

Psychiatric Comorbidity among Non-Injecting Opioid Users

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Abstract

Background - Psychiatric comorbidity is strongly associated with opioid use. The earlier studies have focused on injecting drug users and their associated psychiatric comorbidities, while little attention is made on the other group, non injecting drug users. The aim of the study is to focus on socio-demographic profile and psychiatric co-morbidities among the non injecting opioid users. **Material and Methods** - The present study was conducted in the Psychiatry Department, Government Medical College, Amritsar. A sample size of 150 patients was taken who fulfilled the criteria of opioid dependence using ICD 10 criteria. MINI (Mini International Neuropsychiatric Interview) was applied to study the psychiatric co-morbidity among the non injecting opioid users. **Statistical Analysis** - Data was analysed using SPSS software version 21.0. **Results** - The mean age of the subjects was 31.74 ± 8.64 years. The majority of subjects were male, married, employed. Majority of subjects had used the opioids for less than 5 years. Heroin was the most commonly used opioid followed by tramadol followed by synthetic opioids. Anxiety disorders were the most common psychiatric comorbidity followed by depression. **Conclusions** - There is high prevalence of psychiatric co-morbidity in the non injecting drug users which is often ignored which leads to poor treatment outcome. Hence there is more need for screening and assessment of psychiatric disorders in non-injecting opioid users.

Keyword: *S Opioids, non injecting users, Psychiatric, Co-morbidity.*

Background

Drug use has been rampant since the beginning of human history. Opioids and their derivatives have been used since the prehistoric times by the humankind. More recently synthetic opioids have started dominating the market. The association of psychiatric co-morbidity and opioid dependence has long been known and documented in various studies.

In a study conducted on opioid dependent individuals, it was found that as compared to general population there was 9 times greater incidence of depression, 7 times the greater risk of psychotic disorder and 3 times the greater risk of anxiety disorder.^[1] The presence of psychiatric co-morbidity also had implications on treatment outcome in opioid dependent individuals.

In a study done to assess the psychiatric co-morbidity among opioid users, it was found that the rate of current psychiatric disorder was 70.3%.^[2] Another study done on treatment seeking opioid users found that current prevalence of psychiatric disorders was 61%.^[3] This was in contrast to the prevalence rate in general population which is in the range between 25-30%.^[4,5]

A study was conducted to study psychiatric co-morbidity in opioid users. The major co-morbid psychiatric conditions were major depression (30%), personality disorder (6%), generalized anxiety disorder (4%), phobic disorder (4%), panic disorder (2%), dysthymic disorder (2%), which points to high prevalence of psychiatric disorders.^[6]

Objectives

1. To study socio-demographic profile of the non injecting opioid users.
2. To study the psychiatric co-morbidity among the non injecting opioid users.

Materials and Methods

The present study was conducted in the Swami Vivekanand Drug De-addiction and Treatment Centre, Psychiatry Department, Government Medical College, Amritsar.

A sample size of 150 non injecting opioid users was taken. The informed consent was taken and the nature of study was explained to the patients. The patients who gave informed consent were administered DAMS (Drug Abuse Monitoring System) proforma to study socio-demographic profile of the patients. In order to study psychiatric co-morbidity MINI (Mini International Neuropsychiatric Interview) was administered. Patients not giving consent and with mental retardation and past history of psychiatric illness were excluded from the study.

Instruments

ICD-10 criteria for the diagnosis of opioid dependence.

Assessment Instruments

1. DAMS (drug abuse monitoring system) proforma – DAMS proforma provided by the project co-ordinating centre (NDDTC, AIIMS, New Delhi). The DAMS proforma was used to collect data from de-addiction service providers all over India (mainly government service providers), and keeps track of the current drug abuse pattern and notes change in pattern of drug abuse over years. It contains service provider's identification, basic socio-demographic data of the patient, a checklist of drugs of abuse ever used and drugs currently being used in the last one month, questions on injection drug use and on high risk behaviour.
2. Psychiatric comorbidity was analyzed using MINI scale (Mini International Neuropsychiatric Interview) is a short, structured diagnostic interview developed in 1990 by psychiatrists and clinicians in the United States and Europe for DSM-IV and ICD-10 psychiatric disorders. The M.I.N.I. is the structured psychiatric interview of choice for psychiatric evaluation and outcome tracking in clinical psychopharmacology trials and epidemiological studies.

Statistical Analysis

The data was analysed using the SPSS software Version 21.0.

Results

The study included the total of 150 patients. Table 1 shows the socio-demographic profile of the non injecting drug users. The mean age of the patients was 31.74 (SD=8.64) years. There was only one female encountered in the study. Majority of the patients were married (62.67%) and 37.33% were unmarried. Majority (81%) studied upto 10th standard and only 4.67% were illiterate. 98% of the patients have been employed at some time during their lives. Majority of the patients (70%) were living in nuclear families and about 80% practiced the Sikh religion. 55% belonged to the rural areas and 45% belonged to the urban areas. 70% of the patients were poly-substance users.

