



PSYCHIATRIC COMORBIDITIES IN PATIENTS WITH SUBSTANCE USE DISORDER

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ARTICLE INFO

Article History:

Received 4th March, 2019

Received in revised form 25th
April, 2019

Accepted 18th May, 2019

Published online 28th June, 2019

Key words:

Comorbidity

ABSTRACT

Background: Substance abuse patients have risk of psychiatric comorbidities which affect their social life. **Aim:** The present study was aimed to assess psychiatric comorbidities in patients with substance use disorder. **Research Design and Methods:** 72 patients with substance abuse during the period Sep 2018 to May 2019 were included in the study at Regional hospital, Bilaspur. The patients' detailed history of sociodemographic profile and as well as substance abuse was collected. **Results:** The most prevalent comorbid disorders in substance abusers were depressive disorders followed by anxiety. **Conclusion:** Comorbidity needs to be taken into account when analyzing the relationship between substance dependence and depression and in planning treatment strategies for comorbid conditions.

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INTRODUCTION

Substance abuse is emerging as a major challenge to public health throughout the world. Substance use has increased rapidly in recent years due to increased drug trafficking and easy availability. It also has a great social relevance as it affects the youth in manifolds and thus impairing the vital work force of the society. Substance use becomes more complicated when it is comorbid with psychiatric illnesses.

Psychiatric morbidity in individuals with substance use disorders is substantial and sometimes "dual diagnosis" term is used synonymously with the comorbidity.¹ It is of critical importance for several reasons because psychiatric comorbidity has been found to have a negative impact on the course, treatment outcome and prognosis of both disorders.

In various studies, significant psychiatric morbidity was found in substance abusers where mood and anxiety disorders were the commonest diagnosis followed by other psychiatric disorders like personality disorders and psychotic disorders. In mental health settings and de-addiction clinics these comorbidities are often undetected, misdiagnosed and inadequately treated.² As such recognition of the overlap of psychiatric and substance use disorders is an important issue for appropriate, safe and adequate treatment. It has been recently observed that drug abuse in Himachal Pradesh is on the rise.

Districts bordering Punjab have become easy targets to influence youths and turn them into addicts.³ The present study was aimed to study psychiatric co-morbidities in patients with substance abuse.

RESEARCH DESIGN AND METHODS

The prospective observational study was conducted during Sep 2018 to May 2019 at Regional hospital, Bilaspur, Himachal Pradesh. All consecutive subjects visiting outpatient clinic of the hospital for their substance use disorders were screened for eligibility. Subjects with only tobacco dependence were excluded from the study. Patients who had medical illness known to cause psychiatric disorders (such as thyroid disorders, epilepsy, and Cushing's disease) were excluded from the study. Informed consent form was taken from the patients once agreed to participate in the study. Seventy-two patients were enrolled for study.

Socio-demographic details and history of the patients were collected either from patient or family members.

The brief psychiatric rating scale

The BPRS is a clinical rating scale widely used in psychiatric clinical practice. It is an 18-item scale measuring positive symptoms, general psychopathology and affective symptoms. Some items (e.g., mannerisms and posturing) can be rated simply on observation of the patient; other items (e.g., anxiety) involve an element of self-reporting by the patient. The BPRS is a clinician-rated instrument. Ratings are done after a brief (15-20 minutes) unstructured interview with the patient. Each item is rated on a 7-point scale (1 = 'not present' to 7 =

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'extremely severe'). Patient's condition is judged at the time of interview, except for items numbered 2, 10, 11, 12, 15 and 16 for 3 days. When rating BPRS, it is important to allow unstructured sections in the clinical interview such that conceptual disorganization in the patient's thought and speech and unusual thought content can be observed.

Data was presented as frequency, percentage, mean, and standard deviation.

RESULTS

Socio-demographic profile

Socio-demographic profile of the patients has been shown in table 1. 71% of the patients aged <30 years. 97% patients were males while 65% of the patients were unmarried.

