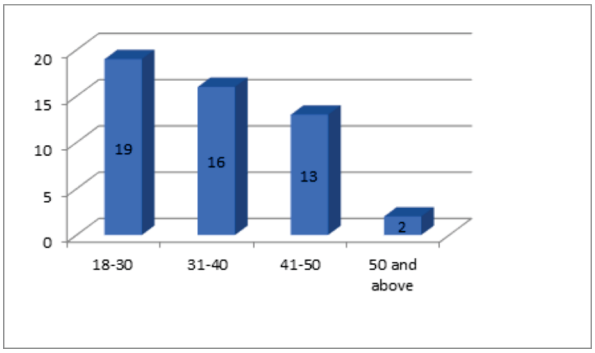

Figure 1: Shows Age Wise Distribution Of Cases

Table I shows age wise distribution of number of cases. Out of total 50 cases 19 (38%) were between 18 to 30 years of age which constituted highest portion of the study. 16 (32%)cases were between the age group 31-40 constituted second largest group. 13 (26%) cases were between the age 41-50 and 2 (4%) cases were between the age group 50 and above. The above data revealed that alcohol dependence occurred mostly during earlier adulthood to later adulthood age. The mean age of the sample was calculated as 35.52.

Table: Co-morbidity Of Psychiatric Disorder And Alcohol Dependence (As Per ICD-10)

S. No.	Diagnosis	No. of cases (Out of 50)	Percentage
1.	Anxiety	28	56
2.	Major Depression	29	58
3.	Psychosis	12	24
4.	Schizophrenia	1	2
5.	Sexual Dysfunction (one or more)	17	34

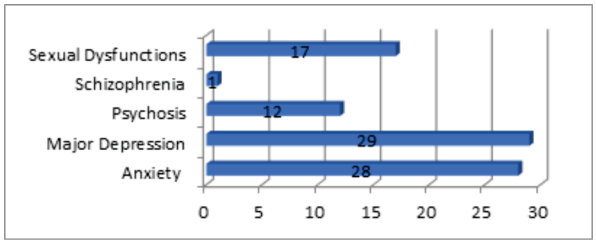

Figure 23: Co Morbidity Of Psychiatric Disorder In Alcohol Dependence Patients

Table XXIII shows the co-morbidity of diagnosable psychiatric disorders and alcohol dependence among subjects in our study. The final diagnosis was made who met full criteria as mentioned in ICD-10. Our results shows that 28 (56%) subjects met criteria for anxiety disorder (Mild to Severe) and 29(58%) were having major depression as comorbid condition. Psychotic symptoms were found in 7 (14%) cases and one (2%) subject met the criteria for schizophrenia (paranoid type). Sexual dysfunctions (ED, PME, Sexual desire disorder, orgasmic disorder and sexual aversion disorder) were also prevalent among alcohol dependents. 17 (34%) of subjects reported one or other sexual dysfunction in our sample. Erectile dysfunction was the chief complaint followed by lack of desire and PME.

Prevalence Of Psychiatric Co-morbidity

After screening for alcohol dependence psychopathology was observed among patients under study. Patients were diagnosed for anxiety, depression, psychosis, schizophrenia and sexual dysfunctions.The literature indicates a high prevalence of anxiety symptoms among alcohol-dependent individuals. Some clinicians and researchers have taken these data to indicate that anxiety and alcohol use disorders might be genetically linked. Others have concluded that many individuals with major anxiety disorders might be attempting to medicate their symptomswith alcohol. In several studies 80% of alcohol-dependent men admitted to ever having repetitive panic attacks in the course of withdrawal from alcohol, and 50%–67% of the alcohol dependent men had high scores on state anxiety measures, with symptoms that resembled generalized anxiety disorder and social phobia . If seen only in the context of withdrawal, these and other symptoms are likely to disappear with time. Since, when phobic, panic-like, or other anxiety disorder are mostly associated with initial stage of withdrawal, if it persist for long time in absence of treatment or its spontaneous remission will have to manifest as a psychiatric complication of after use. The finding of psychiatric co morbidity in case of current use or abstinence are also been noted in our study, it is difficult to determine from a cross-sectional evaluation whether the individual has a major anxiety disorder, with the implied lifelong course of anxiety symptoms, or whether these symptoms are likely to disappear with time.

CONCLUSION

1. This is a cross sectional study of out-patients who attended de-addiction clinic of psychiatry between. All subjects were firstly screened for Alcohol Dependence as per the guidelines of ICD-10, then for psychiatric morbidity using various standard tools of assessment including demographical data of the subjects. Results indicated high prevalence rate in late adolescents and earlier adulthood. Dependency was more prevalent in Hindu's subjects than in Muslims.
2. More dependency was observed in those who have few years of education i.e from High school to secondary school than those who were either illiterate or highly qualified.
3. Unskilled to Semi-skilled workers were having more dependency

than those who were either unemployed or highly skilled. Thus middle income group and daily workers consumed more alcohol than those who fall into low income group or very high income group. Problem of alcohol disorder was mostly found in those subjects who came from rural background whereas fewer cases were reported from urban areas. Joint family suffered less dependency than those who belonged to single or nuclear family. High prevalence rate was observed in upper lower to middle class than in higher or very low middle social economic class.

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