Research Article

PERSONALITY PROFILE OF ALCOHOL DEPENDENT PATIENTS IN RELAPSE

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A R T I C L E I N F O	A B S T R A C T
	Background and objective: Addiction to substances has been a nationwide problem. Alcohol consumption has been increasing globally over years. There are around 62 million alcoholics in India. It is estimated that40 to 50% of alcohol dependent individuals suffer from alcohol induced clinical syndromes Literature has also suggested that having co-morbid psychiatric diagnosis influences the prognosis and treatment of alcohol dependence syndrome (Dorte *et al*, 2007). Personality determines use, dependence, response to treatment and prognosis in alcohol users. **Methodology:** A consecutive sample of 124 subjects with alcohol dependence syndrome in relapse as per International Classification of Diseases (ICD-10) criteria was studied. Subjects were evaluated using MINI PLUS to diagnose alcohol dependence and to rule out presence of any psychiatric disorders except nicotine dependence syndrome. International Personality Disorder Examination was used to assess the patient's personality. Socio-demographic variables were also studied and co-related. **Results:** Dissocial personality traits were over represented in the sample, followed by anxious avoidant and borderline. Also there was significant correlation found between patients who were business men by occupation and paranoid, dissocial and impulsive personality traits. **Conclusion:** The findings of this study can surely have significance on the interventional strategies for alcohol relapse. Personality profiles must be studied and integrated in order to further increase our understanding in these subjects. The results from the current study could help clinicians anticipate potential obstacles early in therapy.

INTRODUCTION

Addiction to drugs and alcohol is a nationwide problem. Alcohol consumption has increased globally over years, and India being one of the most populous countries, contributes significantly to the alcohol attributable burden. [Jurgen *et al*., 2009]

About 70 to 90% of clients with alcohol dependence relapse within three months. (Mc Lellan *et al*., 2000).

Personality traits have found to predict treatment outcome in diseases such as obesity, hyperopia, and various surgical treatments. In psychiatry, personality traits have been linked to depression, schizophrenia, and withdrawal severity in substance dependence.

Current study not only adds to the literature but also throws light upon personality traits which are more common in people who tend to relapse.

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The current had 2 aims

1. To study the personality of alcohol dependent patients in relapse.
2. To study the socio-demographic details of alcohol dependent patients in relapse.

METHODS AND MATERIAL

Source of data and sample size

- The study was conducted in Psychiatry department of Father Muller Medical College Hospital which is a multispecialty teaching general hospital.
- 120 men (baljinder *et al*, 2014) aged 18-60 years were selected with clinical diagnosis of alcohol dependence syndrome who relapsed within last one month of their visit to the hospital. Socio-demographic details and personality profile of the patients were studied. Patients relapsing to alcohol dependence after maintaining an abstinence period of minimum one month were studied.

Instruments used

1. Semi structured socio-demographic proforma

2. Mini-plus
3. International personality disorder examination

Inclusion criteria

- Patients diagnosed with alcohol dependence syndrome with a minimum period of one month of abstinence prior to relapse.
- Adult male patients between 18-60 years

Exclusion criteria

- Patient with any other psychiatric disorder
- Concomitant drug use other than alcohol excluding nicotine.
- Patient with any other co morbid uncontrolled medical illness
- Patient not willing to give consent

RESULTS

Table 1 Data regarding age distribution

Age	Count	Column N %
<20	3	2.4%
21-30	19	15.3^
31-40	40	32.3%
41-50	49	39.5%
>51	13	10.5%

Table 1- shows the frequency distribution of age of the sample. Maximum sample was in the age group of 41-50 year accounting for 39.5 %.

Table 2 Data regarding education status

Education	Count	Column N %
Formally uneducated	1	0.8%
Graduate	28	22.5%
Higher secondary	48	38.7%
Primary	12	9.7%
Secondary	25	28.2%

Table 2 - shows the frequency distribution of level of education of the sample. Maximum sample was educated up to higher secondary accounting for 38.7 %.

Table 3 Data regarding marital status

Martial status	Count	Column N %
Divorced	1	0.8%
Married	98	79.0%
Single	24	19.4%
Widowed	1	0.8%

Table 3 - shows the frequency distribution of marital status of the sample. Maximum sample was married accounting for 79.0%.