Table 1 Socio-demographic profile

Socio-demographic profile	n=72(%)
Age (Years)	
<30	51 (70.8%)
31-40	18 (25%)
41-50	3 (4.1%)
Sex	
Male	70 (97%)
Female	2 (3%)
Living habit	
Joint Family	8 (11%)
Nuclear Family	17 (24%)
Single (Unmarried)	47 (65%)

Substance abuse

66.6% patients were abusing opioids while 11% patients were abusing cannabis, 19% were abusing alcohol. 50% of the patients were abusing these substances for more than 2 years (table 2).

Table 2 Substance abuse

Type of substance	n=72 (%)
Opioids	48(66.6%)
Cannabis	8 (11.1%)
Alcohol	14 (19.4%)
Benzodiazepine	2 (2.7%)
Duration of substance abuse	
<6 months	4 (6%)
6 month - one year	13 (18%)
1-2 year	19 (26%)
>2 year	36 (50%)

Comorbidity

Depression was the most common comorbidity in 55% patients followed by anxiety in 25% patients. 5% patients had bipolar disorder and 11% patients had personality disorder.

Table 3 Comorbid conditions

	n=72 (%)
Bipolar disorder	4 (5.5%)
Depression	40 (55.5%)
Anxiety	18 (25%)
Personality disorder	8(11.1%)
Schizophrenia	2 (2.7%)

DISCUSSION

This study was aimed to assess clinical co-morbidities in the patients with substance-abuse in this region. This region is adjoining to Punjab and hence, more prone to drug abusers. Such type of studies have not been previously done in this region of Himachal Pradesh.

70% of the patients were aged below 30 years in our study. Age-related aspects of addiction are an increasingly important public health challenge due to an incremental number of affected individuals. Bracken *et al* reported that age of first use (ranging from 13.2 years for alcohol to 15.1 years for cocaine) was significantly younger for cigarettes, alcohol, and cannabis than for "harder" drugs like cocaine and heroin, and adolescents increased their use of almost every substance (except inhalants) with increasing age.⁴Gania *et al* reported that age of onset of regular drug use ranged from 14 to 53 years with highest number of subjects (n = 173; 57.6%) between 14 and 21 years.⁵ 97% of the patients were males in the study. The rates of drug abuse are currently lower in women than in men. Nevertheless, the number of women using and abusing prescription and illegal drugs is on the rise. Adult men are 2 to 3 times more likely than women to have a drug abuse/dependence disorder, but this current gender difference may reflect differences in opportunity, rather than vulnerability to drug use.⁶ 65% of our patients were single. The feeling of loneliness is stronger in drug abusers rather than non-drug abusers that could develop a sense of being different from community and increase the probability of taking high risk behavior and abusing drugs.

Depression was the most common comorbidity in 55% patients followed by anxiety in 25% patients. 5% patients had bipolar disorder and 11% patients had personality disorder. In the study by Gania *et al*, the most common psychiatric disorder was psychotic illness.⁵ Our findings are also in concordance with Shantana *et al* who found that the most common disorders were depressive disorders, major depression, depressive disorder not otherwise specified, bipolar disorders and dysthymia.⁷ Miller *et al*. reported that 44% had a lifetime diagnosis of major depression. Major depression was most likely to be associated with the use of opioids, stimulants and prescription drugs as specific drugs of abuse; with the number of drugs used; and with early onset of alcohol and marijuana use.⁸ In another study, Halikas *et al*. reported the most frequent comorbid disorders identified were phobic syndromes followed by posttraumatic stress and major depression.⁹

CONCLUSION

Substance abusers have risk of psychiatric comorbidity. Presence of co-morbidities in substance abusers has implications for clinical as well as social psychiatry.

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How to cite this article:

Neeraj Kanwar *et al* (2019) 'Psychiatric Comorbidities in Patients with Substance Use Disorder', *International Journal of Current Advanced Research*, 08(06), pp. 19344-19346. DOI: <http://dx.doi.org/10.24327/ijcar.2019.19346.3726>
