

Psychiatric Disorders and Personality Traits Among Substance Dependent

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Abstract

One hundred and sixty-two adult men participated in this study in order to determine the prevalence of psychiatric disorders among a group of AOD dependents. They were divided into two groups: Group (I): Substance dependant group (81). Their age ranged from 18-40 years (mean 30.7 years $\pm$ 5.53). They were diagnosed according to DSM (IV) criteria for dependence of alcohol or other drugs. They were selected from in-patient substance dependence treatment unit of El-Abassia Mental Hospital. Group (II): Non-substance dependent group (Control group) (81). They were matched in age, educational level and socioeconomic standard as group (I). Both studied groups were subjected to: semistructural clinical psychiatric interview; General Health Questionnaire (GHQ), Eysneck Personality Questionnaire (EPQ) and Scale for Ego Strength. We found that sedative and hypnotics were the most common drug of choice (79%), followed by cannabis (45.9%), opium (33.3%), alcohol (30.3%) and stimulants (17.31). There was a statistical significant difference between both studied groups according to GHQ in which 50.6% of group I had a higher score. The prevalence of psychiatric disorders among groups was major depressive (16%), adjustment disorder (13.5%), organic mental disorders (11.11%), dysthymia (6.17%), schizophrenia (4.9%), paranoid disorders (3.7%), and bipolar affective disorder (1.2%). On the other hand, 50.6% of group (I) had no associated mental disorders. The percentage of personality disorders among group was antisocial (20%), schizotypal (2.4%), dependant, paranoid and border line (each 1.2%). There was a statistical significant difference between both studied groups as regard to extroversion, neuroticism, psychoticism, criminality, and social conformity and ego strength. We concluded that psychiatric disorders including personality disorders, high scores on Eysenck Personality Scale and low score on Ego Strength Scale prevailed in AOD dependents, who seek treatment in inpatient settings compared to control group. The high psychiatric comorbidity among substance dependents needs to be carefully screened and treated as well.

Introduction

Alcohol and other drug (AOD) use disorder have become the concern of public opinion in the world. It prevailed in all social and economic segments, especially in young people whether they are students or workers (Patrick., 1995). International Agency for Drug Enforcement recorded the increase in the amount of planted natural

narcotics, illicit drug production, their illicit trafficking and abuse in many places of the world which threaten the peace and security, of all societies (National Agency for Drug Enforcement Report, 1990). The relationship between (AOD)-use disorder and psychopathology is complex (Brady et al., 1991a). The life time prevalence of

comorbid axis I psychiatric disorders in persons with AOD-use disorders occupy the range from 20% to 90%, depending on the population studied and the rigor of the diagnostic criteria used (Mirin et al., 1991). On the other hand, it was reported that about one-third of hospitalized psychiatric patients manifest comorbid non-nicotine AOD use-disorder (Crowley et al., 1974). Penick et al. (1988), studied an outpatient population of patients with alcohol dependence or abuse, of these, 56% reported psychiatric comorbidity. Furthermore Brady et al., (1993) found that 65% of men abusers had one or more of other mental disorders, including passive aggressive, obsessive compulsive, and antisocial personality.

In previous studies, there was preoccupation with the relation to the physical illness rather than psychiatric illness (Yonus et al 1987, Soueif 1990). The more recent studies demonstrated that the relation to the psychiatric disorders is much stronger. For example; Badr, (1995) found that 30.3% of male university students in Greater Cairo, in Egypt, who ever use psychotropic drugs for non-medical reasons, had physical illnesses, compared to 19.7% of non-users. The corresponding percentages for the same population, which reported the association between psychotropic drug use and psychiatric disorders, were 13.7%, and 5.8%; which is statistically an indication of a stronger association, in the latter case. Other local supports this as well as other studies done in foreign countries (Soueif M. et al., 1991, Hansell and Whit 1991).

