

Psychiatric Morbidity in Psychoactive Substance Users – A Multicentre Study in Hyderabad

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ABSTRACT

OBJECTIVE: To study the pattern of psychiatric morbidity in psychoactive substance users at Sir Cowasjee Jehangir Institute of Psychiatry and Combined Military Hospital Hyderabad.

SETTING: This descriptive study was done at Sir Cowasjee Jehangir Institute of Psychiatry and Combined Military Hospital Hyderabad simultaneously from 10th Jan 2009 to 10th July 2009

PATIENTS AND METHOD: Total 150 patients presented with history of psychoactive substance use since last 1 year and showing psychiatric morbidity on PSE (urdu version) were selected by non-probability convenient sampling. Patients having psychiatric morbidity before substance use were excluded from the study. Demographic variables were collected on a semi-structured proforma. Psychiatric symptomatology was collected using PSE (urdu version). Diagnosis of psychiatric morbidity was made by using ICD-10 criteria for mental and behavioral disorders due to psychoactive substance use. Proportions of psychiatric morbidity were calculated by SPSS version 10.0.

RESULTS: Out of 150 subjects 72 used cannabis, 38 used Heroin, alcohol intake in 25 cases, Benzodiazepine tablets in 13 cases, Gutka in 2 cases. Poly drug abuse was found in 30 cases abusing alcohol and benzodiazepines. Dependence syndrome (35%) followed by anxiety disorders (22%) acute and transient psychotic episode (39%) was main morbidity in cannabis. Dependence syndrome (46%) followed by antisocial personality disorder (10%) depression (25%) and anxiety disorders (16%) were main morbidity in heroin abuse. Depression (42%) followed by anxiety disorders (30%), dependence syndrome (10%) and antisocial personality disorder (8%) was main morbidity in alcohol abuse. Dependence syndrome (42%) depression (23%) anxiety disorders (20%) dissociative disorder (10%) and deliberate self harm (5%) were psychiatric morbidities in benzodiazepine abuse.

CONCLUSION: This study showed that there is significant psychiatric morbidity associated with various types of psychoactive substance abuse. These morbidities not only pose a diagnostic dilemma but also have importance in management and prognosis of psychoactive substance use.

KEY WORDS: Psychiatric morbidity, dependence syndrome, psychoactive substance, depression, anxiety.

INTRODUCTION

Drug abuse, misuse, addiction are major issues in society because of their enormous personal, social and economic costs. Significant proportions of severe drug abusers are psychiatrically ill. Drug misuse is becoming more frequent in patients with other psychiatric disorders, where it can lead to problems in treatment and poor outcome. Foregoing other reasons, alcoholics will point to anxiety as their reason for drinking.¹ Indeed social anxiety is one of the most common causes of alcoholism in young men.² Depression is particularly likely to lead to excess alcohol intake. Alcohol is also one of the most serious risk factors for suicide. There is increasing use of cannabis and stimulants in patients with schizophrenia. Stimulants can offset some of more negative aspects of neuro-leptic treatment, especially loss of drive and

motivation. The reason for use of psychedelics include search for meaning or mystical experiences, which can precipitate psychotic episodes and may act as the trigger for schizophrenia³. The role of personality is another major issue with some believing in “addictive personality” and other suggesting different personality types might predispose to different aspects or forms of drug misuse.^{4,5} Depression (30%) personality disorder (6%) generalized anxiety disorder (4%) phobic disorder (2%) panic disorder (2%) and dysthymic disorder (2%) were found to be major psychiatric morbidities in a study carried out in Pakistan in 2003⁶. In this regard the local studies on psychiatric comorbidity in opioids⁷ and pattern of drug abuse in Pakistan have found significant psychiatric morbidity⁸. Similar ratios of psychiatric morbidities are found in some other international studies⁹.

This study was designed to find out psychiatric mor-

bidity in substance users in two major psychiatric facilities at Hyderabad Sindh i.e. Sir Cowasjee Jehangir Institute of Psychiatry and Combined Military Hospital Hyderabad.

