Characteristics of Patients Attending the Substance Abuse Unit In The Institute of Psychiatry, Ain Shams Universiy.

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Abstract

Files of patients attending the substance abuse inpatient section at the Institute of Psychiatry, Ain Shams University for one year (10/93-10/94) have been reviewed. In order to find the possible relationship between the patterns of substance abuse and sociodemographic data and family attitude, The following points were emphasized : 1-Sociodemographic data, 2-Pattern of substance abuse, 3-Pre morbid personality, 4-Family background, 5-Social background. The effects of such factors on the long term outcome in such patient were discussed.

Introduction: The issue of substance abuse, is becoming one of the most striking and challenging problems facing psychiatrists all over the world, Egypt as well. Such category of patients suffer and make their families suffer. They ruin all aspects of their lifes and destroy their psychological, physical and financial capabilitiess.

The problem of the prevalence of different substances abused in Egypt has been studied by professor Soueif et al, who found that 5.5% of secondary school students, 8% of university students and 11% of manual workers abused hashish. The percentage of other substances ranged from 4 % to 0.8% among other groups. Professor Okasha estimated the total number of hashish abusers in Egypt from 60,000 to 1,200,000, while the number of heroin abusers at 14,000. The death rate of such category of patients is higher than in general population, 2-5% died every year (Okasha, 1995). So, in order to reach solutions for such a problem, every aspect of these patients' life together with their psychological and personality profile should be studied.

The following work will provide a description for the various charactristics of substances abusers attending the inpatinet substance abuse section , at the Institute of Psychaitry, Ain Shams University, in order to highlight the determinats of substances abuse risks, patterns, outcome and causes of relapse.

Subjects and Methods: This study covered a period of one year from Oct 1993 to Oct. 1994. Files of all inpatients attending the substance abuse section, and those who were discharged and followed in the outpatient clinic during this period have been reviewed and studied.

The total no. was 179, 97.2% were males and 2.8% (5) were females. Their ages were as follows:
Data were collected according to the following variables

1. Sociodemographic data, including age, sex, marital status, job, address and level of education.

Age group	Percentage
18-25	80
below 18	5
above 25	10
above 35	5

2. Family & social background including the presence of family history of substance abuse, family structure and relations.

3. Premorbid personality to diagnose personality disorder, if present, among this group of patient and to find possible relationship between the presence of certain personality disorder and the addictive behavior.

4. Type of substance abused and the pattern of abuse: This include the diffrential types and the commonest substance abused, the route by which the patient took the abused drug, the frequency of drug abuse, the dosage and the special effect of drug intake.

5. The number of admissions, the duration of stay in hospital, the presence of escape trials, the percentage of disharge against medical advice & the relapse rates and the timing of relapse after discharge.

Disscussion: Different reasons are responsible for the optimism & pessimism in the prognosis of substance abuse and offers explanations of what is sometimes

Results and Comments

Table (1) The different sociodemographic data of the substance abuse group

Variable	Data
Total no. of patients	179
Sex ratio	
Male	97.2%
Female	2.8%
Social clas	
Middle	65.1%
High	34.9%

Table (2): Family structure and family history of substance abusers

Family history	
Family structure	
Both parents	52%
Single mother	19%
Single father	6%
Father seperated	10.5%
Both dead	6%
Family history	
+ve history of abuse	33.1%
-ve history of abuse	66.95

Only one third of the group showed a positive family history, and 52% of the group showed a complete family structure i.e. both parents are present and living together.

Table (3): Differential types of substances abused

Differential type of substance abused	Percentage
Poly substance abuse	96.1%
Heroin	21.3%
Benzodiazepines	2.3%
Antiparkinsonian	3.4%
Alcohol	3.9%
Vicotine	100%
Age of starting	
Before the age of 18	86%
After the age of 18	14%

Nearly the majority of the group belongs to the polysubstance abuse pattern. Smoking cigarette was present in 100% of the group

Table (4): Differential types of substances abused (non exclusively)

Differential type of substance abused (non exclusively)	Percentage
Cananabis	74%
Opioids	63%
Benzodiazepines	44%
Antiparkinsonian	10.5%
Alchhol	22.5%
Anorectics	1%

Cannabis was the most widely used substance, followed by opioids

Table (5): Prevalence of personality disorders diagnosis

Prevelance of PD among users	Percentage
No personality disorder	57.5%
Personality disorders:	42.55%
Borderline	18.4%
Antisocial	12.8%
Avoidant	3.5%
Dependent	3.5%
Passive aggressive	4.3%

No personality disorder, borderline personality disorder and antisocial personality disorder were the most represented groups.

