Regional update

Addiction severity and comorbidity among women with alcohol use disorders: A hospital-based study from India

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\textbf{A B S T R A C T}

\textbf{Aim:} To examine the addiction severity, comorbid psychiatric disorder and their temporal relationship among women seeking treatment for Alcohol Use Disorders (AUDs).

\textbf{Materials and methods:} The sample comprised of 35 women with AUDs, with or without psychiatric disorders, recruited from the outpatient and inpatient settings of a tertiary-care hospital. Their mean age was 38.51 years (S.D = 7.42). Patients were assessed using Clinical Data Sheet (CDS), Mini-International Neuropsychiatric Interview (MINI), Structured Clinical Interview for DSM-IV Personality disorders (SCIDII), Addiction Severity Index (ASI)-Alcohol subscale and Fagerstrom Test for Nicotine Dependence (FTND).

\textbf{Results:} Findings of the study indicated that on average patients initiated alcohol use in their early twenties and developed dependence by the age of 29.66 years (S.D = 7.60). The average duration of alcohol dependence was less than a decade before seeking treatment. The mean composite score on ASI was 0.71 (S.D = 0.18) and on FTND was 5.16 (S.D = 2.59), indicating a high level of alcohol and moderate level of nicotine dependence respectively. On MINI, 57.14\% of the patients met the criteria for co-occurring Axis I psychiatric disorders such as major depression disorder and dysthymia. In the majority of the cases, comorbid Axis I disorders were secondary to AUDs. On SCID-II, 17\% met the criteria for borderline personality disorder.

\textbf{Conclusion:} Examining and understanding the substance use and clinical profile of patients with AUDs are crucial for planning intensity, settings and focus of treatment for women with AUDs.

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1. Introduction

Epidemiological surveys in the last few decades have indicated that the use and abuse of psychoactive substances among women are increasing worldwide. Among the psychoactive substances, alcohol is the most widely abused by women [Substance Abuse and Mental Health Services Administration (SAMHSA), 2014]. The WHO’s most recent Global Status Report indicated that 28.9\% of women worldwide aged 15 years and above consumed alcohol at least once and 5.7\% of them engaged in heavy drinking [World Health Organization (WHO), 2014]. Women are at greater risk for various adverse bio-psycho-social outcomes due to their alcohol abuse. They are more prone to developing co-occurring Axis I and Axis II psychiatric disorders than men. Depression, anxiety and post-traumatic stress disorders have been frequently reported among women with alcohol use disorders (AUDs) [Goldstein et al., 2012; Sánchez-Peña et al., 2012]. Among Axis II disorders, studies have indicated that 20\%-40\% of women with AUDs are likely to have one or more co-occurring personality disorders such as borderline personality disorder (BPD) and dependent personality disorder (Haver, 2003; Sánchez-Peña et al., 2012). Studies have frequently indicated more psychopathology and increased treatment challenges among women with both AUDs and co-occurring disorders, than those with AUDs alone (Olsson and Fridell, 2015; Sánchez-Peña et al., 2012).

In the existing literature, two explanations have been frequently suggested for this commonly observed co-occurrence of AUDs and psychiatric disorders among women. Firstly, studies have indicated that women with psychiatric disorders such as depression and anxiety often use alcohol to alleviate or self-medicate

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their distressing symptoms. The associated relief reinforces the 
continued use of alcohol, eventually leading to the development 
of disorder (Boschloo et al., 2011; Sartor et al., 2010). Secondly, a few 
studies have indicated that in women with heavy and prolonged 
alcohol consumption, depressive disorders and anxiety disorders 
were often consequences of alcohol-related problems rather than 
preceding them (Boschloo et al., 2012; Smith and Randall, 2012). 
Overall, results from these studies are mixed, with empirical 
support having been found for both models.

Most of the existing research has been carried out in European 
and North American countries. Only a few studies from India have 
examined substance use and clinical profiles among women. 
Similar to the west, surveys carried out in India in the last decade 
have also shown an increase in AUDs among women. Around 2%- 
4% of Indian women are at risk for AUDs, with high consumption of 
both distilled and undistilled (country-made) spirits (Benegal 
et al., 2005; National Family Health Survey (NFHS-3), 2007; 
Potukuchi and Rao 2010). Studies have also found a high rate of 
comboridged psychiatric disorders, particularly anxiety and depres-
sive disorders, among women with substance use problems (Murthy, 
2008; Nebhini et al., 2013). However, these studies are limited in 
number and they vary on various methodological grounds: how the 
disorder was defined, the type of population investigated, the tools 
used (self-report, structured and unstructured clinical interviews), 
and the settings (hospital or community). All these factors are likely to affect the accuracy of the diagnosis and estimation of the co-occurring disorders. Most of these studies have not examined the temporal relationship between the alcohol 
abuse and psychiatric comorbidities. Moreover, across the world, 
most studies have grouped women with alcohol, drug use problems 
and polysubstance dependence into a single group. Very few studies have focused on issues in a homogenous group of 
women with AUDs, which may be different from those with other 
psychoactive substance dependence. With increase in number of 
women seeking treatment for alcohol use problems in India (Nebhini 
et al., 2013; Malik et al., 2015), there is need for systematic research to examine substance use and co-occurring 
Axis I psychiatric disorders and Axis II personality disorders among 
women seeking treatment for AUDs. These have significant 
implications in planning appropriate for this group. In view of 
this, the aim of present study was to examine the addiction 
severity and comorbid psychiatric disorders among women 
seeking treatment for AUDs. The study also aimed to examine 
the temporal relationship between alcohol use and psychiatric 
comorbidities among women with AUDs.

