



ORIGINAL RESEARCH PAPER

Psychiatry

PSYCHIATRIC CO-MORBIDITY IN MALE PATIENTS OF ALCOHOL DEPENDENCE SYNDROME

KEY WORDS: Posttraumatic stress disorder, Neurotoxic.

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ABSTRACT

OBJECTIVE : Psychiatric Co-morbidity in male patients of alcohol dependence syndrome .

MATERIAL AND METHOD : The study was a hospital based cross-sectional observational study. A total of 100 male patients of Alcohol Dependence Syndrome, who fulfilled the inclusion and exclusion criteria, were recruited in this study. The subjects were recruited for the study by purposive sampling technique.

RESULT: We included only male patients of alcohol dependence in our study. This can stop us to generalize the finding across both genders. But this was done purposefully because of two reasons. The first reason was the known issue of increased sensitivity of the central nervous system to neurotoxic effects of alcohol in women as compared to men as well as differences in occurrence of some psychiatric conditions like depression , posttraumatic stress disorder , and other affective or anxiety disorders between two genders. Secondly it was assumed to get negligible sample of female patients of alcohol dependence syndrome in this region because alcohol consumption by women is generally unacceptable here and they may not avail of treatment openly in a general hospital setting. Further it has been known that men consume alcohol more than women as well as alcohol-related diagnoses are about two to three times higher in men than women.

INTRODUCTION

Alcohol as a psychoactive substance has been known to be consumed by mankind all over the world since times immemorial for its definite pleasurable effect. At the same time, a prolonged and excessive abuse of it has also been blamed to be associated with various health consequences. Currently, Alcohol use disorders (AUDs) are among the most prevalent mental disorders worldwide. ^{[1] -[2]} Alcohol use disorders are highly disabling ^{[3]-[4]} and associated with many physical and psychiatric co-morbidities; ^{[5]-[6]} they also contribute substantially to global morbidity and mortality. Various studies have also reported that alcohol dependence with various co morbid psychiatric disorders can mean poor prognosis in patients. Patients suffering from untreated psychiatric disorders may also start taking alcohol due to disorder induced behaviour changes or as a self-medicating substance. Even after alcohol de addiction, psychiatric morbidity, if left untreated increases risk of relapse in alcohol dependent subjects. The existence of these disorders seems to influence the pattern and severity of drinking thereby adversely affecting the prognosis and treatment outcomes.

AIM

To assess the magnitude of co morbid psychiatric disorder in alcohol dependence syndrome.

OBJECTIVES

1. To assess the distribution of socio-demographic and clinical details of male patients of Alcohol Dependence Syndrome.
2. To assess the distribution of other psychiatric disorders in such patients.
3. To compare these patients in terms of their socio-demographic and clinical details after dividing them in two groups based on presence or absence of psychiatric comorbidity.

MATERIAL AND METHOD

The study was conducted at the department of Psychiatry ,Balrampur District Hospital Lucknow in January 2019 to January 2020 . The Catchment areas of this institute are most parts of eastern Uttar Pradesh .

STUDY DESIGN

The study was a hospital based cross-sectional observational study.

Sample

A total of 100 male patients of Alcohol Dependence Syndrome, who fulfilled the inclusion and exclusion criteria, were recruited in this study.

INCLUSION CRITERIA:

- Age: 18-45 years
- Sex: Male

Diagnosed cases of Alcohol Dependence Syndrome, Currently Abstinent (As per ICD-10)

EXCLUSION CRITERIA:

- Patients of Harmful Use of Alcohol
- Patients of Alcohol Dependence Syndrome who were either in Acute Intoxication or in Withdrawal or in Alcohol Induced Psychotic States
- Patients who were physically unfit to participate in the study
- Patients with diagnoses of Psychoactive Substance Dependence other than Alcohol

Patients who did not give informed consent

Tools for Assessment:

- Socio-demographic and Clinical data sheet [Self Prepared]
- Mini International Neuropsychiatric Interview-Plus version (M.I.N.I.-Plus)
- International Personality Disorder Questionnaire (IPDE)
- Severity of Alcohol Dependence Questionnaire (SADQ)

Procedure for Data Collection:

Patients from outpatient department of Psychiatry at Balrampur district hospital Lucknow, were included in the study. Such patients came on their own with family members or were referred from other departments for further psychiatric evaluation. After screening, as per inclusion and exclusion criteria, diagnosis was made as per ICD -10 Diagnostic criteria for research. Socio-demographic data were gathered after taking informed consent. SADQ was applied to patients to assess the severity of alcohol dependence. They were assessed in details for presence or absence of other co-morbid psychiatric disorders with the help of M.I.N.I.-Plus. Presence of personality disorders were ascertained with the help of IPDE.