Table (6): Frequency of admissions and the duration of hospitilization

Frequency of admissions	Percentage
1 st admission	37.4%
2 nd admission	24%
multiple admission	38.6%
Duration of admissions	
less than 1 week	13.5%
less than 2 weeks	23.5%
less than 3 weeks	34%
less than 4 weeks	17%

Firstly admitted and multiple admissions were the most represented, and the majority of the patients were discharged within the first two weeks

Table (7): Rate of discharge from hospital in consideration to medical advice and trials of escape and timing of relapse after discharge

Discharge from hospital	Percentage
Against medical advice	82 %
With medical advice	18%
Escape trials	
Yes	15.2%
No	84.85
Relapse after discharge:	
Same day of discharge	38%
Within one week	9.5%
Within one month	15%
More than one month	24%
No relapse during 6 months	13.5%

82% of patients were discharged against medical advise, and 15% relapsed within the first month of discharge

portrayed as a bleak outcome. Pessimism is caused by the high relapse rate and the lack of significant differences in the effectiveness of various treatments. However, there are treatments strategies with encouraging evidence of effectiveness that are only begining to be applied in practice (e.g., social skills training, stress management, community reinforcement). Approaches that yield even short-term advantages can promote more rapid recovery and may provide clues for preventing relapse. Evidence also shows that even relatively brief treatment can be more effective than none at all and supports the importance of matching patients to alternative treatment strategies (Miller, 1992).

Generally speaking, males constitute the majority of abusers admitted to the inpatient section, yet this description may not reflect the actual difference between male and female abusers in the socity, as many cultural and social obligations put the femineine section of drug abusers out of inpatients section. This contrasts Harrison (1989) who found no significant differences between males and females concerning the rate of admissions, yet she found different chemical dependency profiles, and increased prevalence of eatng disorders, sucidal attempts and abuse by boyfriends and spouses.

As shown by the results, adolescence and early adulthood appeared to be the ages of great risks. Also, the level of education and social level did not play an important protective role in the initiation of the substance abuse pattern or even in their impending relapses. Vik et al (1992) examined 3 social resource characteristics predicted to affect the influence of adolescent social networks (SNs)on outcome treatment for substance abuse (SA);The perceived similarity, perceived support and the drug abuse patterns for the support persons in the adolescent's social network. They found that perceived similarity to one's social network emerged as an important moderator of whether the social network provides support to remain abstinent or elevates the risk for relapse.

Most of the researches, including this one, highlight the role of family support structure and history in the production and relapse of substance abuser. A significant portion of our patients showed a positive family history of substance abuse, this can not rule out the important role of the family support and cohesion in the prevention of substance abuse. Rich et al (1991) studied the role of Social support & family characteristics and self-esteem in relation to outcome following adolescent chemical dependency treatment. The quality of social and family support reported by adolescents was related to substance use outcome following treatment,with abstainers having more support than relapsers. Greater satisfaction with one's social resources and higher self-esteem were associated with fewer psychosocial problems during the year following treatment .

The debate about the role of personality disorder (PD) diagnosis in subshnce abuse is still going on, also the concept of the addictive personality. This study showed that nearly half of the patients had a personality disorder diagnosis, and that borderline, antisocial, & passive aggressive are the PDs mostly diagnosed. Our results correspond to that of Nace & Davis, (1993) about the non significant difference between abusers with PD diagnosis and those without PD diagnosis at follow up, they suggest that PD substance abusing patients lag behind non-PD group in their response to intensive treatment focused on substance abuse.

The increased percentage of polysubstance abuse among this group of patients and the high percentage of hashish as a common drug agree with other studies searching for the differential type of substance abused by patients (Peffinati,1993; Myers & Brown,1990). The nearly 100% prevalence of nicotine smoking together with the considerable early age of starting smoking cigarettes agree with the results of prof. Souef, and highlight the role of early smoking as a predictor for the subsequent increased incidence of substance abuse.

In comparison to the Cleveland criteria for inpatient treatment (McKay et al, 1992) and the SWEDATE project (Berglund et al, 1991), the early discharge, the short duration of stay in hospital together with significant proportion of discharge against medical advice in our inpatient section, raise an important issue as to who is responsible for that. The defect may be in the therapeutic process itself, or our way of managing & programming the process of therapy or the lack of recreational and rehabilitation activities, that make the patients ask for discharge after a short period of hospitalization.Othe indications point to the family responsibility, as they agree to discharge patients against medical advice,which may expose the patient, during the craving period to a free and permissive environment which pushes them towards relapse.

Another important aspects, was the significant portion of relapsers immediately after discharge,this give us an alarming signal, that the detoxification therapy, will never be sufficient to treat such a group of patients and that psychotherapy, cognitive and behavioral therapy and social intervention should be strongly indicated before such patients get the advice to be discharged.

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خصائص المرضى المترددين على وحدة علاج الإدمان بمركز الطب النفسى بجامعة عين شمس

روجعت ملفات مرضى الإدمان الذين أقاموا بمركز الطب النفسى بجامعة عين شمس خلال عام(شهر ١٠- ١٩٩٣ إلى شهر ١٠-١٩٩٤)، وذلك لمحاولة إيجاد أى علاقة محتملةبين المادة المستخدمة فى الإدمان و البيانات الاجتماعية و اتجاه الأسرة، و قد ركز البحث على : (١) البيانات الاجتماعية السكانية (٢) نوع المادة المستخدمة (٣) است الشخصية للإصابة (٤) تاريخ الأسرة (٥) الخلفية الاجتماعية . و نوقشت بعد ذلك أثار تلك العوامل فى المدى البعيد على هؤلاء المرضى.