

One year follow-up of alcohol and illicit substance use in first-episode psychosis: Does gender matter?

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Abstract

Longitudinal studies on first-episode psychosis (FEP) patients have shown a decrease of substance use disorders (SUDs) over the first years of illness, but there has been less focus on the gender aspect. The present study examines stability of alcohol and illicit substance use, with specific focus on gender, in a one year follow-up investigation of 154 FEP patients (91 men, 63 women) in Oslo, Norway, using criteria for DSM-IV substance use disorder diagnosis, the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Use Disorders Identification Test (DUDIT). The results show that cannabis was the most frequently used illicit substance at both times. Significantly more men (34%) than women (13%) had a current illicit SUD at baseline. At follow-up, the rate of illicit SUDs was significantly reduced in men (18%) but not in women (11%). There were no significant gender differences in the rate of current alcohol use disorders (AUD) (men 14%; women 8%) at baseline, and no significant reduction in AUD in any of the genders at follow-up. At follow-up, total AUDIT and DUDIT scores were reduced in men only. In conclusion, the high and persistent rate of SUDs, particularly of cannabis, among men and women during the first year of treatment for psychosis should be addressed in the clinical management of the patients. Female FEP patients who are also substance users may be particularly vulnerable in this regard and warrant closer attention.

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1. Introduction

1.1. Substance use disorders in first-episode psychosis

The prevalence of substance use disorders (SUDs) in first-episode psychosis (FEP) patients is generally high [1–3] and associated with male gender and younger age of onset [1,4], but it is unknown how gender matters in the course of SUDs in FEP.

Prevalence rates of SUDs in FEP samples vary between 3 and 43% for alcohol use disorders (AUDs) and between 6 and 63% for illicit SUDs (mainly cannabis) [1–3,5–12]. Of

300 FEP patients from Norway and Denmark [3], 23% abused or were dependent on illicit substances, 15% had alcohol abuse or dependence and 9% abused or were dependent on both. A meta-analysis on cannabis use disorders in FEP showed a median prevalence of 44% for lifetime and 29% for current disorders [13]. Reviews of cohort studies have concluded that there is robust evidence for an association between cannabis use and psychosis, although it is still unresolved if cannabis use can cause psychotic illness that would not have occurred in the absence of cannabis use [14–16]. SUDs in FEP, and particularly persistent use in the early course of illness, are associated with higher relapse rates [17,18], increased risk of readmission [18–20], and involuntary admission [21], more positive [9,22], and depressive symptoms [7,9], poorer outcome [2,7], but better premorbid functioning [23,24] and neurocognitive performance [22,25].

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Longitudinal studies of FEP patients have generally shown decrease in substance misuse rates in the first years after diagnosis. This includes studies of early intervention in psychosis with [1] and without [2,12,26] specialized SUD treatment, as well as observational studies [7,9]. Wisdom et al. (2011) in a recent review reported similar reductions in substance use with as without specialized SUD treatment [27].

The majority of the above mentioned studies only measured use at the level of abuse or dependence [1,2,9,12] but lower levels of substance use may have negative clinical effects in patients with severe mental illness [28,29]. Therefore, it is relevant to study substance use at lower levels than would qualify for a DSM-IV diagnosis of abuse or dependence.

1.2. Gender differences in alcohol and illicit substance use in psychotic disorders

As gender differences in schizophrenia are likely explained by both biological and psychosocial factors, investigating gender differences may shed light on etiology and be important for developing individualized treatment strategies [30]. Women suffering from a first episode of psychosis generally have a better prognosis than men [31,32] but this may not hold true in the presence of comorbid substance abuse [33]. SUDs have generally been reported to be more prevalent among men than women with schizophrenia or other psychotic disorders [3,6,8,31,32]. A study from UK comparing SUD rates in FEP patients between two periods in the 1990s found all SUDs to increase over time in women aged 16–29 years, but not in men [34]. In a previous FEP study by our research group [35], AUDs and alcohol consumption were similar across genders. A Norwegian national population survey showed that alcohol consumption and alcohol related problems increased in women from 1973 to 2007 [36] although alcohol use and AUDs in the general population are still more common in men [37]. Women might have a lower genetic risk for developing AUDs [38], and heavy drinking is socially more unacceptable for women [39].

Gender differences in clinical follow-up studies of FEP patients, including substance abuse as one of several clinical factors examined, have been reported previously. Results from a 2-year follow-up study of 186 Danish patients showed higher baseline levels of substance abuse among men (44%) than women (17%) and a significant abuse reduction at follow-up (33% and 12%, respectively) [40]. In a recent 5-year follow-up study of 578 patients, also from Denmark, baseline levels of substance abuse were higher in men (37%) than women (15%), and levels appeared stable longitudinally (31% for men and 12% for women at follow-up) though the longitudinal change was not statistically tested in the paper [41]. A 3-year follow-up of 700 FEP patients in Hong Kong showed a higher proportion of substance abuse among the men (9%) than the women (2%) at follow-up, but no gender differences at baseline (men 9%, women 6%) [42]. Whether or not the different abuse

substances had a different longitudinal course was not addressed in these studies. From surveying the scientific literature, it is still unclear how gender affects abuse/dependence patterns of different substances longitudinally.

1.3. Present study and aims

The aim was to compare use and abuse/dependence of alcohol and illicit substances in FEP patients at baseline and at one year follow-up, with specific focus on putative gender differences. The study sample was based on the Thematically Organized Psychosis (TOP) study of FEP patients and was an extension of a partially overlapping sample in which SUDs in FEP patients at baseline were previously reported [35].

Based on previous findings from longitudinal studies of SUDs in FEP [1,2,7,9,12] and of gender differences in SUD prevalence in FEP [31,32], we hypothesized that both alcohol and illicit substance use would be more common in men than women and that all substance use would be reduced at one year follow-up in both genders.

2. Methods

2.1. Subject description

The FEP patients were recruited between 2004 and 2009 as part of an on-going multi-centre study of psychotic disorders (Thematically Organized Psychosis – TOP study) at the University of Oslo, Norway. They were recruited from psychiatric departments and outpatient clinics in the four major public hospitals in Oslo, covering a catchment area of approximately 500 000 inhabitants. Inclusion criteria were: 1) age 18–65 years, 2) first treatment for a non-organic psychosis according to DSM-IV; including schizophrenia, schizophreniform disorder and schizoaffective disorder (constituting “Schizophrenia spectrum disorders”); bipolar disorder and major depressive disorder with mood incongruent psychotic symptoms (constituting “Affective psychotic disorders”); delusional disorder, brief psychotic disorder and psychosis not otherwise specified (constituting “Other psychotic disorders”), 3) capability of giving written informed consent and 4) language abilities to complete interview and self-rating tests in Norwegian language. Patients were eligible for inclusion up to 52 weeks following the start of the first adequate treatment (defined as start of adequate medication or hospitalisation for psychosis). They were not considered to be first episode patients if they previously, on any occasion, had been treated with antipsychotic medication in adequate dosage exceeding 12 weeks or until remission. Psychosis was defined as a score of four or more on the Positive and Negative Syndrome Scale (PANSS) [43] on the following items; P1 (delusions), P2 (conceptual disorganization), P3 (hallucinatory behaviour), P5 (grandiosity), P6 (suspiciousness and thoughts about persecution) or G9 (unusual thought content) for more than one week. Symptoms had to have lasted throughout the

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