

## Psychiatric Disorders in Iranian Alcohol Users

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**Abstract:** Introduction- there is a close relationship between alcohol dependence and psychiatric disorders. A large number of people who use alcohol are suffering from psychiatric disorders, so identifying and treating of psychiatric disorder is vitally important in alcohol users. The aim of this study was evaluate the prevalence of axis I psychiatric disorders in Iranian alcohol users in 2017. Subjects & Methods:- in this cross-sectional study, 105 patients who were attendance to the Iranian National Center for Addiction Studies (INCAS) were interviewed. Alcohol consumption questionnaire and demographic questionnaire were completed for all patients and the prevalence of psychiatric disorders with SCID-1 was evaluated. The information collected was analyzed with SPSS software version 22. Results:- about 45% of participants except alcohol use had no other psychiatric illness and 55% had psychiatric disorders. 5.34% had bipolar disorders and 4.22% had severe depression, respectively, and the incidence of OCD was in 2.5%. History of referral to the psychiatrist was in 23.8% and history of admission to the psychiatric ward was 16.2%. Also, the use of other non-alcoholic substances in the patients was examined; the most consumed was opium in 26.7%, followed by cannabis with 16.2%. Conclusion:- regarding the high prevalence of axis I psychiatric disorders among alcohol use disorders, a complete interview and history of psychiatry disorders is essential.

**Key words:** psychiatric disorders, alcohol users, Iran.

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### Introduction

Due to the high prevalence of alcohol consumption, the assessment of alcohol consumption is an important part of any medical or psychiatric examination. Almost

a clinical sign of some psychiatric disorders can be linked to the effects of abuse, although alcoholism does not describe as a specific psychiatric disorder [1]. Understanding the effects of alcohol and the clinical importance of alcohol-related disorders in psychiatry is unnecessary. Dependence on alcohol is a chronic disorder that has profound social, psychological, and economic impacts, which, in addition to endangering physical and mental health, imposes

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a high cost on society and government and the family [2-4].

Based on this there is a close relationship between alcohol dependence and psychiatric disorders. A large number of people who use alcohol are suffering from psychosocial disorder, so diagnosis and treatment of the psychiatric disorder in alcohol-dependent patients is very important [5,6]. Many patients with psychiatric disorders use self-healing alcohol when prescribed drugs do not diminish their symptoms, or when they do not have access to prescribed medications [7,8].

Different causes may cause this co morbidity, including genetic causes. It also may have inherited a common gene for alcoholism and genetic variation such as mood and anxiety disorder and psychosis. In bipolar patients, heavy alcohol intake often results in a mania period [9,10]. Understanding the effects of alcohol and the clinical significance of psychiatric disorders along with psychiatric condition were unclear, and the condition in which alcohol consumption is associated with other mental illnesses is more than a general belief. Primary psychiatric disorder may be a cause for the onset and continued use of alcohol and dependence on alcohol [11,12]. So alcohol consumption and addiction may increase the risk of psychiatric illness or lead to persistent illness, so recognizing psychiatric disorders, especially the first one, is important in these people. Based on mentioned the aim of this study was evaluate the prevalence of psychiatric disorders in alcohol users' attendance to Tehran outpatient alcohol withdrawal clinics in 2016.

## Subjects and methods

### Study setting

This study as was an analytical cross-sectional and clinical-based study conducted on patients with alcohol use disorder.

### Study population

Study populations were all patients with alcohol use disorders. Based on this, 105 patients who were attendant to the Iranian National Center for Addiction Studies (INCAS) in 2017 evaluated.

### Measurements

After obtaining permits and coordination with relevant authorities, for the implementation of the plan, alcohol addicted patients who went to the INCAS Center to withdraw were considered as study group. The study population included all patients who used alcohol and referred to treat and withdraw the alcohol consumption. First, a demographic questionnaire (age, gender, educational status, occupation, marital status, duration of alcohol consumption and type of other substance) was filled out for all patients. Then Structured Clinical Interview for DSM -IV Axis I Disorders (SCID-I) was provided to all patients, and finally, the data were analyzed by standard methods. Individuals were assured of the secrecy and preservation of personal information, and written consent was given to them.

