

A Study of Psychiatric Comorbidity in Alcohol Dependent Patients in North-West Rajasthan

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ABSTRACT

Background: Comorbidity indicated the presence of a individual clinical existence that has survive or may occur during the clinical course of a patient having the index disease. Though alcohol is one of the usually drugs of abuse in India, yet Indian literature is discernible by its poverty. Hence we preferred to carry out this study to examine prevalence of psychiatric comorbidity in alcohol dependent patients.

Materials & Methods: The present study was carried out in psychiatric O.P.D clinic in S.P. Medical College & Associate Groups of Hospitals, Bikaner, Rajasthan during July 2016 to July 2017. The sample includes 35 consecutive patients meeting DSM IV TR criteria for alcohol dependence. These patients were assessed on Semi Structured Proforma and Structured Clinical Interview for DSM –IV-TR (SCID I & II) to assess comorbidity.

Results: The present study showed the out of 35 patients 23 (65.71%) were found to have comorbid mental illness. Axis I and Axis II comorbidity was found in 65.71% and 5.71% of the samples, respectively. Patients of cluster A & B personality were equally distributed in the sample. Patients with more than one comorbidity accounted for 39.13% of the sample. In our study showed the demographic profile (age, sex, marital status,

religion, employment and domicile) in patients with and without comorbidity was insignificant.

Conclusion: Our study concluded that mental comorbidity in alcohol dependence is very high. Number of comorbid diagnoses in a person may be as high as three which signifies poor consequence and involve that the clinician should not stop after making one or two diagnoses.

Keywords: Comorbidity, Psychiatric Substance Abuse, AXIS I, AXIS II.

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INTRODUCTION

Comorbidity indicated the presence of a individual clinical existence that has survive or may occur during the clinical course of a patient having the index disease.¹ The term of comorbidity has also been used for diseases or affliction occurring together.² While dealing with drug dependence or defame as one of the conditions in the estate of comorbidity, many other terms like dual diagnosis, chemical abusing mentally ill (CAMI), substance abusing mentally ill (SAMI) are used synonymously.³

The concomitant of substance offend and mental sickness has been known for a very long time. Winokur (1972)⁴ was possibly the first to report that alcoholics curve three times more likely to have another psychiatric diagnosis. The self-medication premise for drug dependence proposed by Khantizian (1975)⁵ also denote etiological correlation between the substance abuse and psychiatric disorders. The concept of comorbidity has been going importance in the recent years as it is increasingly being identify

that fraction of substance using patients with another psychiatric disorder and those who are primarily substance abusers and later on develop other psychiatric disability is more than what is expected from the community based epidemiologic studies. Comorbid state affected the consequence of both disorders. It is reported that outcome of drug dependence is better when comorbidity is taken into account.⁶

Recently Mattoo and Ramana (2000)⁷ have reviewed the epidemiologic studies on comorbidity in alcohol dependence. Though alcohol is one of the usually drugs of abuse in India, yet Indian literature is discernible by its poverty. Besides that the cultural and ethnic contrast might impact, the clinical presentation of both comorbid disorders. Therefore, the findings of the western studies may not be relevant in our culture. Hence we preferred to carry out this study to examine prevalence of psychiatric comorbidity in alcohol dependent patients.

MATERIALS & METHODS

The present study was carried out in psychiatric O.P.D clinic in S.P. Medical College & Associate Groups of Hospitals, Bikaner, Rajasthan during July 2016 to July 2017. The sample includes 35 consecutive patients meeting DSM IV TR criteria for alcohol

dependence. These patients were assessed on Semi Structured Proforma and Structured Clinical Interview for DSM –IV-TR (SCID I & II) to assess comorbidity. Prior to participation in the study a full informed written consent was taken from the participants. Complete confidentiality was ensured to them.