Either as antecedent, or consequence, mental health improvement will probably result in a decrease probability of drug use. The treatment protocol of patients who have dual disorders differ significantly from these with either disorder alone (Ries, R., 1994). The outcome also is different. For example; patients with comorbid borderline or antisocial personality disorders have poor response to treatment and a greater risk for suicide. A careful assessment, then, to the comorbid medical and psychiatric conditions is crucial in defining the essential elements of effective prevention and treatment strategies. Nevertheless investigating the possibility of presence of a causal link in this relation by using cohort studies is of the same importance, especially for prevention.

In the studies reviewed by Badr (1994), they use only questions based on operational definitions, which consider only the treated psychiatric disorders in the past. Second they did not use an international oriented criteria (e.g. DSMIV), which would allow comparison with similar studies in other cultures. They neglected the category of personality disorders, in their investigation, which is a well-documented psychiatric condition associated with AOD-use. In our current study, we considered a semistructured clinical psychiatric interview based on DSM-IV, axis I and II criteria; as well as an application of structured scales to measure personality traits (see study tools).

Purpose of the study:

- 1- Delineating the degree to which substance dependence is associated with psychiatric disorders in adult Egyptian men.
- 2- Determining the prevailing personality traits among them.

Material and Methods:

This study was conducted on one hundred and sixty-two (162) individuals. They were divided into two groups:

Group I: Substance dependant group = eighty-one men aged 18-40 years (mean 30.7 years $\pm$ 5.53) who met the DSM IV (1994) criteria for dependence of alcohol or other drugs. They were selected from the inpatient substance dependence treatment unit of El-Abassia Mental hospital from March to May 1995. It was mandatory in our sample that they can read and write to fill psychometric instruments used in this study.

Group II: Non substance dependent group (control group) of eighty one (81) men aged 18-40 years (mean age is 30.69 $\pm$ 5.39 years), who got scores of ≤ 3 in General

Health Questionnaire. They were selected from outpatient clinics and inpatient of El Hussein University Hospital. They were of the same education and socioeconomic standard as group I.

Both studied groups were subjected to:

- Semistructured clinical psychiatric interview based on DSM IV criteria and following the Psychiatric Assessment Schedule (El-Akabawi et al., 1984).
- General Health Questionnaire (GHQ) (Goldberg and Blackwell, 1970).
- Eysenck Personality Questionnaire (Hassan, 1990).
- Scale for Ego Strength (Kafafi, 1982).

Findings and Discussion

Substance dependence involves an array of cognitive, behavioral and physiological symptoms that promote the individual to continue using the substance despite significant problems resulting from the substance use. Alcohol and nicotine are the most commonly abused substances, but marijuana, hashish and cocaine are also common (Ray, 1993).

We found that sedatives and hypnotics (79%) were the most common drug of choice followed by cannabis (45.6%) opioids (33.3%) alcohol (30.8%) and stimulants (17.3%), as in table 1.

This is consistent with findings of other studies done in Egypt (see Demerdash et al., 1992, Okasha et al., 1982, Shehata E. and Mohammady 1986). It differs with the prevalence of AOD-use among Egyptian male university students (Soueif 1995); in the hierarchy of the substance used; where, 22.08 % ever drank alcohol; 9.04% used natural narcotics and 8.82% used psychotropic drugs; in their lives. The difference in these studies may come from that in the latter study, what was reported is any use of the drug even once, but in the former studies, including ours; either abuse or dependence were reported.

No one in the substance dependence group mentioned that he used hallucinogens or volatile substances or other (unspecified) substances. This is in accordance with the study of the prevalence of psychoactive substances in Egyptian general secondary school students, technical secondary school students, university students, and industrial workers (Abdul- Monem 1994). It differs with the results of Qatar University study (Al-Akabawi et al., 1984) which found that 9%, 2% were using hallucinogens and inhalants respectively. Also, in Hussein's study (1990), only one case was using hallucinogens. On the same direction, in the current study, only one case reported using cocaine. The latter finding is supported by the study of male university students (Soueif, 1995), in which 8 cases out of 12797 (0.02%), were using cocaine in association with other natural narcotics. However, in the National Comorbidity Survey (Anthony et. Al., 1994), 19.5% of male users who gave history of ever use cocaine; 18% from them have become dependent in the time of the study. This might reflect the every day living frustration, which is experienced by young adults in Egypt, compared to United States, in this example. In case of the Egyptian users, they may prefer downers rather than stimulant, as a tool for modification of every day life stresses; where in case of USA drug users, they may intend to magnify the pleasurable experiences existing as a result high quality of life standard. Cocaine is also much more expensive compared to sedative-narcotics and the lower income in Egyptian samples may explain this finding.