### Ethical considerations

Ethical issues completely observed by authors. The study group adheres to the principles of medical ethics introduced by the Health Ministry and the Declaration of Helsinki and legislation in medical ethics commit-

**Table 1.** Percentage of psychiatric disorders in Iranian alcohol users.

Disorders Type	N (%)
Schizophrenia and Other Psychotic Disorders	6 (5.7)
Bipolar disorders	20 (19.0)
Major Depression	13 (12.4)
Mild Depression	5 (4.8)
Anxiety Disorders	7 (6.7)
OCD	3 (2.9)
PTSD	4 (3.8)
None	47 (44.8)

tee of Shahid Beheshti University of Medical Sciences. In addition, ethical committee of Shahid Beheshti University of Medical Sciences approved protocol of study.

#### Statistical analysis

The data were analyzed by SPSS program and  $P < 0.05$  was considered as significant value. We consider independent sample T-test for quantitative variables and X2 test for qualitative variables.

#### Results

We evaluated 105 patients as our study group, of evaluated patients, 45% had no

mental illness, while 5.34% had bipolar disorders and 4.22% had severe depression, respectively, and the incidence of OCD was in 2.5% (Table 1). In addition the mean and standard deviation of the first age alcohol consumption among patients with mental illness were  $25.6 \pm 7.1$  years and in those without mental illness, were  $25.2 \pm 5.2$  years old, and after statistical evaluation, there was no significant difference between the two groups ( $P = 0.778$ ). We also observed that the duration of alcohol in both groups was about 20 years and there was no statistically significant difference between the two groups ( $P = 0.198$ ) (Table 2). Also in comparing the in-

**Table 2.** Age of first consumption and duration of use in Iranian alcohol users.

Variables	Psychiatry Disorders		P Value
	Positive	Negative	
Age of First Consumption			0.778
Mean	25.66	25.22	
Standard Deviation	7.18	8.34	
Duration Use			0.198
Mean	19.74	16.79	
Standard Deviation	12.87	9.76	

**Table 3.** Characteristics of Iranian Alcohol Users.

Variables	Psychiatry Disorders				P Value
	Positive		Negative		
Gender	N	%	N	%	>0.999
Male	53	55.2%	43	44.8%	
Female	5	55.6%	4	44.4%	
Referring to Hospital					0.745
Positive	58.8%	10	41.2%	7	
Negative	54.5%	48	45.5%	40	
Hospitalization					>0.999
Positive	60.0%	6	40.0%	4	
Negative	54.7%	52	45.3%	43	
Referring to Psychiatrist					0.404
Positive	48.0%	12	52.0%	13	
Negative	57.5%	46	42.5%	34	
Hospitalized in Psychiatric Ward					0.745
Positive	58.8%	10	41.2%	7	
Negative	54.5%	48	45.5%	40	
Arrested Due to Alcohol Consumption					0.115
Positive	35.7%	5	64.3%	9	
Negative	58.2%	53	41.8%	38	
Participate in narcotic anonymous (NA) meetings					0.203
Positive	41.2%	7	58.8%	10	
Negative	58.0%	51	42.0%	37	
Consuming Other Ingredients					0.302
Positive	48.7%	19	51.3%	20	
Negative	59.1%	39	40.9%	27	

formation in the patients, we also observed that the related indicators included sex ( $P = 0.302$ ), referring to hospital ( $P = 0.302$ ), hospitalization ( $P = 0.302$ ), referral to the psychiatrist ( $P = 0.302$ ), admission in the psychiatric wards ( $P = 0.302$ ), detention due to

alcohol consumption ( $P = 0.302$ ), participation in NA meetings ( $P = 0.302$ ), and consumption of non-alcoholic substances ( $P = 0.302$ ) between two groups of patients with and without psychiatric disorders have not a statistically significant difference in men-

tal disorder. Accordingly, these cases did not have a significant effect on their mental disorders (Table 3).

