INTERNATIONAL JOURNAL OF CURRENT RESEARCH IN BIOLOGY AND MEDICINE
ISSN: 2455-944X
www.darshanpublishers.com
DOI:10.22192/ijcrbm Volume 3, Issue 5 - 2018

Original Research Article

DOI: http://dx.doi.org/10.22192/ijcrbm.2018.03.05.014

Study of Drug dependence with associated Comorbid Psychiatric Disorder

Dr. Nirdosh Goel M.D.
Assistant Professor, Department of Psychiatry, Government Medical College, Amritsar.
Dr. Daisy Gupta. M.B.B.S. ,D.G.O.,M.D.*
Assistant Professor, Department of Radiodiagnosis, Government Medical College, Amritsar
Dr Ashish Gupta.
Senior Resident. Department of Opthalmology, Government Medical College, Amritsar
Dr. Ramesh Chander,
Professor and Head, Department of Radiodiagnosis, Government Medical College, Amritsar
Dr N. S. Neki
Professor and Head, Department of Medicine, Government Medical College, Amritsar
*Correspondence to: **Dr. Daisy Gupta.** M.B.B.S., D.G.O. , M.D. Radiodiagnosis, Assistant Professor, Department of Radiodiagnosis, Government Medical College Amritsar - 143001.
E-mail: *daisygupta23@gmail.com*

Abstract

Objectives: The purpose of this study was to find out comorbidity of mental and psychiatric disorders among a random sample of alcohol and drug dependence patients.
Setting: Outdoor patients visiting Model Drug Deaddiction Centre, Jallandhar.
Design: Observational study**.**
Material and methods: Comprehensive data was collected from outdoor patients visiting Model Drug Deaddiction Centre, Jallandhar during September and October of 2017. The patients were assessed using DAMS() and MINI ()Scale .Their sociodemographic data was also registered.
Results: The major comorbid psychiatric disorders associated with alcohol and drug abuse were depressive disorders, MDD, major depressive disorder bipolar disorder and dysthymia.
Conclusions: The study concluded that majority of substance dependent patients suffered from comorbid psychiatric disorders. Comorbidity needs to be taken into account when analyzing the relationship between substance dependence and in planning treatment strategies for comorbid conditions.

Keywords: Drug, comorbidity of mental and psychiatric disorders, sociodemographic data.

Introduction

Addiction is a brain disorder charecterised by compulsive engagement in rewarding stimuli despite adverse consequences . Despite involvement of a number of psychosocial factors, a biological process – one which is induced by repeated exposure to an addictive stimulus – is the core pathology that drives the development and maintenance of an addiction. Drug dependence is an adaptive state associated with a withdrawal syndrome on cessation of exposure to stimulus i.e. drug intake.

When two disorders or illnesses occur in the same person, simultaneously or sequentially, they are described as comorbid. Comorbidity also means that the illnesses interact, affecting the course and prognosis of both. In Europe, America and Australia, the presence of psychiatric disorders associated with substance use disorders has become an important issue in drug policy and treatment provision. This is a result of the high prevalence of comorbidity, the complexity of treating it, and its association with poor treatment outcomes for those affected. This research report provides information on the state of the science in the comorbidity of substance use disorders with mental illness and physical health conditions.

Materials and Methods

A total of 220 patients were enrolled from the patients coming to the outpatient department of Model Drug Deaddiction Centre, Jallandhar .during September and October of 2017. The interview was done according to DAMS(Drug Abuse Monitoring System Proforma) and MINI (Mini Interventional Neuropsychiatric Interview) for the study. All patients were under the clinical management of a consultant psychiatrist. Face-to-face interviews were conducted. The socio-demographic including age, sex, marital status, residence, literacy level etc. were taken. Clinical details were recorded.

Inclusion Criteria:

1. Alcohol Dependence and /or Drug Dependence
2. Age between 18-65 years
3. Consent.

Following tools were used:

Socio-demographic pro forma sheet

This self- made questionnaire contained questions on socio- demographic details including age, sex, marital status, residence, literacy level etc. were taken.

