

Study of Psychiatric Comorbidity of Alcohol use Disorder

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ABSTRACT

Background: The problem of alcohol abuse is increasing in the world. The subjects for this study comprised of all patients visiting Department of Psychiatry of Chitwan Medical College Teaching Hospital, Bharatpur, Nepal and who were regularly consuming alcohol.

Methods: This is a retrospective study done at the Department of Psychiatry, Chitwan Medical College Teaching Hospital. Of the 263 patients of alcohol use disorder with or without psychiatric comorbidity were analyzed. The ratios and proportions were used for statistical analysis. The study was conducted from 1st January 2009 to 30th December 2009.

Results: This study shows that alcohol use disorder without comorbidity is 184 (71.04%). Psychosis is (alcoholic hallucinosis) 32 (12.36%) followed by anxiety disorder 19 (7.33%) and depressive disorder 17 (6.56%). Data shows highest number of cases were age group (40-49) 88 (33.46%) followed by (50-59), 65 (24.71%). Highest number of cases were of lower caste, Baisya 139 (52.85%) followed by Sudra 57 (21.67%).

Conclusions: The current study shows 75 (28.95%) patients consuming alcohol have psychiatric comorbidity including psychosis, anxiety disorder, depressive disorder and bipolar disorder etc.

Keywords: alcoholic hallucinosis; bipolar disorder; comorbidity.

INTRODUCTION

The problem of alcohol consumption is increasing in the world. The patients with alcohol dependence may be comorbid with other psychiatric disorder. Alcohol-dependent patients often present with symptoms of anxiety or depression. Alcoholism can be a consequence of anxiety and various mood disorders.

Alcohol is a central nervous system depressant. In the stage of alcohol dependence, up to 80% of people report depressive symptoms at some time in their life. About one-third of male patients and up to 50 per cent of female patients have experienced longer periods of severe depression.¹ These high prevalence rates are noteworthy, since more than 20% of alcoholics have attempted suicide once or more and about 15 per

cent die in their attempt. Besides depressive features, alcohol-induced mood disorders may also comprise manic symptoms or mixed features.

METHODS

A retrospective study was conducted in Psychiatric Department of CMC Teaching Hospital, Bharatpur, Chitwan, Nepal from 1st January 2009 to 30th December 2009. A brief explanation about the study was offered to the subjects and written or verbal consent was obtained either from them or guardians and all the subjects were included in the study. The diagnosis was made on the basis of ICD-10 DCR.² Patients were on follow up after one month and in one month follow up the diagnosis was revised.

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A continuous sequential number was given to each subject and available necessary information was kept confidential in a separate file. The socio-demographic profile which contains name, age, sex, caste, marital status, occupation, and other information were also filled.

RESULTS

Among 263 cases, male were 245 and female were only 18. Data shows highest number of cases were in between age group 40-49 that is 88 (33.46%) followed by 50-59 that is 65 (24.71%) (Table 1). Highest number of cases were caste of Baisya 139 (52.85%) followed by Sudra 57 (21.671%) (Table 2). Data shows most of cases were married 234 (88.97%). Data shows highest cases were education up to SLC (N-114, 43.35%) followed by education up to primary level were 64 (24.33%) (Table 3). Data shows most of cases were farmer 125 (47.53 %) followed by businessman 62 (23.57%) (Table 4). Four cases were dropped out after 1 month follow up period.

Diagnosis at first day of study most of cases were without any comorbidity 256 (97.34%). Alcohol use disorder with depressive disorder 4 (1.52 %) followed by anxiety disorder 2 (0.76%) and Bipolar disorder 1 (0.38%) (Table 5). However after 1 month follow up psychiatric comorbidity is increased significantly. (Table 6) shows highest comorbidity with alcohol use disorder is psychosis (alcoholic hallucinosis) 32 (12.36 %) followed by anxiety disorder 19 (7.33 %) and depressive disorder 17 (6.56 %). Other comorbidity were Bipolar disorder 4 (1.54%), dementia 1 (0.39), obsessive compulsive disorder 1 (0.39), and pathological jealousy 1 (0.39) (Table 6).

Table 1. Distribution on the basis of age.

AGE	MALE	FEMALE	n (%)
20-29	27	3	30 (11.41)
30-39	50	4	54 (20.53)
40-49	82	6	88 (33.46)
50-59	61	4	65 (24.71)
60-69	21	1	22 (8.37)
70 <	4	0	4 (1.52)
Total	245	18	263 (100)

Table 2. Distribution on the basis of caste.

CASTE	MALE	FEMALE	n (%)
BRAMIN	33	1	34(12.93)
CHHETRI	32	1	33(12.55)
BAISYA	129	10	139(52.85)
SUDRA	51	6	57(21.67)
TOTAL	245	18	263(100)

Table 3. Distribution on the basis of educational status.

EDUCATION	CASE n (%)
UNEDUCATED	25 (9.50)
PRIMARY	64 (24.33)
SLC	114 (43.35)
INTERMEDIATE	51 (19.39)
GRADUATE	9 (3.42)
TOTAL	263 (100)

Table 4. Distribution on the basis of occupation.

OCCUPATION	n (%)
FARMER	125 (47.53)
BUSINESSMAN	62 (23.57)
SERVICE HOLDER	25 (9.50)
UNEMPLOYED	33 (12.55)
STUDENT	7 (2.66)
HOUSEWIFE	11 (4.18)
TOTAL	263 (100)

Table 5. Distribution on the basis of diagnosis in the first day of study.