Psychiatric Comorbidity:

Epidemiological data as well as data from treatment seeking populations indicate that substance abuse disorders and other psychiatric disorders co-occur more commonly than would be expected by chance (Brady et al., 1992).

There was a statistical significant difference between both studied groups according to GHQ in which 50.6% of substance dependence group had a higher score of GHQ which denotes the increased psychiatric disorders among them (Table 2). This finding goes hand in hand with Badr (1994 and 1995), Brady et al. (1993), and Joel et al. (1994) (see later).

In our study, the percentage of psychiatric disorders among substance dependant group according to DSM IV criteria were major depressive (16%), adjustment (13.5%), organic mental (11.11%), dysthymia (6.17%), schizophrenia (4.9%), paranoid (3.6%), and bipolar affective disorder (1.2%). On the other hand, 50.6% had no associated mental disorder (Table 3).

Badr in his review of prevalence of psychiatric disorders, among AOD-users of Egyptian general secondary school students (1978), general secondary school students (1986), university students (1983), university students (1991), industrial worker (1984) and Industrial worker (1985) were; 19.4%, 15.8%, 10.2%, 8.2%, 9.3% and 9.9%, respectively. In all of these studies, the association of AOD-use and the reported psychiatric disorder, were statistically significant (Badr 1994). Badr (1995), reported that sense of oppression,

irritability, anxiety, and fears, were the most common psychiatric complaints among AOD-users. This looks different in relation to the current study. The reason for the difference may be due to: first; in the studies reviewed by Badr (1994), the target populations were apparently healthy populations; living in the community, and carried their social responsibilities, while the population of the current study were people suffering from AOD-use disorders. Second, the criteria used for diagnosis of psychiatric disorders are different. In the studies reviewed by Badr, they rely only on presence of a positive history of treated psychiatric problem. Also, they most probably, rely on symptom-based listing, rather than disorder-based diagnoses.

Brady et al., (1993) reported that among substance abuser men, comorbidity with psychiatric disorders was affective or anxiety (48%) major depressive episode (36%) post traumatic stress (24%), social phobia (14%), panic (10%) and Bipolar disorders (6%).

About 35% of population age are 15 to 54 have had a mental disorder in their life, of these 39% also, had substance abuse dependence. Among those with a mental disorders in the past year, 22% also had a substance abuse dependence (Rouse 1995).

Joel et al., (1994) reported that among alcoholic patients, psychiatric disorders is 56 percent and among patients in outpatient treatment for a psychiatric disorder and alcoholism, it is 54% percent.

De Moja (1992) also found positive correlation for drug use, anxiety and depression. National Institute of Mental

Health Epidemiological catchment area data indicate that bipolar affective disorder is the axis I disorder most likely to be associated with some form of substance abuse or dependence (Brady et al., 1991,a). Increased rate of any affective disorders was related to dependence of those who used cocaine more than five times (Kibey et al., 1992). Paranoid disorder was found in 3.7% of substance dependant group (Table 3). Paranoia became more severe and developed more rapidly with continued drug use is consistent with a sensitization model of cocaine - induced paranoia (Satel et al., 1991).

Brady et al., (1991,b), concluded that cocaine induced paranoia is a common experience, among chronic users.

Schizophrenic disorder was found in (4.9%) of our substance dependant group (Table 3). Linzen et al., (1994) found that cannabis abuse and particularly heavy one can be considered a stressor eliciting relapse in-patients with schizophrenia and related disorders and possibly a premorbid precipitant. However, Thomas (1993) stated that cannabis has a causative role in chronic psychosis or affective disorders, it is not convincing although the drug may modify the course of an already established illness.