Table 4 Data regarding family type

Family type	Count	Column N %
Joint	34	27.4%
Nuclear	90	72.6%

Table 4 - shows the frequency distribution of family type of the sample. Maximum sample was from nuclear family accounting for 72.6%

Table 5 Data regarding residence

Residence	Count	Column N %
Rural	39	31.5%
Urban	85	68.5%

Table 5- shows the frequency distribution of residence area of the sample. Maximum sample was from urban areas accounting for 68.5% of total

Table 6 Data regarding family history of alcohol use

Family history of alcohol dependence	Count	Column N %
Absent	90	72.6%
Present	34	27.4%

Table 7- shows the frequency distribution of family history of alcohol dependence. 72.6% of the sample had no family members with alcohol dependence but 27.4 % had one or more members who were alcohol dependent.

Table 7 Data regarding occupation

Occupation	Count	Column N %
Academic	7	5.6%
Business	6	4.8%
Clerical	8	6.5%
Professional	9	7.3%
Skilled	60	48.4%
Student	2	1.6%
Unskilled	32	25.8%

Table 8 - shows the frequency distribution of occupation of the sample. maximum sample was working as skilled labourer accounting for 48.4 % ,followed by unskilled workers (25.8%).
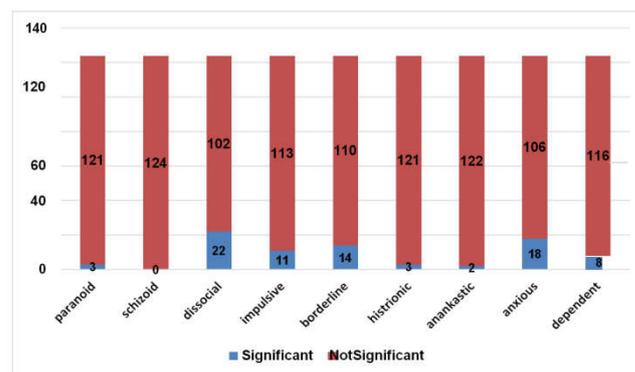

Fig 1 The bar diagram shows the distribution of 9 personality traits in the sample of 124. Maximum number of samples with significant personality traits were that of dissocial (22) followed by anxious (18) and borderline (14)

Blue- significant
Red – non significant

Socio-demographic results

In the current study, most individuals in relapse were in the age group of 41-50 year accounting for 39.5 %. Maximum sample in relapse were educated up to higher secondary accounting for 38.7 %. Maximum subjects were married accounting for 79.0% of the sample. 72.6% of the sample were living in a nuclear family. Maximum sample in relapse were from urban areas accounting for 68.5% of total. 72.6% of the sample had no family members with alcohol dependence i.e. 27.4 % had one or more members who were alcohol dependent. Maximum sample was working as skilled labourer accounting for 48.4 % ,followed by unskilled workers (25.8%).

Personality profile results

Significant association was found between borderline personality traits in the age group of 20-30 years with a P value of 0.008.

Significant association was also found between paranoid, dissocial and impulsive personality traits in businessmen with P value of 0.001, 0.009 and 0.017 respectively

DISCUSSION

Our socio-demographic results represent the general population of this area who are alcohol dependent.

The current study showed a significant association between paranoid, dissocial and impulsive personality traits in businessmen with P value of 0.001, 0.009 and 0.017 respectively.

This occupation is known to experience multiple ongoing financial stressors.

Similar finding has been depicted in a study done by Ryes (Christina *et al.*, 2009), where subjects with antisocial personality disorder were found to be twice as likely to relapse in response to life stressors compared to those with anankastic personality disorder; and those with antisocial personality were six times more likely to relapse in response to a stressful financial event. However, it is difficult to pin point whether financial difficulty is a causative factor or consequence of alcoholuse.

In the present study, 17.7% had significant dissocial personality traits on International Personality Disorder Examination, followed by anxious personality traits in 14.5% with next in line were patients with borderline traits that accounted for 11.3% of the total.

From a trait perspective, BPD and ASPD tend to relate similarly to Alcohol dependence. One of the reasons for this similarity could be their overlapping profiles of general personality traits, namely antagonism and impulsivity (Susan *et al.*, 2014) Even though alcohol dependence syndrome is often conceptualized to be an episodic condition rather than a chronic condition, it is very likely that ADS might be related to several personality traits, and that these traits in-turn might be similar to the traits that undergird ASPD, BPD, and other psychopathology ingeneral.

