



# Risky use and misuse of alcohol and cigarettes in psychiatric inpatients: a screening questionnaire study

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## Abstract

**Background:** Mental disorders are associated with an increased prevalence of substance use disorders (SUDs). Despite this comorbidity being firmly established, alcohol and nicotine risky use and misuse are not routinely and systematically assessed in clinical practice.

**Objective:** The aim of this study is to examine the prevalence of risky use of alcohol, alcohol use disorder (AUD), smoking, and nicotine use disorder in people with psychiatric diagnoses and their association with age, gender, and occupational functioning.

**Method:** Participants were 210 patients from an inpatient psychiatric ward. Three self-reporting questionnaires were used: the Alcohol Use Disorders Identification Test (AUDIT), the Lübeck Alcoholism Screening Test (LAST), and the Fagerström Test for Nicotine Dependence (FTND).

**Results:** Risky alcohol use or AUD was found in more than one third of patients and was more common in males than in females ( $p < 0.01$ ) and in young people as compared to older adults ( $p = 0.04$ ). Current nicotine consumption concerned over a half participants and was significantly associated with risky alcohol use and AUD ( $p < 0.01$ ). Patients with current SUD had the highest prevalence of both smoking (80%) and alcohol misuse (80%). Low occupational functioning was associated with both alcohol use ( $p = 0.02$ ) and concurrent alcohol and SUDs ( $p = 0.03$ ).

**Conclusions:** Both alcohol and nicotine risky use and misuse are highly prevalent in people with psychiatric disorders and their concurrent abuse is common. The simultaneous use of different screening questionnaires allows the identification not only of people with frank use disorders, but also those with harmful use, facilitating early detection of people at risk.

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## 1. Introduction

Substance use disorders (SUDs) are very common among people with psychiatric disorders [1,2] and this comorbidity represents a major challenge to those who provide psychiatric services [3]. Increased prevalence of smoking, alcohol, and other substance use has been associated with a broad range of disorders, including *schizophrenia-spectrum* disorders, mood disorders, conduct disorders, and antisocial

behavior disorder [4,5]. Furthermore, this association is highly prevalent across countries [6]. Schizophrenia and bipolar disorder have the highest prevalence of comorbid SUD, with a lifetime prevalence of 50 and 60% respectively [7,8].

Alcohol and nicotine are among the primary substances of misuse in people with mental disorders [9–11]. It has been found that as much as 20% of individuals with severe disorders have a lifetime alcohol use disorder (AUD) diagnosis [12]. People with mental disorders are also twice as likely to be smokers as those without [13] and smoking prevalence increases in relation to disease severity [14]. Mental illness is also associated with greater frequency of heavy smoking and higher nicotine dependence [15], with lower levels of smoking cessation and with greater nicotine intake per cigarette [16,17]. Notably, diagnostic criteria for

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nicotine dependence in *DSM-5* have been aligned with those for other SUDs. Nicotine consumption seems associated not only with the prevalence, but also with an increased risk of the first incidence of several mental disorders [18]. For example, studies have found that smoking increases the risk of major depressive disorder [19] and anxiety disorders, including agoraphobia, generalized anxiety disorder, and panic disorder [20]. Furthermore, people with mental illness who are nicotine dependent or heavy smokers are more likely than non-smokers to abuse alcohol and psychoactive substances [13].

AUD, SUDs and smoking have each been linked with several negative consequences in terms of psychosocial functioning in psychiatric patients. First of all, comorbidity is associated with severity and persistence of both mental disorders and SUDs [21]. Moreover, patients with a long history of alcohol and substance misuse show less compliance to treatment, lower socio-economic status, impaired psychosocial skills, and increased risk of relapse and suicide [22–24]. Finally, the combination of AUD, SUDs, and tobacco smoking multiplies the risk of severe medical problems [14].

