

A study of socio-demographic and clinical profile of alcohol and nicotine dependent patients

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Abstract

Background: Alcohol and Nicotine use disorders are common problems in clinical practice among patients with substance use disorders in Psychiatry OPD. **Aims and Objectives:** To find out Socio-Demographic and Clinical Profile of Alcohol and Nicotine Dependent Patients. **Materials and Methods:** Our Study includes 100 patients between age group of 18 to 60 years who attended the Psychiatry OPD of Medical College and fulfilled inclusion and exclusion criteria were assessed for Socio-Demographic and Clinical Profile using General Health Questionnaire (GHQ-60) for assessing psychiatric morbidity in the subject, Hamilton Anxiety Rating Scale (HAM-A) for assessing anxiety, Hamilton Depression Rating Scale (HDRS) for assessing Depression and Brief Psychiatric Rating Scale (BPRS) for Psychosis/Schizophrenia and for other psychiatric disorders. **Results:** Most of the patients were male (93%), of age group 31-50 years (43%), were married (73%), belongs to rural background (76%), Hindu by religion (73%), having primary education (30%) and Farmer (57%). Among Psychiatric co-morbidity depressive episodes were most common (40%) and schizophrenia were least common (5%). **Conclusion:** Psychiatric co-morbidity in alcohol and nicotine dependence is very high.

Key Word: Socio-Demographic Profile, Psychiatric Co-morbidity, Alcohol and Nicotine Dependence.

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INTRODUCTION

Alcohol and Nicotine use disorders are one of the most commonly encountered problems in patients with substance use disorders with a high degree of co-morbidity. Sign and symptoms and detailed past, personal and family history and interview is common procedure performed in the hospital for clinical diagnosis. Co-morbidity denotes the distinct clinical entity that has existed or may occur during the clinical course of a patient

having index disease¹. Within Psychiatry co-morbidity is commonly used to refer to the overlap of two or more psychiatric disorders². The co-occurrence of substance abuse and psychiatric illness has been known for very long time. Alcohol dependents are three times more likely to have another psychiatric disorders³. The findings have also been replicated in many other studies⁴. The self medication hypothesis for drug dependence also signifies etiological relationship between the substance abuse and psychiatric disorder⁵. Excessive alcohol intake has been identified as a major contributor to the global burden of disease. It causes 5.9% of all deaths globally. In addition, it is responsible for 5.1% of the disability adjusted life years⁶. Excessive intake of alcohol is a component cause of more than 200 disease and injury conditions⁷. Alcohol and Nicotine use has been associated with increased morbidity and mortality across all regions of the world. Epidemiological^{8,11} as well as clinic based^{12,13} studies from western countries have reported a high prevalence of co-morbidity of alcohol use disorder and psychiatric disorders. The research has established the clinical

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relevance of this co-morbidity as if it is often associated with poor treatment outcome, severe illness course, and high service utilization. Understandably, dual disorders in form of alcohol use disorders and psychiatric disorders present diagnostic and management challenge. Hence, it is important to study systematically the co-morbid disorders. In a study by Arya *et al* (2017)¹⁴ on psychiatric co-morbidity and quality of life in patients with alcohol dependence syndrome they found prevalence of psychiatric co-morbidity to be 32% with anxiety and depressive disorder being most common. There have been few Indian studies addressing the psychiatric co-morbidity in alcohol and nicotine dependent patients. This study was undertaken with objective to study the socio-demographic profile and clinical profile of Alcohol and Nicotine dependent patients attending Psychiatry OPD/De-Addiction clinic.

MATERIALS AND METHODS

Study Setting - The present study was conducted in National Institute of Medical Sciences Research and Hospital, Jaipur, Rajasthan, India

METHODS

The present study was an observational and cross-sectional research study conducted in the Department of Psychiatry of National Institute of Medical Sciences Research and Hospital, Jaipur. Cases with complaints and signs and symptoms pertaining to Alcohol and Nicotine Dependence attending Outpatient/De-Addiction clinic in this hospital. Detailed socio-demographic history, clinical examination and relevant investigation findings were noted. The sample includes 100 patients meeting ICD-10 criteria for mental and behavioral disorders due to psychoactive substance use. These patients were assessed on Semi Structured proforma and GHQ-60, HAM-A, HAM-D and BPRS.

Table 1: Socio-demographic profile

Age Group	N=100	Percentage (%)
18-30	27	27
31-50	43	43
51-60	30	30
Martial status		
Unmarried	27	27
Married	73	73
Gender		
Male	93	93
Female	07	07
Background		
Urban	24	24
Rural	76	76
Religion		
Hindu	73	73
Muslim	17	17
Sikh	6	06
other	4	04

Table 2: Education occupation and Income

Education	N-100	Percentage
illiterate	20	20
Primary	30	30
Secondary	10	10
Sr.Secondary	23	23
Graduation and Above	17	17
Employment Status		
Unemployed	10	10
Employed	17	17
Farmer	57	57
Housewife	06	06
other	10	10
Income		
(Mnthandperson)		
Class 1(>62777)	24	24
Class 2 (3139-6276)	26	26
Class 3(1883-3138)	37	37
Class 4 (942-1882)	13	13

Table 3: Psychiatric Co-Morbidity and No. of Comorbid Diagnosis

Diagnosis	N=60(60%)
Bipolar Affective Disorder	6(10%)
Sexual Dysfunction	18(30%)
Depressive Episode	24(40%)
Anxiety Disorder	9(15%)
Schizophrenia	03(05%)

Table 4: Psychiatric Co-Morbidity and No. of Comorbid Diagnosis

No. of Comorbid diagnoses	N=60(%)
1-one	27(45%)
2-two	24(40%)
3-three	09(15%)

RESULT

Most of the patients were male (93%), of age group 31-50 years (43%), were married (73%), belongs to rural background (76%), Hindu by religion (73%), having primary education (30%) and Farmer (57%). Among Psychiatric co-morbidity depressive episodes were most common (40%) and schizophrenia were least common (5%).

DISCUSSION

The present study was conducted to evaluate socio-demographic and clinical profile in patients of alcohol and nicotine dependence. This study was planned because of several reasons. Previous studies had used ICD-9 criteria. Previous studies did not distinguish between patients of psychoactive substance abuse and dependence. Most of the patients were belonging to the age group of 31-50 yrs (43%). Most of the patients were married (73%). These finding are similar to those of Arya, *et al.*: (2017)¹⁴ The type of Co-morbid Psychiatric diagnosis in Alcohol and Nicotine Dependence vary from study to study with some

indicating anxiety, depressive episode or mood disorder to be the most common. Most common psychiatric co-morbidity was Depressive Episode (40%) followed by sexual dysfunction (30%) then by Anxiety Disorder (15%). In Kumar *et al* (2010)¹⁵ 41.7% of the patients had at least one co-morbid diagnosis as compared to our study where it was 45% and 15% were of three co-morbid diagnosis as compared to 25% in their study. Limitations of our study were the small sample size which may limit its generalizability and included only OPD patients and not included indoor patients and nor the Personality disorders.

CONCLUSION

Psychiatric co-morbidity in alcohol and nicotine dependence is very high.

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