Patients under the influence of addictive substance can have major behavioral change such as suicidal behavior, anger, rage and aggressiveness, antisocial activities, withdrawn and avoidant behavior or excessively euphoric and they may have neurologic signs and symptoms as well (Joel et al., 1994).

Mirin et al., (1991), reported that, the life time prevalence of comorbid axis I psychiatric disorders in persons with AOD-use disorders occupied the range from 20% to 90%, with treatment-seeking individuals occupied the higher end of the range. The results of the current study were, somewhat, midway in relation to the previously reported range. The difference in prevalence may be due to underestimation for the associated psychiatric disorders, as the investigators tend to relate many of anxiety, and/or depressive symptoms to withdrawal phenomena, and or to the effect of major tranquilizers used to sedate the patients, or manage the existing insomnia. The former reason was supported by Ries R. (1995). He pointed out that AOD-use perse could induce depressive and anxiety symptoms, which make the evaluation of the associated psychiatric disorders difficult, given the ongoing substance dependence or withdrawal.

Considerable research links personality disorders such as antisocial personality disorder with the development of substance dependence (Marie, 1995).

We found that antisocial personality disorder was (20%), schizotypal (2.4), and dependent, paranoid and borderline (each 1.2%) (Table 4).

This study coincides with results of Badr (1991), in Qatar University study, El-Akabawi et al. (1984) reported that, 46% of the sample had no personality disorders while the rest was described to be passive aggressive personality (30%); 19% was

described to be hysterical, dependant and avoidant personalities.

Brady et al., (1993) found that 65% of men abuser had one or more of other mental disorders including passive aggressive, obsessive compulsive, and antisocial personality, either alone or with affective or anxiety disorders.

Weiss et al., (1993) stated that personality disorders diagnoses in cocaine dependant patient remain relatively stable regardless of current drug use pattern.

Previous research has shown a high prevalence of comorbid personality disorders among individual seeking treatment for cocaine dependence. The most common axis II diagnosis was borderline (34%) followed by antisocial and narcissistic each (24%), avoidant and paranoid each (22%) and obsessive-compulsive, and dependant (10%) (Kranzler et al., 1994).

Zablocki et al., (1991) found that the marijuana use is associated significantly with psychological distress for highly introspective individuals. Marijuana/Hashish use tends to be a vehicle for the expression of personal difficulties in the area of self-esteem and emotional/psychological functioning (Dembo et al., 1993).

There was a statistical significant difference between extroversion, neuroticism, psychoticism, criminality and socialism between both studied groups (Table 5). Taking into consideration that neuroticism, extroversion and psychoticism reflects tension and impulsiveness, which are all connected to drug dependence behavior.

Also falling into troubles with police, breaking laws and compulsion for drug use suggested rise in extroversion and psychoticism (Soueif 1991). Khaled and Kreshna suggested that extroversion is one of the most distinctive characteristics of drug dependants and that they are suffering from desire followed by compulsive drinking of alcohol and smoking of tobacco more than that in case of introversion (Hussein, 1990). This coincides with a study in which Minnesota and Eysenck questionnaire was applied to (252) individuals; (152) of them were independents, which clarified that there is a link between the rise in extroversion level and the relative rise in drug dependence.

Cocaine use was associated with increase neuroticism, psychoticism and negative affect (Kibey et al., 1992).

And as regard to Ego Strength Scale -in our study- there was a statistical significant difference between both studied groups (Table 5). Persons who have got a powerful ego have the ability to stabilize between inner needs and external reality as Freud said the power of the ego is the ego's ability to harmonize between instincts and the super ego. Hence, the powerful ego person is characterized by the great ability to bear frustrations; control over inner need and taming self-desire and basic needs to be in harmony with the society. On the contrary, the person who has a weak ego is characterized by subconscious drives and feelings and lack to bear frustrations and pressure generally, through which the person suffers from conflicts, anxiety and excess use of defense mechanisms (Freud, 1957).

