

PSYCHOPATHOLOGICAL CORRELATIONS TO DRUG ADDICTS

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Abstract:

The number of people consuming psychoactive substances is increasingly higher in Romanian society, persons belonging to all social categories and covers the whole range of high-risk drugs.

The majority of interventions in patients with substance use problems are undertaken by GPs. In areas where there are no substance misuse specialists the majority of more complex cases are seen by general psychiatrists, with management of the acute medical problems, including overdose and withdrawals, treated in the general hospital. The resultant problems include both mental and physical illnesses and family, housing, employment, and legal difficulties. In treatments, both psychological and pharmacological interventions are used; these may include detoxification and substitute prescribing. (12)

Keywords: drug addiction, psychopathological symptoms, cooperation

Introduction

In contemporary Romanian society is emerging a growing number of people who are consuming drugs, with certain patterns of consumption, on the one hand because the existence of these drugs and relatively easy access to them, secondly because of the vulnerability of those who became consumers, people belonging to all social groups and who cover the entire range of high-risk drugs. The identification of the principal coordinates which define the patients' environment, allowed us to delineate the profile of the current drug users, pointing out the psychopathological comorbidities among these patients.

MATERIAL AND METHOD

Our analysis was based on a group of 98 patients who required specialized care for disorders related to excessive use of drugs, in the Psychiatric University Hospital “Socola” Iași. The evaluation was performed by filling the tridimensional bio-psycho-social assessment file, the aim being

in highlighting the feelings that the patients had experienced for two weeks before admission, feelings which are actually some of the main reasons that led to the application for specialized medical care.

The data collected during the study were centralized and analyzed, resulting conclusions and valuable information regarding the association of psychopathological comorbidities among drug users.

STATISTICAL APPROACHES

In the statistical analysis were used both descriptive and also the analytical methods.

After data collection in an accessible form, to ensure their information character, the processing of data was made.

Actions of the processing included the stage of order, systematize, and reduce the volume of gathered information, by successive operations of grouping, sorting, coding and synthesis. Data were expressed in a form allowing their classification in certain categories. A variable will not be recorded in many forms. Data grouping will be made by the certain categories of variables. Data were centralized in EXCEL and SPSS databases and processed with statistical functions to which they lend.

In presenting data were used confidence intervals to 95% materiality, and to test differences were used χ^2 and t-Student tests.

Primary processing, namely the systematization of data by centralization and grouping, led to obtaining primary indicators, which are presented as absolute magnitude. Based on the primary indicators, by different statistical methods of comparison, abstraction and generalization, derived indicators were obtained.

RESULTS

Our study included a total of 98 patients, aged between 18 and 41, for the first time in hospital for drugs abuse or representing readmitted cases to the clinic or to the treatment. More than half of them, 63.3% respectively, were new cases, remaining 36.7% were patients who benefited in previous periods of specialized medical support for drug problems.

According to literature and to the official statistics, drug use prevalence is higher among men, the occurrence of the consumption within our study group is according to these data, showing a proportion of 89.8% males of all consumers patients.

Dominant psychiatric symptoms, drugs use related and experienced by the patients for two weeks before admission, were anxiety at a rate of 82.7% and depression in a proportion of 64.3%. These symptoms mainly, along with other physical or mental suffering such as mixed sleep disorders for 50% or anorexia for 40%, were the main reasons that prompted the patient to seek specialized medical care, mostly of them, 83.7% respectively, accepting the treatment voluntarily.

For two weeks before admission, the psychiatric symptoms were associated two or more, and the main association matrix is as follows:

Symptoms	Psychomotor agitation (8,2%)	Explosive Anger (19,4%)	Depression (64,3%)	Anxiety (82,7%)
Depression (64,3%)	-	19,4%	-	
Anxiety (82,7%)	4,1%	14,3%	41,8%	-
Anorexia(40,0%)	4,1%	11,2%	15,3%	24,5%
Psychological productive phenomena (6,1%)	2,0%	4,1%	4,1%	2,0%
Behavioral disorders (8,2%)	4,1%	-	8,2%	8,2%
Sleep disorders (50,0%)	8,2%	11,2%	-	34,7%

Symptoms	Psychomotor agitation (8,2%)	Explosive Anger (19,4%)	Depression (64,3%)	Anxiety (82,7%)
Headache (2,0%)	-	-	-	-
Palpitations (11,2%)	-	-	-	9,2%
Dizziness (2,0%)	-	-	-	2,0%
Dyspnoea (2,0%)	-	-	-	2,0%
Chest pain (2,0%)	-	-	-	2,0%

This study group voluntarily accept, treatment at a rate of 83.7%:

- voluntarily admitted:
 - ambulance called for withdrawal symptoms – 45.9%;
 - sent by the family doctor or by specialist – 37.8%;
- involuntarily admitted:
 - brought to emergency by ambulance or by police – 16.3%.

The patients from the study group, with a positive predictive value of 94.9% were cooperating, distribution of cases according to voluntary admission to treatment revealed the following:

- 7 patients (7,1%) voluntarily admitted were difficult in cooperation;
- with 12 patients (12,2%) brought involuntarily to emergency were difficult to cooperate;
- and the most cases of voluntarily admitted treatment were cooperating (76,5%).

Admission	Cooperation				Statistical significance
	cooperating		difficult		
	n	%	n	%	
voluntarily	75	76,5	7	7,1	$\chi^2=33,71$; GL=1; p<0,001
involuntarily	4	4,1	12	12,2	

DISCUSSIONS

The perceptions of their responsibilities and their developments at evaluated patients, emphasizes social anxiety, depression and feelings of maladjustment as largely.

Social adjustment and reintegration for addicts, is limited in terms of their perceptions, only to their own group, usually quite small, and the patient is identified with it, or at least aspire to this. Intrapsychic conflicts and contradictions have, as one of the main causes, the repulsion which they feel from civil society and feeling, unfortunately quite according to reality, that institutions authorized to operate in this area, and resources, are found in field with minimal impact and with minimal practical results even with the marginalization trend of these patients.

Fully intrapsychic released that these patients are experiencing during consumption, represents in many of our cases only a subterfuge by which they completely detach themselves, situation without which is installed social anxiety.

Thus, mental instability and social adaptive integrative difficulties, rather than family adaptive integrative difficulties, induce in our patients a tendency to get out of social patterns, sometimes close to pathological limit, except the situations when all are strictly related to the group to which they belong.

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