MATERIAL AND METHODS

This study was carried out at Sir Cowasjee Jehangir Institute of Psychiatry and Combined Military Hospital Hyderabad over a period of 6 months starting from 10th Jan 2009 to 10th July 2009. Patients of either sex who reported during the study period to both psychiatric facilities with history of psychoactive substance use for last 1 years aging between 20 years to 40 years constituted the study population. Patients selected for this study from Combined Military Hospital were civilians reporting to psychiatrist for OPD/indoor management as CNE (cases not entitled). Patients having psychiatric morbidity before starting use of psychoactive substance or having a co-morbid psychiatric disorder or on any prescription of psychotropic medication were excluded from the study. Out of these 150 patients were found having psychiatric symptoms on PSE (urdu version)¹⁰ as screening tool. Patients were interviewed by two psychiatrists independently. Semi-structured proforma was used to record demographic variables. Psychiatric morbidity in psychoactive substance users was recorded using ICD-10¹¹ diagnostic criteria. Proportion and percentage of psychiatric symptoms were calculated using descriptive statistics by SPSS 10.0.

RESULTS

Among 150 subjects males were 130 (86.67%) and females were 20 (13.33%). Mean age was 32.5 years. Ninety-three (62%) were unemployed and 91 (60.67%) were uneducated. Cannabis was reported most frequent substance used by 72 (48%) cases followed by heroin used by 38 (25.33%) cases. Poly-drug abuse was present in 30 (20%) cases (**Table I**). The pattern of psychiatric morbidity in different substance abusers is detailed in **Table II**.

TABLE I: PSYCHOACTIVE SUBSTANCE USE (n=150)

Substance	Frequency
Cannabis	72 (48%)
Heroin	38 (25.33)
Poly drug abuse(Alcohol & Benzodiazepines)	30 (20%)
Alcohol	25 (16.66%)
Benzodiazepine Tablets	13 (8.66%)
Gutka	2 (1.33%)

TABLE II: PATTERN OF PSYCHIATRIC MORBIDITY

Cannabis Abuse (n=72)	
Acute and transient Psychotic episode	28 (38.89%)
Dependence syndrome	25 (34.72%)
Anxiety disorders	16 (22.22%)
Acute confusional state	3 (4.17%)
Heroin Abuse (n=38)	
Dependence syndrome	18 (47.37%)
Depression	9 (23.68%)
Anxiety disorders	6 (15.79%)
Antisocial personality disorder	4 (10.53%)
Deliberate self harm	1 (2.63%)
Alcohol Abuse (n=25)	
Depression	11 (44%)
Anxiety disorders	9 (36%)
Dependence syndrome	3 (12%)
Antisocial personality disorders	2 (8%)
Benzodiazepine Abuse (n=13)	
Dependence syndrome	6 (46.15%)
Depression	3 (23.08%)
Anxiety disorders	2 (15.38%)
Dissociative Disorders	1 (7.69%)
Deliberate self harm	1 (7.69%)

DISCUSSION

Psychoactive substance use is not only on an increasing trend in our country but it's a progressing menace in developed countries. The mean age of substance abuse came out to be 32.5 years in this study and cannabis was found to be abused by 48%. Sixteen year olds from United States and United Kingdom topped the league in lifetime experiences of any illicit drug in comparison of 23 countries.¹² Around one in four of British population have tried an illegal drug at some time. Peak age occurs in late teens and early twenties. Cannabis accounts for 85% of this and most cannabis abusers never use another illegal drug. In traditional cannabis using countries, such as Egypt and India, recreational use is uncommon and heavy cannabis use is confined to small and marginalized groups in population.¹³ The lifetime prevalence of cannabis abuse and dependence in United States has