DIAGNOSIS	MALE	FEMALE	n (%)
ALCOHOL USE DISORDER ONLY	239	17	256 (97.34)
COMORBID DEPRESSIVE DISORDER	3	1	4 (1.52)
COMORBID ANXIETY DISORDER	2	0	2 (0.76)
COMORBID BIPOLAR DISORDER (I&II)	1	0	1 (0.38)
TOTAL COMORBIDITY	6	1	7 (2.66)
TOTAL	245	18	263 (100)

Table 6. Distribution on the basis of revised diagnosis after one month follow up.

DIAGNOSIS	MALE	FEMALE	n (%)
ALCOHOL USE DISORDER ONLY	172	12	184 (71.04)
COMORBID DEPRESSIVE DISORDER	15	2	17 (6.56)
COMORBID PSYCHOSIS (ALCOHOLIC HALUCINOSIS)	29	3	32 (12.36)
COMORBID ANXIETY DISORDER	18	1	19 (7.33)
COMORBID BIPOLAR DISORDER (I&II)	4	0	4 (1.54)
COMORBID OBSESSIVE COMPULSIVE DISORDER	1	0	1 (0.39)
COMORBID DEMENTIA	1	0	1 (0.39)
COMORBID PATHOLOGICAL JEALOUSY	1	0	1 (0.39)
TOTAL COMORBIDITY	69	6	75 (28.95)
TOTAL	241	18	259 (100)

DISCUSSION

There have been two large epidemiological studies of psychiatric disorders: the National Institute of Mental Health's Epidemiologic Catchment Area (ECA) study.^{3,4} The ECA study revealed that 60.7% of people with bipolar I disorder had a lifetime diagnosis of a substance use disorder (i.e., an alcohol or other drug use disorder); 46.2% of those with bipolar I disorder had an alcohol use disorder; and 40.7% had a drug abuse or dependence diagnosis (the percentages of people with alcohol use disorders and drug abuse disorders do not add to 100 due to overlap). Forty-eight percentage of people with bipolar II disorder had a substance use disorder, 39.2% had an alcohol use disorder, and 21% had a drug abuse or dependence diagnosis (these figures reflect overlap, as above.) Alcohol dependence was twice as likely to co-occur in people with bipolar spectrum disorders than in those with unipolar depression. As part of the ECA study found that mania (i.e., bipolar I disorder) and alcohol use disorders are far more likely to occur together (i.e., 6.2 times more likely) than would be expected by chance.⁵ It was also reported that antisocial personality disorder was more likely to be related to alcoholism.

In the current study, diagnosis at first day of contact most of cases were alcohol use disorder without any psychiatric comorbidity 256 (97.34%). However alcohol use disorder comorbid with depressive disorder 4 (1.52%), anxiety disorder 2 (0.76%) and bipolar disorder 1 (0.38%). The patients were on follow up after 1 month. Four cases were dropped out during 1 month follow up period. One month follow up data shows significantly increased psychiatric comorbidity.

Follow up data shows, alcohol use disorder without psychiatric comorbidity 184 (71.04%). Data shows highest psychiatric comorbidity psychosis (hallucinos) 32 (12.36%) followed by anxiety disorder 19 (7.33%) and depressive disorder 17 (6.56%) respectively. Other psychiatric comorbidity were Bipolar disorder 4 (1.54%), dementia 1 (0.39%), obsessive compulsive disorder 1 (0.39%), and pathological jealousy 1 (0.39%). This means patients with alcohol use disorder are associated with more psychiatric comorbidity after 1 month follow up period. In the other hand, data of first day has less psychiatric comorbidity may be masked by alcoholic metabolite on the body in first day. Probably when alcoholic metabolite are absent in the body may show full features of psychiatric comorbidity.

Alcoholic hallucinosis is a condition in which auditory hallucinations present in clear consciousness and without autonomic over activity, usually in a person who has been drinking excessively for many years.

The hallucinations often begin as simple noises, but are gradually replaced by voices which may threaten, abuse, or reproach the symptoms that last for 6 months generally continue for years.⁶ Anxiety disorders are among the most common groups of psychiatric disorders in the general population, with prevalence rates of up to 25%.⁷ In clinical studies between 20% and 70% of patients with alcoholism also suffer from anxiety disorders.⁸ On the other hand, between 20% and 45% of patients with anxiety disorders also have histories of alcoholism.⁹ However, it has been argued that the comorbidity figures are overestimated, because in some of the studies the focus was on drinking patterns rather than on alcohol dependence or they describe anxiety symptoms rather than disorders according to diagnostic criteria.¹⁰ Family studies analyzing the comorbidity of alcoholism and anxiety disorders might be a means of clarifying this controversy. For instance, in the Yale study the presence of anxiety disorders in the probands slightly increased the risk for alcohol dependence in their relatives, whereas alcohol dependence in the proband did not increase their relative's risk for anxiety disorders.¹¹ Similarly, Maier et al.¹² demonstrated an increased risk of alcoholism in probands with panic disorders, but not the reverse. Kendler et al.,¹³ in a study of female twins, found evidence that common genetic factors may underlie both alcoholism and panic disorder. Indian study in rural area reported drinking problem in 1%. Physical complications possibly due to alcohol were seen in 4.1% and psychiatric co-morbidity in 1%. Pregnancy drinking was recorded in 4.4%. Only 0.2% came for follow-up.¹⁴

CONCLUSIONS

The problem of alcohol consuming is increasing in the world. One month follow up data shows 28.95% patients consuming alcohol have other psychiatric diagnosis including psychosis, anxiety disorder, depressive disorder and bipolar disorder which couldn't identify initial days of alcohol consumption.

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