

A study of prevalence of alcohol addiction and psychiatric illness at tertiary health care centre

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Abstract

Background: Consumption of Alcohol much common worldwide and has numerous negative impacts for health and quality of life, especially in the young generation. **Aims and Objectives:** To Study Prevalence of Alcohol addiction and psychiatric illness at tertiary health care centre **Methodology:** After approval from institutional ethical committee this cross sectional study was carried out in the department of Psychiatry of a tertiary health care centre during the one year period i.e. January 2017 to January 2018. All the alcoholic patients were included into study. All the patients studied with detailed psychiatric case study and they were diagnosed as per Axis I and Axis II diagnosis. **Result:** In our study we have seen that The majority of the patients were in the age group of 50-60 were 28.85%, followed by 40-50 were 24.04%, 60-70 were 17.31%, 30-40 were 14.42%, >70 were 10.58%, 20-30-4.81%. The majority of the patients were Male i.e. 95.19% and very few were Female 4.81%. Psychiatric diagnosis (Axis I) the most common were Affective/ depressive-29.87%, followed by Delirium tremens -19.48%, disorder Psychotic disorder-15.58%, Anxiety disorders-14.29%, Mood disorder -11.69%, Other Psychiatric Disorders-9.09%. In Personality problems the most common were Dissocial-33.33%, followed by Anxious avoidant were 25.93%, Paranoid personality disorder were 18.52%, Mixed + novelty seeking and Other were -11.11%. **Conclusion:** It can be concluded from our study that majority of the patients were in the age group of 50-60 and almost all the patients were males in Psychiatric diagnosis (Axis I) the most common were Affective/ depressive followed by Delirium tremens In Personality problems (Axis II) the most common were, Dissocial, followed by Anxious avoidant.

Key Words: Alcohol addiction, psychiatric illness, Axis I and II Disorders.

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INTRODUCTION

Consumption of Alcohol much common worldwide and has numerous negative impacts for health and quality of life, especially in the young generation.¹ Alcohol use disorders (AUDs) are among the most frequently diagnosed disorders, with a 12-month prevalence rate of 8.5%.² In the United States alone, according to the 2013 National Survey on Drug Use and Health, 37.9% of young adults reported binge drinking (four or more drinks

for women and five or more drinks for men on an occasion) at least once in the past 30 days.³ Moreover, studies have shown a higher prevalence of cigarette smoking or drug abuse among subjects who engage in heavy or frequent binge drinking.³⁻⁵ AUDs are highly comorbid with mood and anxiety disorders in adults and are associated with substantial societal and personal costs. In a study conducted by Grant *et al.*, among adults seeking treatment for an AUD, 40.69% and 33.3% were diagnosed with at least one current comorbid mood disorder and anxiety disorder, respectively.⁶ The diagnosis of current mood or anxiety disorders among individuals with AUD is challenging, because many symptoms of intoxication, for example, resemble those of mood and anxiety disorders.⁷

MATERIAL AND METHODS

After approval from institutional ethical committee this cross sectional study was carried out in the department of Psychiatry of a tertiary health care centre during the one

year period i.e. January 2017 to January 2018. All the alcoholic patients admitted in the medicine and psychiatric department for rehabilitation were included into study after written and explained consent. In the one year total 104 alcoholic patients were included into the study. All the patients studied with detailed psychiatric case study and they were diagnosed as per Axis I and Axis II diagnosis.

RESULT

Table 1: Distribution of the patients as per the Age

Age	No.	Percentage (%)
20-30	5	4.81
30-40	15	14.42
40-50	25	24.04
50-60	30	28.85
60-70	18	17.31
>70	11	10.58
Total	104	100.00

The majority of the patients were in the age group of 50-60 were 28.85%, followed by 40-50 were 24.04%, 60-70 were 17.31%, 30-40 were 14.42%, >70 were 10.58%, 20-30-4.81%.