DAMS:

MINI:

The Mini-International Neuropsychiatric Interview (M.I.N.I.) is a short structured diagnostic interview, developed jointly by psychiatrists and clinicians in the United States and Europe, for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, it was designed to meet the need for a short but accurate structured psychiatric interview for multicenter clinical trials and epidemiology studies and to be used as a first step in outcome tracking in nonresearch clinical settings. The authors describe the development of the M.I.N.I. and its family of interviews: the M.I.N.I.-Screen, the M.I.N.I.-Plus, and the M.I.N.I.-Kid. They report on validation of the M.I.N.I. in relation to the Structured Clinical Interview for DSM-III-R, Patient Version, the Composite International Diagnostic Interview, and expert professional opinion, and they comment on potential applications for this interview.[1]

Results

Table1. Sex distribution

Sex distribution	
Male	218
Female	2

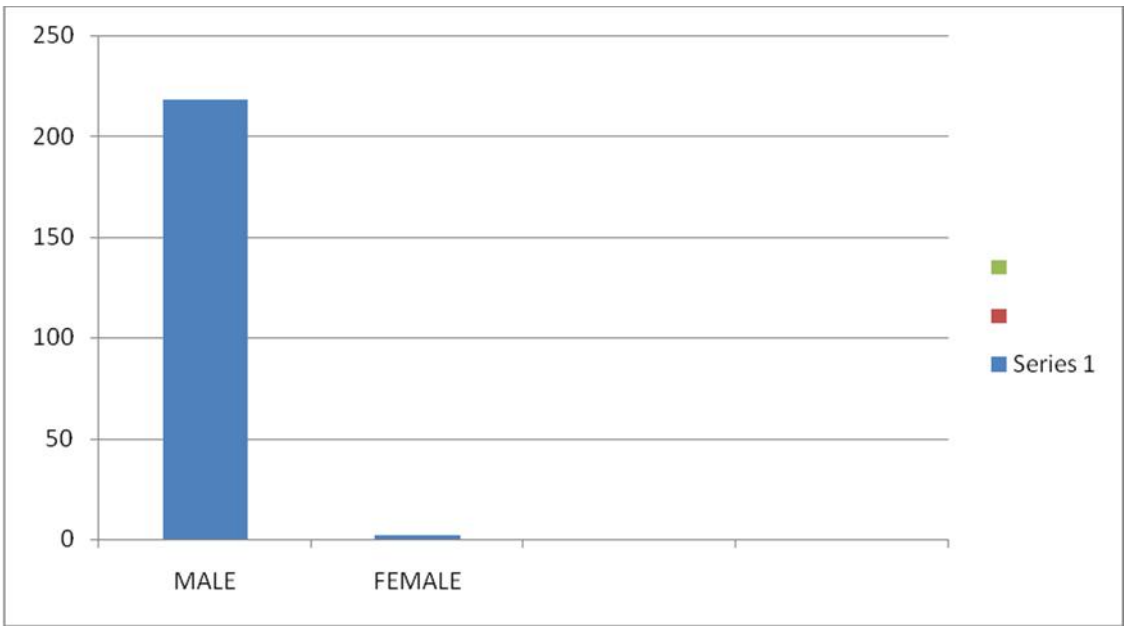


Table 2. Marital status

Married			Unmarried
Together	Divorced	Separate	96
117	5	2	

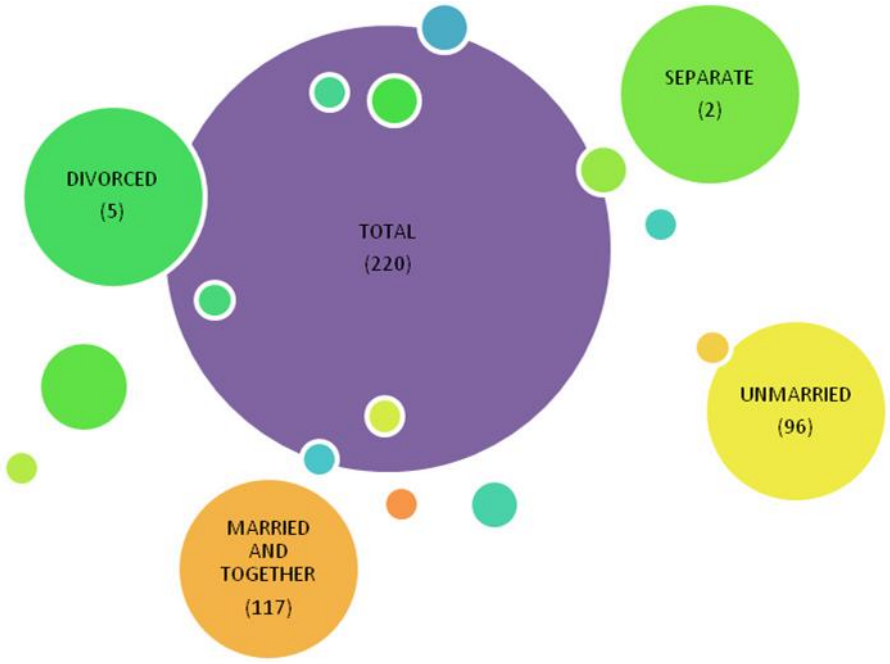


Table 3. Residence: Rural 77 Urban 143

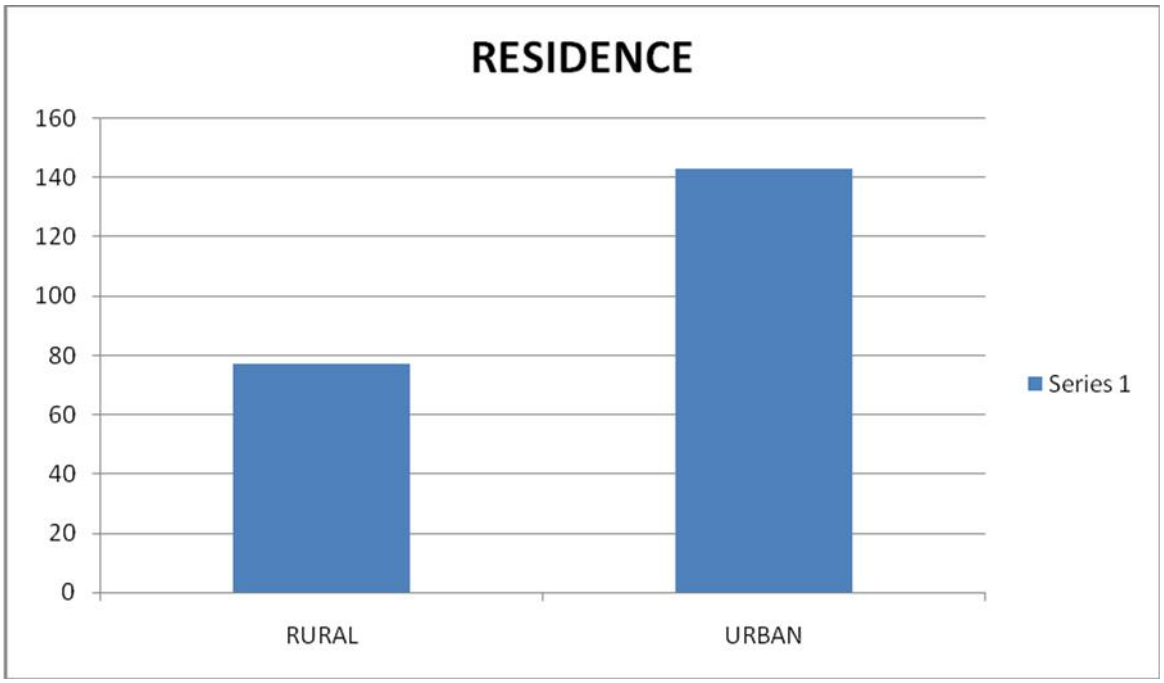


Table 4. Literacy level.

