



Regional update

Addiction severity and comorbidity among women with alcohol use disorders: A hospital-based study from India

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ABSTRACT

Aim: To examine the addiction severity, comorbid psychiatric disorder and their temporal relationship among women seeking treatment for Alcohol Use Disorders (AUDs).

Materials and methods: The sample comprised of 35 women with AUDs, with or without psychiatric disorders, recruited from the outpatient and inpatient settings of a tertiary-care hospital. Their mean age was 38.51 years (S.D = 7.42). Patients were assessed using Clinical Data Sheet (CDS), Mini-International Neuropsychiatric Interview (MINI), Structured Clinical Interview for DSM-IV Personality disorders (SCIDII), Addiction Severity Index (ASI)-Alcohol subscale and Fagerstrom Test for Nicotine Dependence (FTND).

Results: Findings of the study indicated that on average patients initiated alcohol use in their early twenties and developed dependence by the age of 29.66 years (S.D = 7.60). The average duration of alcohol dependence was less than a decade before seeking treatment. The mean composite score on ASI was 0.71 (S.D = 0.18) and on FTND was 5.16 (S.D = 2.59), indicating a high level of alcohol and moderate level of nicotine dependence respectively. On MINI, 57.14% of the patients met the criteria for co-occurring Axis I psychiatric disorders such as major depression disorder and dysthymia. In the majority of the cases, comorbid Axis I disorders were secondary to AUDs. On SCID-II, 17% met the criteria for borderline personality disorder.

Conclusion: Examining and understanding the substance use and clinical profile of patients with AUDs are crucial for planning intensity, settings and focus of treatment for women with AUDs.

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1. Introduction

Epidemiological surveys in the last few decades have indicated that the use and abuse of psychoactive substances among women are increasing worldwide. Among the psychoactive substances, alcohol is the most widely abused by women (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014). The WHO's most recent Global Status Report indicated that 28.9% of women worldwide aged 15 years and above consumed alcohol at least once and 5.7% of them engaged in heavy drinking (World Health Organization (WHO), 2014). Women are at greater risk for various adverse bio-psycho-social outcomes due to their alcohol abuse. They are more prone to developing co-occurring Axis I and

Axis II psychiatric disorders than men. Depression, anxiety and post-traumatic stress disorders have been frequently reported among women with alcohol use disorders (AUDs) (Goldstein et al., 2012; Sánchez-Peña et al., 2012). Among Axis II disorders, studies have indicated that 20%–40% of women with AUDs are likely to have one or more co-occurring personality disorders such as borderline personality disorder (BPD) and dependent personality disorder (Haver, 2003; Sánchez-Peña et al., 2012). Studies have frequently indicated more psychopathology and increased treatment challenges among women with both AUDs and co-occurring disorders, than those with AUDs alone (Olsson and Fridell, 2015; Sánchez-Peña et al., 2012).

In the existing literature, two explanations have been frequently suggested for this commonly observed co-occurrence of AUDs and psychiatric disorders among women. Firstly, studies have indicated that women with psychiatric disorders such as depression and anxiety often use alcohol to alleviate or self-medicate

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their distressing symptoms. The associated relief reinforces the continued use of alcohol, eventually leading to the development of disorder (Boschloo et al., 2011; Sartor et al., 2010). Secondly, a few studies have indicated that in women with heavy and prolonged alcohol consumption, depressive disorders and anxiety disorders were often consequences of alcohol-related problems rather than preceding them (Boschloo et al., 2012; Smith and Randall, 2012). Overall, results from these studies are mixed, with empirical support having been found for both models.

Most of the existing research has been carried out in European and North American countries. Only a few studies from India have examined substance use and clinical profiles among women. Similar to the west, surveys carried out in India in the last decade have also shown an increase in AUDs among women. Around 2%–4% of Indian women are at risk for AUDs, with high consumption of both distilled and undistilled (country-made) spirits (Benegal et al., 2005; National Family Health Survey (NFHS-3), 2007; Potukuchi and Rao 2010). Studies have also found a high rate of comorbid psychiatric disorders, particularly anxiety and depressive disorders, among women with substance use problems (Murthy, 2008; Nebhinani et al., 2013). However, these studies are limited in number and they vary on various methodological grounds: how the disorder was defined, the type of population investigated, the tools used (self-report, structured and unstructured clinical interviews), and the settings (hospital or community). All these factors are likely to affect the accuracy of the diagnosis and estimation of the co-occurring disorders. Most of these studies have not examined the temporal relationship between the alcohol abuse and psychiatric comorbidities. Moreover, across the world, most studies have grouped women with alcohol, drug use problems and polysubstance dependence into a single group. Very few studies have focused on issues in a homogenous group of women with AUDs, which may be different from those with other psychoactive substance dependence. With increase in number of women seeking treatment for alcohol use problems in India (Nebhinani et al., 2013; Malik et al., 2015), there is need for systematic research to examine substance use and co-occurring Axis I psychiatric disorders and Axis II personality disorders among women seeking treatment for AUDs. These have significant implications in planning appropriate for this group. In view of this, the aim of present study was to examine the addiction severity and comorbid psychiatric disorders among women seeking treatment for AUDs. The study also aimed to examine the temporal relationship between alcohol use and psychiatric comorbidities among women with AUDs.