Table 1: Show the Axis I Diagnosis

AXIS I Diagnosis	No. of patients (N=23)	Percentage (%)
Mood disorder	11	47.82%
Psychotic disorder	7	30.43%
Anxiety disorder	13	56.52%
Substance use disorder	15	65.21%

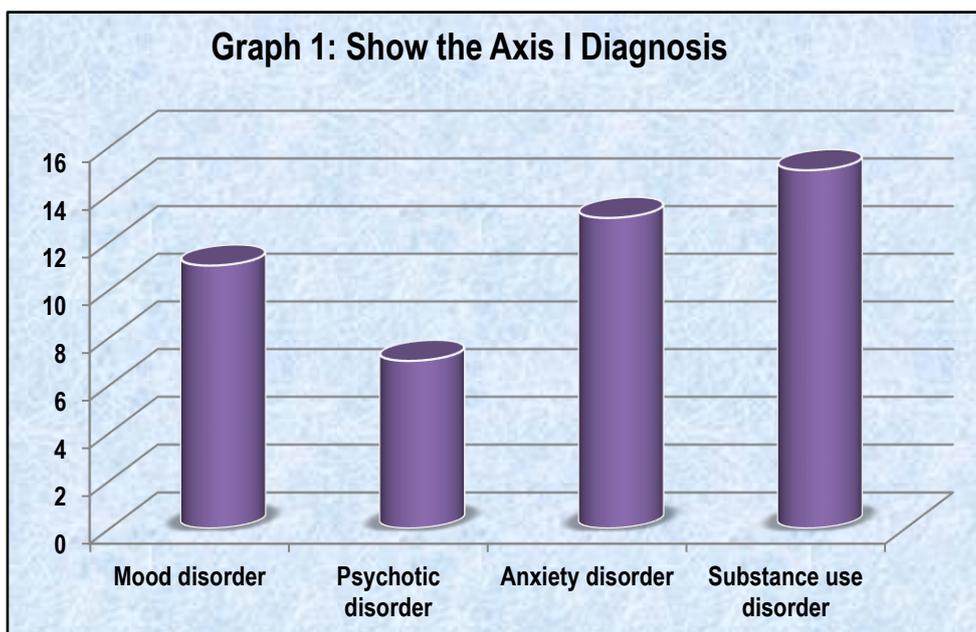


Table 2: Show the Axis II Diagnosis

AXIS II Diagnosis	No. of patients (N=23)	Percentage (%)
Anti social personality dis.	1	4.34%
Paranoid personality dis.	1	4.34%

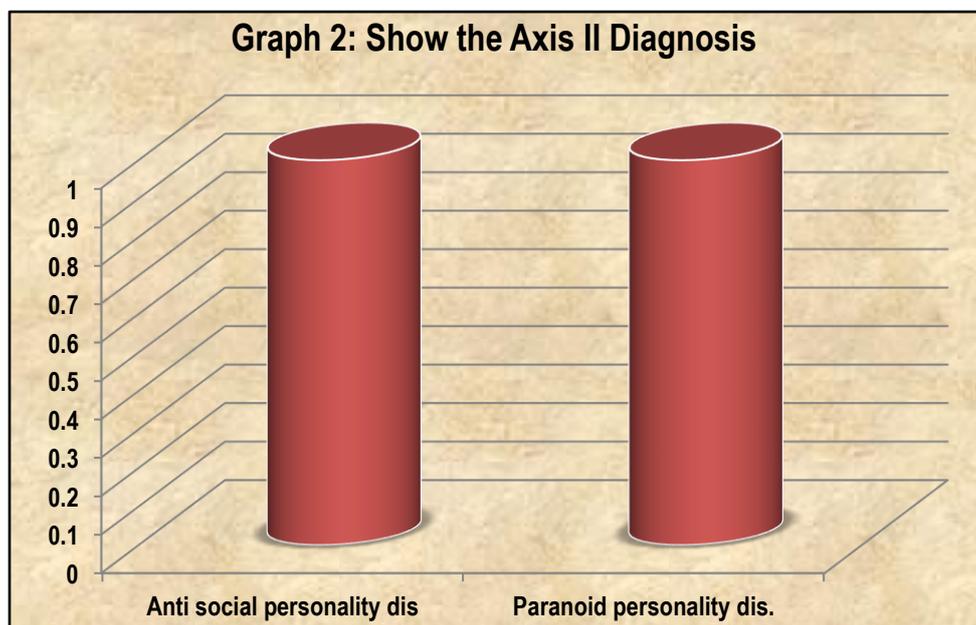


Table 3: No. of comorbidity Diagnosis

No. of comorbid diagnoses	No. of patients (N=23)	Percentage (%)
1	14	60.86%
2	6	26.08%
3	3	13.04%