STATISTICAL ANALYSIS:

Analysis was done using IBM Statistical Package for Social Science (SPSS) version 21.00 for Window 8.1.

The comparison between groups (based on presence or absence of psychiatric morbidity) was done using Chi-square (χ^2) test with Fisher's exact test (where applicable) for categorical variables. For normally distributed continuous variables (like age) Independent t Test was applied while Mann-Whitney U test was used to compare those continuous variables (like age of onset of alcohol, duration of alcohol dependence, total score on SADQ etc.) which were not normally distributed.

TABLE 1 : Sociodemographic variables

| Socio-demographic Variables | | Male patient of ADS (N=100) Mean \pm SD |
|--|--|--|
| Age in years (Minimum=23, Maximum=62) | | 39.46 \pm 8.57 |
| | | n (%) |
| Religion | Hindu | 77(77%) |
| | Muslim | 17(17%) |
| | Sikh | 6(6%) |
| Marital Status | Single | 24(24%) |
| | Married | 62(62%) |
| | Separated | 5(5%) |
| | Divorced | 9(9%) |
| Education | Illiterate | 8(8%) |
| | 1 st -10 th Std. | 53(53%) |
| | Pre-University | 18(18%) |
| | Graduate | 15(15%) |
| | Postgraduate or above | 6(6%) |
| Occupation | Unemployed | 10(10%) |
| | Unskilled Employment | 52(52%) |
| | Skilled Employment | 38(38%) |
| Residence | Rural | 27(27%) |
| | Semi Urban | 29(29%) |
| | Urban | 44(44%) |
| State | Uttar Pradesh | 88(88%) |
| | Uttarakhand | 12(12%) |
| Socio-economic Status | Low | 20(20%) |
| | Middle | 71(71%) |
| | High | 9(9%) |
| Family type | Nuclear | 64(64%) |
| | Joint | 36(36%) |

Table 2: Clinical details of Male Patients of Alcohol Dependence Syndrome (ADS; N=100)

| Clinical Variables | Male Patients of ADS (N=100) Mean \pm SD | |
|--|---|---------|
| Age of onset of alcohol intake (in years) | 22.58 \pm 4.81 | |
| Total duration of alcohol intake (in years) | 16.46 \pm 8.05 | |
| Duration of alcohol dependence (in years) | 10.74 \pm 5.96 | |
| Interval between last alcohol intake and clinical Assessment (in days) | 24.87 \pm 6.14 | |
| | n% | |
| Frequency of attempts to abstain from alcohol | Not At All | 26(26%) |
| | At least Once | 25(25%) |
| | Twice Or More | 49(49%) |
| Maximum duration of abstinence | Nil | 26(26%) |
| | Less Than 12 Months | 51(51%) |
| | More Than 12 Months | 23(23%) |

| | | |
|---|-----------|---------|
| Previous withdrawal treatment | Yes | 48(48%) |
| | No | 52(52%) |
| Past medical history | Absent | 82(82%) |
| | Present | 18(18%) |
| Occasional use of other substances | Absent | 38(38%) |
| | Present | 62(62%) |
| Severity of alcohol dependence syndrome | Mild | 13(13%) |
| | Moderate | 77(77%) |
| | Severe | 10(10%) |
| Source of alcohol of Introduction | Friend | 76(76%) |
| | Seller | 24(24%) |
| Reason of first use of Alcohol | Curiosity | 57(57%) |
| | Fun | 43(43%) |
| Psychiatric Comorbidity | Present | 64(64%) |
| | Absent | 36(36%) |

Table 3: Overall Distribution of Psychiatric Comorbidity in Male Patients of Alcohol Dependence Syndrome (ADS; N=100)

| Co-morbid Psychiatric Disorders | Male Patients of ADS (N=100) n (%) |
|---|---------------------------------------|
| Any co-morbid psychiatric disorder on M.I.N.I.-Plus and/or IPDE | 64% |
| Any co-morbid psychiatric diagnosis on M.I.N.I.-Plus only | 49% |
| • Any psychiatric disorder (current) | 35% |
| • Any psychiatric disorder (life time) | 14% |
| Any co-morbid personality disorder on IPDE only | 43% |