Below and matriculation	Senior secondary +2	Above +2
103	92	25

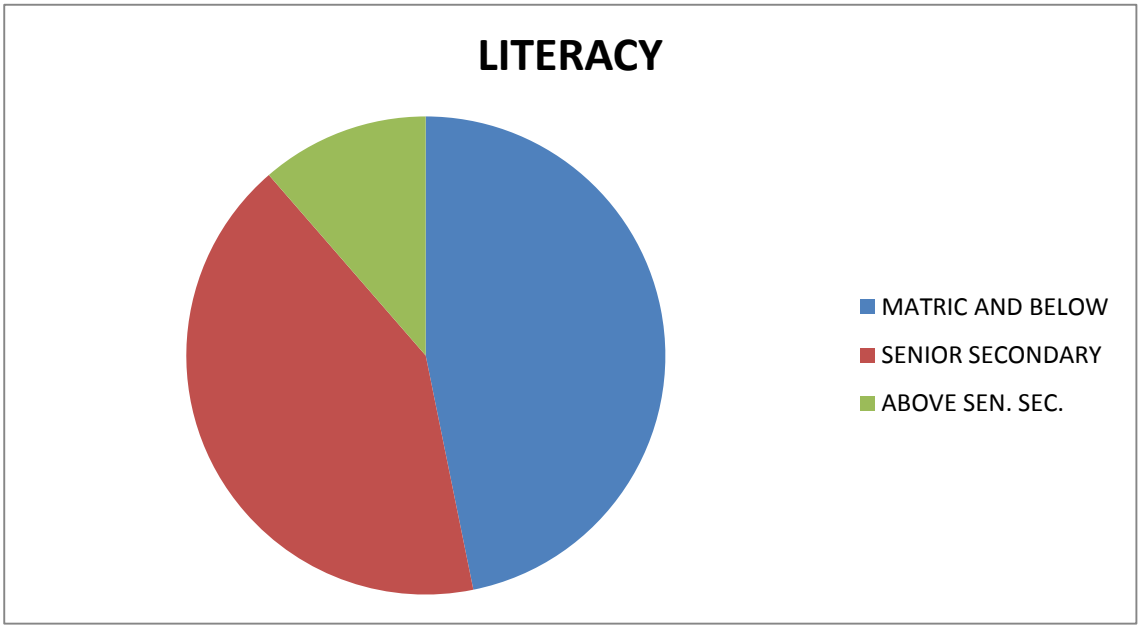


Table 5. DAMS

Substance dependence	No. of patients
Opoids	28
Opoids and tobacco	13
Opoids and cannabis	9
Opoids and sedatives	13
Nicotine and tobacco	7
Alcohol	17
Alcohol and tobacco	14
Sedative/hypnotics	3
Cannabis	9
Polysubstance	107
Total	220