2. Materials and methods

2.1. Sample

The present study was part of a larger cross-sectional study 
titled ‘Life Adversities, Relational Experiences and Self-Esteem 
among Women with Alcohol Use Disorders (AUDs)’, carried out at 
the Department of Clinical Psychology, National Institute of Mental 
Health and Neurosciences (NIMHANS), Bengaluru, Karnataka, 
India. The study was carried out over a period of 3 years i.e. 
November 2012 to October 2015.

For the present study, the sample comprised of 35 women with 
a diagnosis of AUD, drawn from the inpatient and outpatient 
settings of the Centre for Addiction Medicine (CAM) and Adult 
Mental Health Units at NIMHANS, over a period of 1 year 5 months 
till March 2014 to August 2015. Patients with current diagnosis of 
any other Substance Use Disorders (SUDs), except nicotine 
dependence syndrome (NDS), and psychotic disorders as assessed 
using Mini-International Neuropsychiatric Interview (MINI), were 
excluded from the study. Only those with working knowledge of English/Kannada were included in the study. Patients with sub-
normal intelligence, severe organic and neurological disorders as 
per the clinical records were also excluded from the study.

2.2. Measures

The following tools were used in the present study:

2.2.1. Socio-demographic datasheet (SDS) and clinical data sheet (CDS)

The socio-demographic data sheet was developed by the 
researcher to obtain information about the patient’s socio-
demographic details such as age, education, marital status, family 
income, living circumstances and family history of SUDs. The clinical data sheet obtained information about the patient’s alcohol 
use, age of onset, age at regular use, frequency and quantity of use, 
duration of dependence and alcohol use during pregnancy.

2.2.2. Mini- international neuropsychiatric interview (MINI)

MINI 6.0 is a clinician-administered, structured diagnostic 
interview (Sheehan et al., 2010). It has 16 modules, which were 
used to diagnose DSM-IV and ICD-10 based psychiatric disorders 
such as depressive disorders, bipolar disorders, post-traumatic 
stress disorder (PTSD), substance use disorders, psychotic dis-
orders and medical causes of the disorders. In the present study, a 
few additional modules from MINI Plus 6.0 were also added. These 
were dysthymia, lifetime alcohol abuse and dependence, lifetime 
substance abuse and dependence, and adjustment disorders.

2.2.3. Structured clinical interview for DSM-IV personality disorders (SCID-II)

SCID-II is a clinician-administered, semi-structured interview 
schedule for diagnosing ten Axis II personality disorders of the 
Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) 
as well as the Appendix category of depressive personality disorder 
and passive-aggressive personality disorder (First et al., 1997). In 
the current study, the categorical approach was used for scoring 
SCID-II.

2.2.4. Addiction severity index (ASI)

ASI is a multi-dimensional structured interview to assess the 
severity of addiction. It consists of 155 items classified into the 
following seven subscales: alcohol use, drug use, medical 
problems, psychiatric problems, family/social problems, employ-
ment and legal problems (McLellan et al., 1992). In the present 
study, only Alcohol Subscale of ASI was used to assess alcohol 
dependence severity. As described in the manual, two index scores 
were calculated for ASI Alcohol subscale: (i) Composite score and 
(ii) Interviewer’s rating of alcohol severity. The composite score 
ranged from 0 to 1.00, where a higher score indicated greater 
severity of dependence. For the second index, the interviewer rated 
the severity of alcohol dependence on a 9-point rating scale (item 
32), with 0 indicating no problem and 9 indicating extreme 
problems, making treatment absolutely necessary.

2.2.5. Fagerström test for nicotine dependence (FTND)

The FTND is a self-report measure of physical dependence on 
nicotine (Heatherton et al., 1991). It has two self-report forms: (i) 
for those smoking tobacco (FTND) and (ii) for those using smokeless tobacco (FTND-ST). Each form consists of six items 
and yields a score between 0 and 10. A score of 4 or below indicates 
low level of dependence; a score of 5 indicates medium 
dependence and a score of 6 or more indicates a high level of 
nicotine dependence. In the present study, FTND or FTND-ST were 
used depending on the patient’s pattern of tobacco use.
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