Our results go hand in hand with one of the largest study till date i.e. 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions, where 43,093 participants aged 18 years or older from United States were evaluated with face-to-face interview. Among subjects diagnosed to have alcohol use disorder, 28.6 percent had also fulfilled the diagnostic criteria for at least one of the Personality Disorders. Significant positive association was found between alcohol use disorder and PDs. Overall, alcohol use disorders were most significantly associated with antisocial PD followed by histrionic and dependent PDs(Bridget *et al.*,2006)

A review of clinical and epidemiological studies revealed that the prevalence of personality disorders in alcohol dependence varies from a low of 22-40% to a high of 58-78%. [Eleftherios*et al.*,2010]. Our study reflects similar findings.

The current study also found a significant correlation between the age of onset of alcohol and borderline personality disorder with p value of 0.008. The study revealed that men with significant borderline personality traits start drinking at the age of 20 years or less which can have an impact on the prognosis of the disorder and the efficacy of the treatment received by the patient. There is a tendency in borderline personality disorder patients to be novelty seeking and use substances to self medicate their symptomatology. This finding can be used in future research.

MERITS AND LIMITATIONS

Among the merits of the study, the most important are use of standardized, reliable, valid tools for evaluation. The recruitment of purposive sampling ensures that there is no sample bias. The present study uses ICD 10 to make a psychiatric diagnosis. The inclusion and exclusion criteria are specific. The tool used for evaluation of personality have adequate reliability and validity and is specifically standardized for Indian population. A structured, standardized, clinical interview schedule (MINI Plus) was used to look for psychiatric symptoms among the study subjects so as to avoid any confounding factors. All the tools are rater friendly, easy to administer, less time consuming and thereby causing little discomfort to the patients.

The study has certain limitations. The study included only male patients. The female population could not be included because of the scarcity of the samples. The study was conducted in a tertiary care hospital and hence it may not be representative of the population. Since this is not a prospective study it is difficult to discern whether the observed variations in personality traits are the cause or result. The patients were not compared with controlgroups.

CONCLUSION

Our study is a modest exploratory attempt to look at the personality profile and socio-demographic details of alcohol dependent patients in relapse. This subset of patients are often difficult to manage and resistant to treatment. There is a high relapse rate .studying personality traits in these individuals can help manage the resistance, plan the treatment and prognosticate the case. Our findings may have significance on the interventional strategiesforalcohol relapse. This may help in conserving and effectively utilizingthe resources available.

References

Grant B, Stinson F, Dawson D, Chou S, Ruan W, Pickering R. Co-occurrence of 12-Month Alcohol and Drug Use Disorders and Personality Disorders in the United States. Archives of General Psychiatry. 2004;61(4):361.

Hasin D. Personality Disorders and the 3-Year Course of Alcohol, Drug, and Nicotine Use Disorders. Archives of General Psychiatry. 2011;68(11):1158.

Kaur B, Sodhi J. A Descriptive Study to Assess the Prevelance of Alcoholism and Relapse Precipitants among Alcoholic Persons in Selected Community, Jalandhar, Punjab. IOSR *Journal of Nursing and Health Science*. 2014;3(5):57-60 .

Luczak S, Prescott C, Dalais C, Raine A, Venables P, Mednick S. Religious factors associated with alcohol involvement: Results from the Mauritian Joint Child Health Project. Drug and Alcohol Dependence. 2014;135:37-44.

Mellos E, Liappas I, PaparrigopoulosT Comorbidity of personality disorders with alcohol abuse. In Vivo 2010; 24(5): 761-769.

Moeller FG, Barratt ES, Dougherty DM, *et al*. Psychiatric aspects of impulsivity. *Am J Psychiatry*. 2001;158:1783–1793.

Nordholm D, Nielsen B. Personality Disorders among Danish Alcoholics Attending Outpatient Treatment. European Addiction Research. 2007;13(4):222-229.

Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, Patra J. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. Lancet 2009;373:2223-33.

Reyes C, Pagano M, Ronis R. The Impact of Stressful Life Events on Alcohol Use Relapse: Findings From the Collaborative Longitudinal Personality Disorders Study. *Journal of Dual Diagnosis.* 2009;5(2):226-232.

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