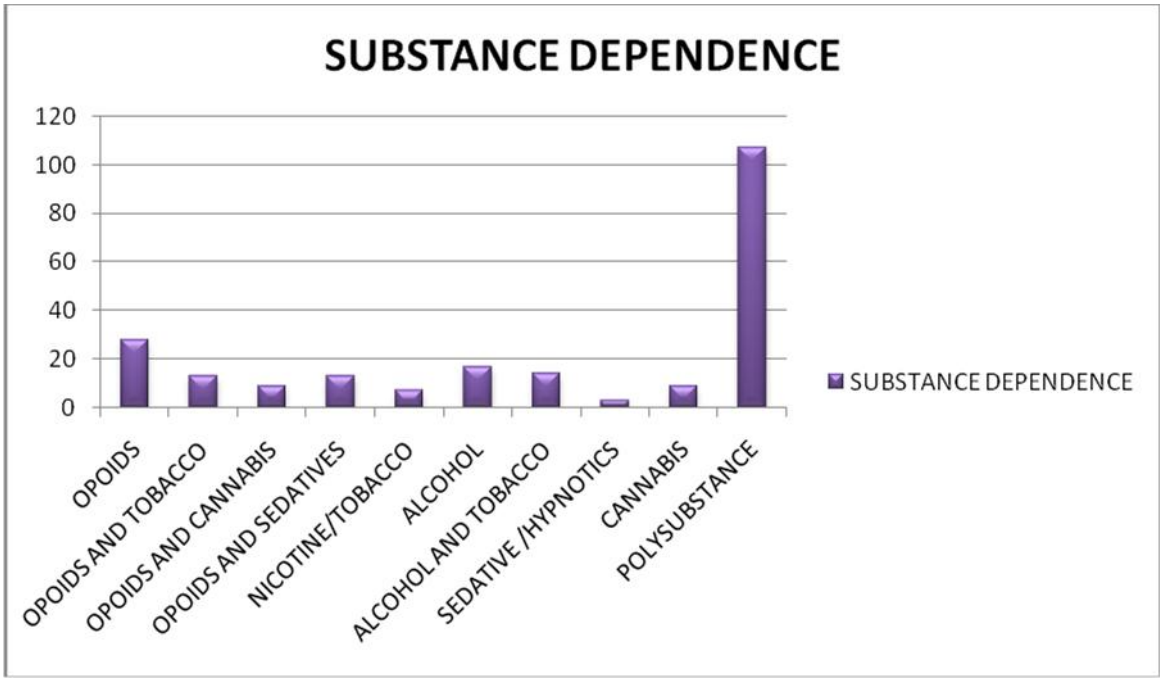
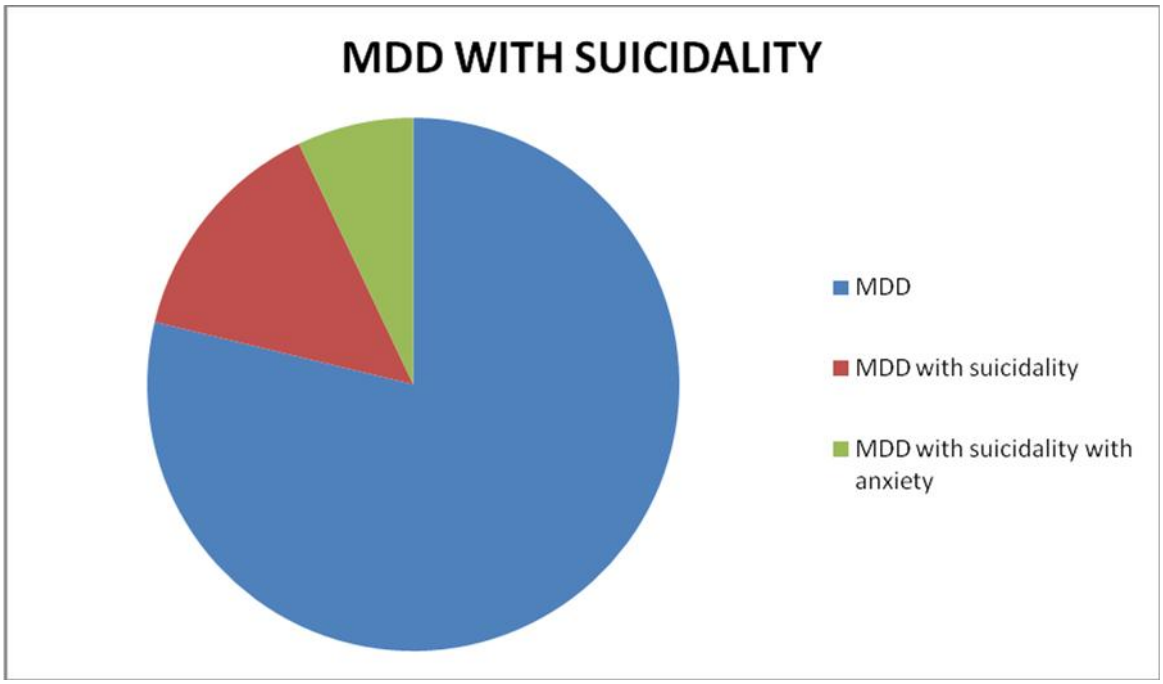


Table 6. MINI (Mini International Neuropsychiatric Interview)

Psychiatric disorder	No. of patients
Major Depressive Disorder	89
Mania/ Manic Episode	12
Major depressive disorder with Suicidality	16
Antisocial Personality Disorder	48
Major Depressive Disorder with Suicidality with Antisocial Personality	8
Anxiety Disorders	6
Obsessive Compulsive Disorder	1
Psychotic Disorder	4
Epilepsy	2
Total	220

The most common disorders in our study were depressive disorders accounting for 40.45% of patients. Personality disorders were found in 21.81% . Bipolar disorders were comorbidly associated in 5.45% of patients. Schizophrenia accounted for 4 patients (1.81%), while OCD (obsessive compulsive disorder) was seen in only one patient . Anxiety was comorbid in 6(2.73%) patients. 2 patients had epilepsy.

Suicidal tendencies and ideation was associated with major depressive disorder in 16 patients while anxiety was coexistent with suicidality and MDD in 8 patients.