Table 1: Shows the socio-demographic profile of the non injecting drug users

Mean age	31.74±8.64	
Duration of opioid consumption	4.16±2.40	
Age of initiation	27.39±8.31	
Sex	No.	%
• Male	149	99.33
• Female	1	0.67
Marital status		
• Married	94	62.67
• Unmarried	56	37.33
Education		
• Illiterate	7	4.67
• Upto 10+2	122	81.33
• Graduate and above	21	14.00
Employment		
• Unemployed	3	2.00
• Employed	147	98.00

Living status		
• Joint	44	29.33
• Nuclear	106	70.67
Religion		
• Sikh	121	80.67
• Hindu	29	19.33
Locality		
• Rural	83	55.33
• Urban	67	44.67
Poly substance use		
• Yes	105	70.00
• No	45	30.00

Table 2: Shows the presence of psychiatric co-morbidity using MINI scale.

MINI-A	IDU (-)	
	No.	%
• Absent	123	82.00
• Present	27	18.00
MINI-B		
• Absent	150	100.00
• Present	0	0.00
MINI-C		
• Absent	141	94.00
• Present	9	6.00
MINI-D		
• Absent	141	94.00
• Present	9	6.00
MINI-E		
• Absent	140	93.33
• Present	10	6.67
MINI-F		
• Absent	150	100.00
• Present	0	0.00
MINI-G		
• Absent	139	92.67
• Present	11	7.33
MINI-H		
• Absent	137	91.33
• Present	13	8.67
MINI-I		
• Absent	144	96.00
• Present	6	4.00
MINI-J		
• Absent	129	86.00
• Present	21	14.00
MINI-K		
• Absent	150	100.00
• Present	0	0.00
MINI-L		
• Absent	141	94.00
• Present	9	6.00
MINI-M		
• Absent	150	100.00
• Present	0	0.00
MINI-N	No.	%

• Absent	150	100.00
• Present	0	0.00
MINI-O	No.	%
• Absent	138	92.00
• Present	12	8.00
MINI-P	No.	%
• Absent	134	89.33
• Present	16	10.67

MINI-A shows the presence of co-morbid depression in substance dependent patients. 18% of the patients were found to be depressive. MINI-C shows the presence of co-morbid suicidality, which was present in 6% of the patients. MINI-D shows the presence of co-morbid mania/ hypomania in substance dependent patients. It shows that 6% of the non injecting opioid users had co-morbid hypomania/ mania. MINI-E shows the presence of co-morbid panic disorder which was present in 6.67%. MINI-G shows the presence of co-morbid social phobia and it was present in 7.33%. MINI-H shows the presence of co-morbid obsessive compulsive disorder in the substance dependent patients. It shows that 8.67% of the patients had Obsessive compulsive disorder.

MINI-I shows the presence of co-morbid post traumatic stress disorder and it was present in 4%. MINI-J shows the presence of co-morbid alcohol dependence in substance dependent patients. It shows that 14% of the patients had alcohol dependence. MINI-K shows the presence of co-morbid psychotic disorder which was present in 6% of the sample. MINI-P shows the presence of co-morbid antisocial personality disorder in substance dependent patients, which was present in 10.67% of the sample.

Discussion

The results of the study shows that there is high degree of prevalence of psychiatric co-morbidities in the non injecting opioid users. Few studies have been done in this regard as major focus is on Injecting drug users.

In our study the mean age of presentation was 31.74 ± 8.64 years. The data was similar to other studies.^[7,8] The mean age of opioid consumption was 4.16 pm 2.40 years, our findings were supported by earlier studies.^[9,10]

Regarding the psychiatric co-morbidity the most common diagnosis was anxiety disorders (26%) followed by depression (18%). Our findings were consistent with earlier studies.^[11,12]

Among the anxiety disorder spectrum, generalized anxiety disorder accounted for 8%, post traumatic stress disorder (4%), social phobias (7%), panic disorders (6.7%). Our findings were supported by previous studies.^[13,14]

Anti-social personality disorder was present in the 10.67% of the sample. Our results were consistent with results of earlier studies done.^[15,16]

Most of the earlier studies done doesn't discriminate between non injecting and injecting drug users and put them under the category of opioid users. So, this study gives better insight into the psychiatric co-morbidity profile of the non injecting drug users which will help in improving treatment outcomes in this group.

Limitations

The findings were based on cross sectional data. Better insight can be provided by the longitudinal studies.

Conclusions

The presence of psychiatric co-morbidities in the non injecting drug group points towards more need on focusing on screening and assessment of psychiatric illness in this patient group, which will lead to better treatment outcome.

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