Despite the high prevalence of alcohol and nicotine risky use and misuse and other SUDs among patients with psychiatric disorders, this comorbidity has not systematically been investigated in clinical practice. A study by Barnaby et al. [25], conducted in six acute psychiatric wards in London, found that about 75% of patients had no record of alcohol or drug misuse in their notes, even though a high prevalence of hazardous alcohol use (49%) and illicit substances misuse (27%) were detected by a screening questionnaires survey. Several screening questionnaires have been constructed to help detect risky use, substance abuse, and dependence among people with mental disorders. These instruments can facilitate early identification of high levels of consumptions before the onset of SUD [26] and can guide proper interventions to reduce the negative consequences of such use [27]. One widely used questionnaire is the Alcohol Use Disorders Identification Test (AUDIT) [28], which was developed from a World Health Organization project to help identify “harmful” and “hazardous” drinkers in early stages [29]. Another common screening questionnaire is the Lübeck Alcohol Dependence and Abuse Screening Test (LAST) [30], which allows to detect patients with alcohol dependence or abuse. The value of the use of screening questionnaires to detect smoking and nicotine dependence has also been established [31]. The Fagerström Test for Nicotine Dependence (FTND) [32], developed as a revision of the Fagerström Tolerance Questionnaire, is the most widely used instrument to assess and quantify nicotine dependence all over the world [31].

The aims of the present study are as follows:

- to examine the prevalence of risky use of alcohol, AUD, smoking, and nicotine use disorder in a sample of people admitted to a psychiatric inpatient ward;
- to compare alcohol and cigarettes use in different diagnostic groups, including SUDs;

- to correlate alcohol and cigarettes risky use and misuse with socio-demographic factors, including age, gender, and occupational functioning.

## 2. Methods

### 2.1. Design and participants

We conducted a retrospective analysis of 210 consecutive patients who were hospitalized at the psychiatric unit of the Hospital of Bolzano, Italy, between February 2012 and July 2012. As for the catchment area of the hospital, the city of Bolzano and its surroundings have an estimated population of 518,518, 231,106 inhabitants (December 31st, 2014), with a density of 68 inhabitants/km<sup>2</sup> for the city of Bolzano and 144 inhabitants/km<sup>2</sup> for its surroundings, which have an area of 1.600 km<sup>2</sup>. The mean age of the population is 41.6 years, and the aging index is 117.9%; 16.6% of the families are at risk for poverty, and the unemployment rate is 4.4%. The study was approved by the research ethics committee of the Hospital of Bolzano [33].

Of the 277 patients who were admitted to the inpatients unit during the 6-month survey, 210 patients were taken into consideration for the study (86% of the eligible inpatients). For the remaining 67 individuals, assessments had not been administered because of their poor language competence, the severity of their symptoms, or because they had refused consent to complete the evaluation.

Patients were 86 males and 124 females. The mean age of our sample was 44.4 years (SD = 15.5 years). Mean age of males was 42.0 years (SD = 13.6 years), and that of females' was 46.1 (SD = 16.6 years).

According to the *Diagnostic and Statistical Manual of Mental Disorders–IV* criteria, sixty-eight patients (33.0%) had a primary diagnosis of schizophrenia and related psychoses, 94 (45.6%) of affective disorders, 20 (9.7%) of anxiety disorders, 9 (4.4%) of personality disorders (PDs), 15 (7.3%) of SUDs, and 4 (1.9%) had other diagnoses (delirium, conduct disorder; other organic psychotic conditions; anorexia nervosa). **Table 1** shows the socio-demographic characteristics of the whole sample. Distinction by gender was not made since these characteristics did not significantly differ between males and females.

### 2.2. Instruments

Information about alcohol and cigarettes habits was collected, as part of routine clinical assessment, using three self-reporting questionnaires. Both German and Italian versions of these instruments have been employed. The AUDIT is a self-report questionnaire validated for the identification of hazardous or harmful alcohol use in Veteran Affairs outpatients [34,35]. It has been used in primary care [36–40] and in patients with psychiatric disorders [41]. AUDIT-C consists of three items (number 1 to 3) of the 10-item AUDIT: each question is scored 0 to 4 points, with a

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