## Discussion

We found that about 55% of the patients as an outpatient had alcohol related psychiatric disorder at the same time, with the highest proportion of mood disorders (36.2%). Also we found that bipolar disorder was 19% and depression was 17.2%, anxiety disorders 6.7%, and schizophrenia and psychotic disorders was 5.7%. In following other study that conducted for this has been discussed. In a study by Grant and associates authors found that psychological disorder related to alcohol consumption were positive in 32% to 42% with depression and 13% with anxiety disorders in the last 1 year and 40% over the life span, and the incidence of post-traumatic stress disorder varies from 10% to 60% [12,13]. Meanwhile, in our study, the prevalence of depression was 17% and anxiety disorder was 7.6% and post-stress disorder was 8.3%. In addition in this study, bipolar disorder was 46% and schizophrenia was 6.4%. However, our study showed that 19% of patients had bipolar disorder and 6% had schizophrenia and other psychiatric disorders, which is similar to that of schizophrenia [13,14]. In addition disturbance in axis 1 of psychiatric disorders diagnosis was 6.3% in Salloum and associates study, also in this

study 2.2% of patients has psychiatric disorders, and the mean age of alcohol consumers in their study was 42 years. Meanwhile, in our study, about 55% of patients with disordered axis 1 was in age group of 30 to 49 years old [15].

On the other hand, in study by Dominguez and associates bipolar disorder (20.4%), all types of depression (17%), anxiety disorders (8.1%), schizophrenia and delusional disorders (9.7%) were the most common disorders in 19% of patients [16]. In addition, about psychological disorders 2.1% had severe and mild depression, 7.6% had anxiety disorders, 7.5% had schizophrenia and other psychotic disorders [16]. Accordingly, most studies in this field have been consistent with the results of our assessment, which indicates the importance of psychological disorders in patients with alcohol abuse.

## Conclusion

Regarding the high prevalence of axis I psychiatric disorders among alcohol use disorders, a complete interview and getting history of psychiatry disorders is essential.

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## Conflict of interest

None.

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## Psihijatrijski poremećaji u iranskih alkoholičara

**Sažetak:** - Uvod-postoji uska povezanost između alkoholne ovisnosti i psihijatrijskih poremećaja. Veliki broj ljudi koji konzumiraju alkohol pate od psihijatrijskih poremećaja, stoga identificiranje i liječenje psihijatrijskog poremećaja je od vitalne važnosti kod korisnika alkohola. Cilj ove studija je istražiti prevalenciju psihijatrijskih poremećaja kod iranskih korisnika alkohola u 2017g. Predmeti i metode: - u ovom presječnom istraživanju anketirano je 105 pacijenata koji su bili na iranskom Nacionalnom centru za studije ovisnosti (INCAS). Svi bolesnici ispunjavali su upitnik za konzumaciju alkohola i demografski upitnik, a prevalencija psihijatrijskih poremećaja procijenjena je s SCID-1. Prikupljeni podaci analizirani su s softverom SPSS verzija 22. Rezultati: - oko 45% sudionika, osim konzumiranja alkohola, nije imalo drugu psihijatrijsku bolest, a 55% je imalo psihijatrijski poremećaj. 5,34% imalo je bipolarni poremećaj, a 4,22% imalo je tešku depresiju, dok je učestalost OCD-a bila 2,5%. Povijest upućivanja psihijatru bila je 23,8%, a povijest primanja na psihijatrijsko odjeljenje bila je 16,2%. Također, kod bolesnika je ispitana upotreba drugih ne-alkoholnih supstanci; najviše se konzumirao opijum sa 26,7%, a slijedio je kanabis sa 16,2%. Zaključak: - s obzirom na veliku učestalost psihijatrijskih poremećaja među poremećajima upotrebe alkohola, neophodan je cjelovit intervju i dobivanje povijesti psihijatrijskih poremećaja.

**Ključne riječi:** psihijatrijski poremećaji, korisnici alkohola, Iran.