Table 4: shows the distribution of demographic profile of patients with and without comorbidity

		With Comorbidity (n=23)	Without Comorbidity (N=12)	Chi square test
Age		38.7 ± 6.9	39.7 ± 8.6	NS
Gender	Male	23	12	-
	Female	-	-	
Marital status	Single	-	2	NS
	Married	23	10	
	Widow	-	-	
Religion	Hindu	21	12	NS
	Muslim	2	-	
Employment	Employed	20	11	NS
	Unemployed	3	1	
Domicile	Rural	3	2	NS
	Urban	20	10	

RESULTS

The present study showed the out of 35 patients 23 (65.71%) were found to have comorbid mental illness. Axis I and Axis II comorbidity was found in 65.71% and 5.71% of the samples, respectively (Table 1, Table 2). Patients of cluster A & B personality were equally distributed in the sample. Patients with more than one comorbidity accounted for 39.13% of the sample (Table 3). In our study showed the demographic profile (age, sex, marital status, religion, employment and domicile) in patients with and without comorbidity was insignificant (Table 4).

DISCUSSION

The present study was performed to assess the presence of comorbidity in patients of alcohol dependence. This study was designed because of many reasons. With changing diagnostic conception, it is difficult to interpret older studies into recent diagnostic categories. Old studies had used Research Diagnostic Criteria⁸, DSM – III⁹ and ICD- 9.¹⁰ Limited study on the presence of comorbidity in patients of mind-altering substance dependence using DSM-IV-TR criteria could be the perfect alternative currently. The studies carried out so far did not differentiate between patients of mind-altering substance abuse and dependence. The present study was conducted on 35 patients of alcohol dependence. Small size of the sample may limit its generalizability, but may show a tendency in those patients seeking therapy at psychiatric hospitals. 65.71% of all the patients had a comorbid diagnosis. These findings are similar to the findings of Ross et al., (1988).¹¹ Studies conducted in the community, however, report lower prevalence.^{9,10}

The higher presence of comorbidity in treatment pursue patients may indicate that comorbid disorders provide additional inducement for a person to seek treatment.⁸ A large proportion of the subjects of the present study had multiple comorbid diagnosis,

60.86% had one, 26.08% had two, and 13.04% had three diagnoses (table-3). Similar figures were also reported in other studies.⁸ This further explained the heterogeneity of the patients of mind-bending substance dependence and involve that the clinician should not stop after making one or two diagnoses. The common axis I disorders present in the sample were other mind altering substance abuse (65.21%); mood disorder (47.82%); anxiety disorder (56.52%); and psychotic disorder (30.43%) (Table-1). These disorders were also investigated to have a high prevalence of comorbidity.^{8,9,11} 5.71% of the patients of the present study had at least one comorbid personality disorder. A study using SCID and DSM-III-R criteria found a 57% prevalence of personality disorders in substance abusers.¹² This study had not distinguished between cases of substance abuse and dependence and also included patients of marijuana, LSD, amphetamine and cocaine abuse. The major differences in the sample make its results incomparable with that of the present study. Those patients who presented with comorbidity had early onset of illness, but it was statistically insignificant. All of them were male. More number of patients was employed in the group without comorbidity. Most of them were from urban population in both the groups.

CONCLUSION

Our study concluded that mental comorbidity in alcohol dependence is very high. Number of comorbid diagnoses in a person may be as high as three which signifies poor consequence and involve that the clinician should not stop after making one or two diagnoses. Psychosocial stressor increases the prospect of having comorbidity. Limited number of sample may limit the generalizability of the study and requires community based study to conclude more accurately.

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