Table 2: Distribution of the patients as per the sex

Sex	No.	Percentage (%)
Male	98	95.19
Female	5	4.81
Total	104	100.00

The majority of the patients were Male i.e. 95.19% and very few were Female 4.81%.

Table 3: Distribution of patients as per the psychiatric diagnosis (Axis I)

Psychiatric diagnosis (Axis I)	No.	Percentage (%)
Affective/ depressive disorder	23	29.87
Psychotic disorder	15	19.48
Delirium tremens	12	15.58
Anxiety disorders	11	14.29
Mood disorder	9	11.69
Other Psychiatric Disorders	7	9.09
Total	77	100.00

Psychiatric diagnosis (Axis I) the most common were Affective/ depressive-29.87%, followed by Delirium tremens -19.48%, disorder Psychotic disorder-15.58%, Anxiety disorders-14.29%, Mood disorder -11.69%, Other Psychiatric Disorders-9.09%.

Table 4: Distribution of patients as per the Personality problems (Axis II)

Personality problems	No.	Percentage (%)
Dissocial	9	33.33
Anxious avoidant	7	25.93
Paranoid personality disorder	5	18.52
Mixed + novelty seeking	3	11.11
Other	3	11.11
Total	27	100.00

In Personality problems the most common were Dissocial-33.33%, followed by Anxious avoidant were

25.93%, Paranoid personality disorder were 18.52%, Mixed + novelty seeking and Other were -11.11%.

DISCUSSION

The World Health Organization (WHO) indicates that approximately 48% of the world population aged 15 years or older consume alcoholic beverages and 16% of drinkers engage in heavy episodic drinking⁸. The global burden of harm attributable to alcohol use for different developing world regions is highest for Latin America and the Caribbean, where 9.7% of the Disability Adjusted Life Years (DALYs) and 4.5% of all deaths are attributed to alcohol-related problems⁹; while worldwide in 2012 alcohol consumption were estimated to cause 3.3 million deaths (5.9% of all global deaths) and 139 million DALYs⁸. In both developing and developed countries, alcohol use has been shown to cause significant harm to the physical, psychological, and social health of individuals, families, and communities^{13,14}; and it has also been linked to negative effects on the criminal justice system, employment sector, and economic and social development¹⁵. There is substantial evidence to state that excessive alcohol is causally related to risky behaviors and co-morbidly related to the several mental diseases that may differ by gender, including common violence; family violence; traffic accidents; intentional and non-intentional trauma; and sexually-HIV risky behavior; all of them are important public health problems related to alcohol heavy use. The use of psychoactive substances can occur frequently in conjunction with alcohol, further increasing high-risk behaviors. In addition, behavioral disorders, anxiety, depression, mania and other psychiatric disorders are frequently associated to alcohol heavy use^{16,17,18}. In our study we have seen that The majority of the patients were in the age group of 50-60 were 28.85%, followed by 40-50 were 24.04%, 60-70 were 17.31%, 30-40 were 14.42%, >70 were 10.58%, 20-30-4.81%. The majority of the patients were Male i.e. 95.19% and very few were Female 4.81%. Psychiatric diagnosis (Axis I) the most common were Affective/ depressive-29.87%, followed by Delirium tremens - 19.48%, disorder Psychotic disorder-15.58%, Anxiety disorders-14.29%, Mood disorder -11.69%, Other Psychiatric Disorders-9.09%. In Personality problems the most common were Dissocial-33.33%, followed by Anxious avoidant were 25.93%, Paranoid personality disorder were 18.52%, Mixed + novelty seeking and Other were -11.11%.

CONCLUSION

It can be concluded from our study that majority of the patients were in the age group of 50-60 and almost all the patients were males in Psychiatric diagnosis (Axis I) the

most common were Affective/ depressive followed by Delirium tremens In Personality problems (Axis II) the most common were, Dissocial, followed by Anxious avoidant.

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