The relationship between some characteristics of the personality and lifetime prevalence of drug use was studied (NIDA 1982). Personality characteristics such as, being socially responsible, feeling efficient in facing challenges and liking education, high level of other kinds of mental activity, trust in the ability of learning, ambitious, accepting others (specially parents, colleagues and teachers) are related to less reporting of AOD use. On the other hand, the low level of the previously mentioned characteristics is associated with AOD use. It was found that the low levels were associated with use of hashish in early age, while the moderate levels were associated with drug use, but in relatively later age. These characteristics are in direct proportion with ego power.

Future Directions for Research and Other Implications:

It is important to conduct household surveys based on an International criteria, (e.g. DSMIV-criteria) in Egypt, to screen AOD-use disorder and to measure the extent of medical and psychiatric comorbidity (including axis II diagnosis) with and without AOD-use disorders.

The current study may be replicated in a different situation; namely for outpatient AOD-use treated population in order to control for effect of hospitalization. Another different situation is the timing, namely after elapse of enough time from the last time of drug use (average is one month), to avoid the presence of withdrawal symptoms; so that screening for comorbid psychiatric disorders becomes more valid.

Also it is important to carry longitudinal studies to determine the possibility of temporal relations between AOD use and the existence of medical and/or psychiatric comorbidity. It is appropriate to explore the relation between psychotropic-use; especially, sedatives and hypnotics (for non-medical reasons), and the existing psychiatric disorders. This is because their association was determined to be consistently strong.

In the current study, the investigators were unable to prepare a data-base file, so that it become easy to perform other statistical

Table (1):

Distribution of Group I according to alcohol or drug dependence.

*Substance Abuse	No.	%**
Beer	11	13.5
Alcohol	25	30.8
Cannabis	37	45.6
Stimulants	14	17.3
Hypnotics, sedatives	64	79
Medical prescription	9	10.8
Cocaine	1	1.2
Opioids	27	33.3

*The above-mentioned drugs were the drugs used in the period before current hospitalization.

** Some patients used more than one substance; so that the simple summation of the percentages is exceeding 100%

Table (2):

The Affection of Psychological Portion of the General Health, As Measured by GHQ (A Comparison between the Two Study Groups).

Score of G.H.Q.	Substance dependence group		Control group	
	n	%	n	%
0-3	3	3.8	81	100
4-7	7	8.4	-	-
8-14	30	37	-	-
>15	41	50.6	-	-
Total	81	100	81	100

t = 16.09 *** HS

analysis as logistic regression model which can help in identifying the existence of cofounders or interaction in the association between AOD-use and the existing psychiatric comorbidity.

Conclusion

We concluded that there is a relationship between psychiatric disorders, certain personality traits and substance dependant disorder which can give rise to increased patient psychopathology and chronicity.

Table (3):

Psychiatric disorders (Axis I) among substance dependence group according to DSM IV.

Psychiatric Disorders	*Substance dependence group	
	no	%
(1) Major depressive episode disorder	13	16.0
(2) Bipolar affective disorder, manic	1	1.2
(3) Dysthymic disorder	5	6.17
(4) Organic mental disorder	9	11.11
(5) Adjustment disorder	11	13.5
(6) Schizophrenic disorder	4	4.9
(7) Paranoid disorder	3	3.7
(8) Not associated mental disorder	41	50.6

*Individuals may have been diagnosed with more than one psychiatric disorders.

Table (4):

Personality Disorders Among Substance Dependence Group According To Axis II DSM IV.

Psychiatric Disorders	*Substance dependence group	
	No	%
(1) Antisocial	16	20
(2) Dependant	1	21
(3) Schizotypal	2	2.4
(4) Paranoid	1	1.2
(5) Borderline	1	1.2
(6) Not associated	60	74

Table (5):

Personality traits in both studied groups according to E.P.Q. (Eysneck Personality Questionnaire) and Ego Strength Scale.