Table 4: Distribution of Psychiatric Comorbidity in Male Patients of Alcohol Dependence Syndrome (ADS; N=100) on M.I.N.I.-Plus Only

| Psychiatric Comorbidity on MINI-Plus | Male Patients of ADS (N=100) n (%) |
|--|---------------------------------------|
| Mood disorder | 24% |
| 1. Mood disorder (current) | 16% |
| • Major depressive episode (current) | 6% |
| • Major depressive episode with melancholia (current) | 4% |
| • Suicidality (current) | 4% |
| • Dysthymia (current) | 2% |
| 2. Mood disorder (life time) | 8% |
| • Recurrent Major depressive episode (life time) | 5% |
| • Dysthymia (life time) | 3% |
| Anxiety disorder (current) | 14% |
| 3. Panic disorder (current) | 6% |
| 4. Social Anxiety disorder (current) | 3% |
| 5. Generalized Anxiety disorder (current) | 2% |
| 6. Obsessive compulsive disorder (current) | 1% |
| 7. Mixed Anxiety and Depressive disorder (current) | 2% |
| Adjustment disorder (current) | 3% |
| Psychotic disorder | 6% |
| 8. Psychotic disorder (current) | 2% |
| • Schizophrenia (current) | 1% |
| • Bipolar 1 disorder with psychotic symptoms (current) | 1% |
| 9. Psychotic disorder (life time) | 4% |
| • Schizophrenia | 1% |

| | |
|--|----|
| • Delusion disorder | 1% |
| • Psychosis NOS | 1% |
| • Bipolar 1 disorder with psychotic symptoms | 1% |
| Somatiform somatization disorder (life time) | 2% |

Table 5: Comparison of Clinical Details of Male Patients of Alcohol Dependence Syndrome (ADS) with and without Psychiatric Comorbidity

| Clinical variables | Male patients of ADS with psychiatric comorbidity (N = 64) Mean ± SD | Male patients of ADS without psychiatric Comorbidity (N = 36) Mean ± SD | Mann Whitney U | p value |
|--|--|---|----------------|---------|
| Age of onset of alcohol intake (in years) | 22.23 ±4.79 | 23.19±4.86 | 1023.500 | .335 |
| Total duration of alcohol intake (in years) | 18.46 ±8.37 | 12.88±6.06 | 700.500 | .001** |
| Maximum duration of Abstinence (in months) | 5.40 ±6.33 | 5.77 ±6.49 | 1110.00 | .760 |
| Duration of alcohol dependence (in years) | 12.21 ±6.04 | 8.11 ±4.85 | 702.50 | .001** |
| Interval between last intake and clinical assessment (in days) | 25.97±5.80 | 22.92±6.32 | 870.50 | .043* |
| Total score on SADQ | 24.51±6.21 | 22.66±6.76 | 991.50 | .248 |

DISCUSSION

The current study was a cross-sectional, hospital-based observational study with the aim to assess the magnitude of co morbid psychiatric disorder in alcohol dependence syndrome.

- Overall it was found that a comorbidity of other psychiatric disorders including personality disorders was present in 64% of all male patients of alcohol dependence syndrome. 47% of the patients had one or more co-morbid psychiatric diagnoses on MINI-Plus. On MINI-Plus, there were two kinds of psychiatric diagnoses-current and lifetime. Out of 100 patients 35 (35%) had a current diagnosis while 14 (14%) had a lifetime diagnosis on M.I.N.I.-Plus.
- The frequency of co-occurrence of different types of psychiatric disorders was as follows: Mood disorder 24%, Anxiety disorder 14%, Adjustment disorder 3%, Psychotic disorder 6%, and Somatoform disorder 2%.
- In mood disorders, Depression was the principal diagnosis (15% of all patients) while Suicidality and Dysthymia were other less frequent mood diagnoses.
- In anxiety disorders, Panic disorder was the main diagnosis (6% of all patients) while other disorders like Social Anxiety disorder/Social phobia, Generalized anxiety disorder, Obsessive compulsive disorder and Mixed anxiety and depressive disorder were present in negligible number of patients.
- In psychotic disorders Schizophrenia and Bipolar 1 disorder with psychotic symptoms were present in 2% of all patients while Delusional disorder and Psychosis NOS were present in 1% of all patients.

CONCLUSION

We utilized two comprehensive assessment tools as MINI-Plus and IPDE to assess different psychiatric comorbidities in a sample of 100 male patients of alcohol dependence syndrome. Application of MINI-Plus helped to rule out substance induced conditions and to view diagnoses across time frame i.e. current or lifetime. We included only patients of alcohol dependence syndrome who were not in either intoxication or withdrawal state and we even excluded those with diagnosis of alcohol abuse/harmful use. These approaches helped us to define our sample and to have better insight about psychiatric comorbidity in a homogenous group of patients of alcohol dependence.

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