been estimated at 4.4% of adults.¹³ However the dependence syndrome came out to be 34.72% in this study. In traditional cannabis using cultures, such as India, the “cannabis psychosis” has been reported in which symptoms are preceded by heavy cannabis use and remitted after psychosis.¹⁵ The percentage of acute and transient psychotic episode in cannabis users in this study came out to be 38.89%. There is clinical and epidemiological evidence that cannabis use exacerbate the symptoms of schizophrenia in affected individuals.¹⁶ Therefore the relationship found in this study needs further research. Alcohol is one of the most widely used psychoactive substance. Approximately 8 out of 10 persons living in Europe and America would report drinking in their life time.¹⁷ The percentage of alcohol abuse came out to be 16.66% in this study. Edwards and gross proposed the existence of alcohol dependence within a syndrome model.¹⁸ Field trails conducted as a background to the preparation of ICD-10 have all contributed to the body of research evidence.¹⁹ The percentage of dependence syndrome came out to be 12% in this study which opens further venues of clinical management. About one-third of male patients and up to 50% of female patients have experienced longer periods of severe depression with alcohol.²⁰ Depression was found in 44% of patients. Almost all groups of drug users had a significant percentage of cases fulfilling the criteria of depression and apart from depression being the known psychiatric morbidity; the probable reason of such high occurrence may be a developing comorbidity or a symptomatology of dependence syndrome because of socioeconomic deterioration and recession of self-esteem in such cases. These attributes need further research. In clinical studies between 20% to 70% of patients with alcoholism also suffer from anxiety disorders.²¹ In this study the percentage of anxiety disorders was 36%. It is now widely accepted that the alcoholics do not present a homogeneous pre-morbid personality profile, however some distinctive trait clusters have been identified.²² Antisocial personality disorder was found in 8% of patients in this study. The current prevalence of heroin use in United Kingdom is thought to be less than 1%²³. The percentage of heroin users in this study was 25.33%. Several studies have found that 70% of heroin addicts meet diagnostic criteria for a current psychiatric disorder, frequently depression, antisocial personality, and alcohol dependency²⁴. Dependence syndrome (47.37%) followed by antisocial personality disorder (10.53%), depression (23.68%) and anxiety disorders (15.79%) were found to be main morbidities of heroin users in this study. Pattern of misuse of benzodiazepines vary from episodic use of non prescribed medication with up to 15% of young people reporting some

experience with benzodiazepines to continuous high dose use.²⁵ In this study percentage of benzodiazepine misuse alone was 8.66% and in combination with alcohol was 20%. Dependence syndrome (46.15%) depression (23.08%) anxiety disorders (15.38%) dissociative disorder (7.69%) and deliberate self harm (7.69%) were psychiatric morbidities in benzodiazepine abuse. A significant proportion of sample was female abusers and the most common substances of abuse in females were benzodiazepines and average duration of abuse was one year. Only 2 cases of Gutka abuse were found to have psychiatric morbidity of dependence and anxiety. Although there is no reference of gutka abuse in literature, however, many research projects are going on the subject and this finding can provide a food for thought for further research.

CONCLUSION

This study shows that there is significant psychiatric morbidity associated with various types of psychoactive substance abuse. These morbidities not only pose a diagnostic dilemma but also have importance in management and prognosis of psychoactive substance use. This calls for a multidisciplinary team management with active community partnership. The diagnosis and management of dependence syndrome associated with psychoactive substance use need further research as it has a significant diagnostic and management implication. The phenomenon of “Cannabis psychosis” screened as acute and transient psychotic episode in this study needs to be further studied as it has known association with schizophrenia. Amotivational syndrome associated with cannabis needs a well planned study. Management of depression and anxiety disorders has an imperative role in diagnosis and management of substance abuse. Similarly antisocial personality disorder and deliberate self harm not only complicate the management of substance abuse but also are poor prognostic factors. Poly drug abuse also poses a considerable challenge in the management of alcohol and benzodiazepine abuse. The pattern of substance abuse and psychiatric morbidity in females needs further research.

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