Personality trait	Sub. Depend Group		Control Group		
	mean	± SD	Mean	±SD	t
(1) extroversion	13.98	3.43	11.41	3.54	2.4**
(2) Neuroticism	16.59	4.04	10.17	3.29	9.37*
(3) Psychoticism	12.14	5.64	4.23	2.63	11.37*
(4) Criminality	21.32	4.96	7.69	2.76	16.94*
(5) Social conformity	12.12	3.43	8.89	2.31	2.98*
(6) Ego strength	27.64	3.45	34.37	5.45	8.98*

** Significant; * Highly significant.

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الاضطرابات النفسية وسمات الشخصية**لدى الرجال المعتمدين على العقاقير**

أجرى هذا البحث على عدد ١٦٢ رجل بالغ ، تم تقسيمهم الى مجموعتين؛ الأولى تحتوى على ٨١ مريضاً بالاعتماد على العقاقير وتتراوح أعمارهم من ١٨ - ٤٠ عاماً (متوسط ٣٠,٧ عام ، ± ٥٣ ، ٥) - وكان التشخيص معتمداً على التقسيم الأمريكي الرابع، وذلك فيما يخص الاعتماد على الكحوليات والعقاقير الأخرى . وقد اختيرت هذه المجموعة من المرضى المقيمين بوحدة علاج الاعتماد على العقاقير في مستشفى العباسية للصحة النفسية بمدينة القاهرة .

والمجموعة الثانية تتكون من ٨١ رجلاً بالغاً لا يعتمدون على العقاقير (المجموعة الضابطة) . وقد تم اختيارهم بالتوافق مع المجموعة الأولى من حيث السن والتعليم والمستوى الاقتصادي والاجتماعي . وقد تم عمل مقابلة إكلينيكية وتطبيق اختبار الصحة العامة لجولدبرج ، واختبار أيزنك للشخصية ، ومقياس قوة الأنا لعلاء كفاي .

وقد وجد الباحثون أن المهدئات والمنومات كن الأكثر انتشاراً (٧٩ %) ثم القنب (٤٥ ، ٤ %) ثم الأفيونات (٣٣ ، ٣ %) ، يلي ذلك الكحوليات (٣٠ ، ٣ %) وأخيراً المنشطات (١٧ ، ٣ %) . وقد ظهر فارق ذو دلالة إحصائية بين المجموعتين عند تطبيق اختبار الصحة العامة حيث حصل (٦٠ ، ٥٠ %) من المجموعة الأولى على درجات أعلى من المجموعة الثانية .

وظهر في المجموعة الأولى الاضطرابات التالية : نوبة اكتئاب عظمى (١٦ %) ، اضطراب التكيف (١٣ ، ٥ %) اضطراب عقلي عضوي (١١ ، ١١ %) ، اكتئاب مزمن (١٧ ، ٦ %) ، فصام (٩ ، ٤ %) ، بارانويا (٣ ، ٧ %) ، بينما لم تظهر أي اضطرابات لدى (٦٠ ، ٥٠ %) من أفراد العينة .

وعن اضطرابات الشخصية بالمجموعة الأولى فكانت كالتالي: اضطراب الشخصية ضد المجتمع (٢٠ %) ، شبه الفصامية (٢٠ ، ٤ %) الشخصية الاعتمادية والبارانوية والحدية بنسبه (١٠ ، ٢ %) لكل منهم . وقد ظهر فارق ذو دلالة إحصائية بين المجموعتين عند فحص سمات الشخصية التالية: الانبساطية، العصابية ، الأذانية، الإجرامية ، المجاورة الاجتماعية، وقوة الأنا.

وتلخيصاً فالاضطرابات النفسية؛ والارتفاع علي أبعاد سمات الشخصية وقوة الأنا كما يقيسها اختبار أيزنك للشخصية واختبار قوة الأنا لكفاي علي التوالي، تشيع لدى المعتمدين علي الكحوليات والمواد الإدمانية الأخرى من المحجوزين من الذكور للعلاج من الإدمان. وهذا يستلزم عناية خاصة عند وضع الخطة العلاجية لهؤلاء المرضى لإضافة ما يلزم من علاج للاضطرابات النفسية المصاحبة.

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