Conclusion

The majority of substance dependence patients suffered from comorbid psychiatric disorders. Comorbidity needs to be taken into account when analysing the relationship between substance dependence and in planning treatment strategies for comorbid conditions.

The coexistence of both a mental illness and a substance use condition is referred to as a co-occurring disorder. Co-occurring disorders may include any combination of two or more substance use disorders and mental disorders[2]

Two of the largest population-based mental health surveys in the USA found that up to 37% and 53% of the respondents with alcohol use disorder and drug use disorders, respectively, had at least one comorbid psychiatric disorder.

- Also, a comorbid substance use disorder was observed in:

  - 24% of individuals with anxiety disorder.
  - 32% of individuals
  - with mood disorder.
  - 47% of individuals with schizophrenia.[3]

Substance abuse and mental disorder maintain each other. For example, an individual with an anxiety disorder may resort to alcohol use to handle the distressing anxiety. The regular and excessive use of alcohol can subsequently progress to abuse and even dependence. In such a situation the individual will experience more anxiety features during the phases of withdrawal which will lead to reuse of alcohol.[4,5]

Although the impact of co-occurring psychiatric disorders remains controversial, it is reasonably clear that alcohol-dependent individuals who meet the diagnostic criteria for one or more comorbid psychiatric disorders differ from those without comorbidity in many clinically relevant ways.

Among alcohol-abusing and alcohol-dependent patients, prevalence rates for psychiatric comorbidity of between 57% and 84% have been reported. Mood disorders occurring comorbidly with alcohol dependence have been reported frequently[6]Mood disorders occurring comorbidly with alcohol dependence have been reported frequently[7]. Many individuals with substance use disorders also meet criteria for major depression[8]. Personality disorders especially antisocial personality disorders are consistently associated with a worse long term substance outcome. [6]

The best treatment for co-occurring disorders is an integrated approach where both the substance abuse and mental disorders are treated simultaneously . Whether substance abuse comes first or the mental disorder, recovery depends on treating both disorders completely and simultaneously.

References

1. Sheehan D.V., Lecrubier Y. ,Sheehan K. H. ,Amorim P., Janavas J. Weiller E et al. The Mini-International Neuropsychiatric Interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10 .Journal of clinical psychiatry 1998;59(suppl 20);22-23
2. *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5)12.
3. Comorbid Drug Abuse and Mental Illness- A Research Update from the National Institute on Drug Abuse. National Institutes of Health, U.S. Department of Health and Human Services 2007
4. Robinson J, Sareen J, Cox BJ, Bolton JM. Role of self-medication in the development of comorbid anxiety and substance use disorders: a longitudinal investigation. Arch Gen Psychiatry. 2011 Aug;68(8):800-7.
5. Weaver T1, Madden P, Charles V, Stimson G, Renton A, Tyrer P, Barnes T, Bench C, Middleton H, Wright N, Paterson S, Shanahan W, Seivewright N, Ford C; Comorbidity of Substance Misuse and Mental Illness in community mental health and substance misuse services. . Br J Psychiatry. 2003 Oct;183:304-13.
6. K. Shantna, S. Chaudhury,1 A. N. Verma, and A. R. Singh Comorbid psychiatric disorders in substance dependence patients: A control study. Ind Psychiatry J. 2009 Jul-Dec; 18(2): 84–87
7. Bowden-Jones O[1], Iqbal MZ, Tyrer P, Seivewright N, Cooper S, Judd A, Weaver T. Prevalence of personality disorder in alcohol and drug services and associated comorbidity. Addiction. 2004 Oct;99(10):1306-14.
8. Davis L. UzeatoA, Newell JM, Frazier E. Major depression and comorbid substance use disorders. Current opin Psychiatry. 2008 Jan;21(1):14.

Access this Article in Online	
	Website: www.darshanpublishers.com
Quick Response Code	Subject: Medical Sciences

How to cite this article:
Nirdosh Goel, Daisy Gupta, Ashish Gupta, Ramesh Chander, N. S. Neki. (2018). Study of Drug dependence with associated Comorbid Psychiatric Disorder. Int. J. Curr. Res. Biol. Med. 3(5): 60-66.
DOI: http://dx.doi.org/10.22192/ijcrbm.2018.03.05.014