2. Materials and methods

2.1. Sample

The present study was part of a larger cross-sectional study titled 'Life Adversities, Relational Experiences and Self-Esteem among Women with Alcohol Use Disorders (AUDs)', carried out at the Department of Clinical Psychology, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, Karnataka, India. The study was carried out over a period of 3 years i.e. November 2012 to October 2015.

For the present study, the sample comprised of 35 women with a diagnosis of AUD, drawn from the inpatient and outpatient settings of the Centre for Addiction Medicine (CAM) and Adult Mental Health Units at NIMHANS, over a period of 1 year 5 months i.e. March 2014 to August 2015. Patients with current diagnosis of any other Substance Use Disorders (SUDs), except nicotine dependence syndrome (NDS), and psychotic disorders as assessed using Mini- International Neuropsychiatric Interview (MINI), were excluded from the study. Only those with working knowledge of

English/Kannada were included in the study. Patients with sub-normal intelligence, severe organic and neurological disorders as per the clinical records were also excluded from the study.

2.2. Measures

The following tools were used in the present study:

2.2.1. Socio-demographic datasheet (SDS) and clinical data sheet (CDS)

The socio-demographic data sheet was developed by the researcher to obtain information about the patient's socio-demographic details such as age, education, marital status, family income, living circumstances and family history of SUDs. The clinical data sheet obtained information about the patient's alcohol use, age of onset, age at regular use, frequency and quantity of use, duration of dependence and alcohol use during pregnancy.

2.2.2. Mini- international neuropsychiatric interview (MINI)

MINI 6.0 is a clinician-administered, structured diagnostic interview (Sheehan et al., 2010). It has 16 modules, which were used to diagnose DSM-IV and ICD-10 based psychiatric disorders such as depressive disorders, bipolar disorders, post-traumatic stress disorder (PTSD), substance use disorders, psychotic disorders and medical causes of the disorders. In the present study, a few additional modules from MINI Plus 6.0 were also added. These were dysthymia, lifetime alcohol abuse and dependence, lifetime substance abuse and dependence, and adjustment disorders.

2.2.3. Structured clinical interview for DSM-IV personality disorders (SCID-II)

SCID-II is a clinician-administered, semi-structured interview schedule for diagnosing ten Axis II personality disorders of the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) as well as the Appendix category of depressive personality disorder and passive-aggressive personality disorder (First et al., 1997). In the current study, the categorical approach was used for scoring SCID-II.

2.2.4. Addiction severity index (ASI)

ASI is a multi-dimensional structured interview to assess the severity of addiction. It consists of 155 items classified into the following seven subscales: alcohol use, drug use, medical problems, psychiatric problems, family/social problems, employment and legal problems (McLellan et al., 1992). In the present study, only Alcohol Subscale of ASI was used to assess alcohol dependence severity. As described in the manual, two index scores were calculated for ASI Alcohol subscale: (i) Composite score and (ii) Interviewer's rating of alcohol severity. The composite score ranged from 0 to 1.00, where a higher score indicated greater severity of dependence. For the second index, the interviewer rated the severity of alcohol dependence on a 9-point rating scale (item 32), with 0 indicating no problem and 9 indicating extreme problems, making treatment absolutely necessary.

2.2.5. Fagerstrom test for nicotine dependence (FTND)

The FTND is a self-report measure of physical dependence on nicotine (Heatherton et al., 1991). It has two self-report forms: (i) for those smoking tobacco (FTND) and (ii) for those using smokeless tobacco (FTND-ST). Each form consists of six items and yields a score between 0 and 10. A score of 4 or below indicates low level of dependence; a score of 5 indicates medium dependence and a score of 6 or more indicates a high level of nicotine dependence. In the present study, FTND or FTND-ST were used depending on the patient's pattern of tobacco use.

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