

Personality Disorders in Treatment Seeking Patients with Poly Substance Dependence

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Abstract

Introduction: Relationship of substance use with personality disorders have been postulated by various hypotheses. So, with the aim of to assess personality disorders in treatment seeking patients with poly substance dependence we planned a cross sectional study.

Material and Method: After taking consent patients of polysubstance dependence (diagnosed as per ICD-10) were recruited. Relevant information gathered through semi structured proforma and Modified Kuppaswamy scale was applied for Socio-demographic details. Personality disorder was assessed with help of ICD-10 international personality disorder examination (IPDE).

Results: Total 45 patients were enrolled in the study. Personality disorders were absent in 46.7% patients while it was present in 48.9%. Majority of patients with polysubstance dependence were having borderline personality disorder (15.6%) followed by Dissocial personality disorder (13.3%).

Discussion: Assessment of co-morbid personality disorder in above population may help in management.

Keywords: Polysubstance dependence, Personality disorder, IPDE

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Introduction

Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties

in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state. [1]

As per National Mental Health Survey (2016) Substance use disorders (SUDs) was prevalent in 22.4 % of the population above 18 years in all the 12 surveyed states. [2]

Personality disorder (PD) defined as a severe disturbance in the characterological constitution and behavioral tendencies of the individual, usually involving several areas of the personality, and nearly always associated with considerable personal and social disruption. [1]

Various hypotheses have been postulated to explain their relationship, including primary PD leading to secondary substance abuse and SUDs, trauma related to SUD causing personality changes, and common biological factors causing impulsivity and impulse control problem leading to PD and SUD. [3]

We planned a study with following aim and objectives:-

Aim: To assess personality disorders in treatment seeking patients with poly substance dependence. **Objectives:** To study socio-demographic profile of patients with polysubstance dependence and to assess personality disorders among these patients.

Materials and Methods

1. Research setting - This study was conducted in Department of Psychiatry, M.B. Govt Hospital, R.N.T. Medical College, Udaipur.
2. Study population: All consecutive in and out patients who were diagnosed as substance use disorder as per ICD 10 and full-filling the inclusion and exclusion criteria.
3. Study design-Observational study

Inclusion Criteria:

1. The patient/attendant who gave informed consent.
2. Age -18-60 years

Exclusion Criteria:

1. Patients/attendant who did not give consent.
2. Patients without a key informant.
3. Age less than 18 or more than 60 years
4. Had any neurological disorder or significant physical or psychiatric co morbidity as per clinical history and physical examination.

Tools:

1. Screening Performa: Semi structured Performa applied, which included a few basic questions regarding the Patient's complains, history details (about substance dependence), questions related to the eligibility for determining the inclusion & exclusion criteria.
2. Consent form
3. Modified Kuppaswamy scale: For socio-demographic profile.
4. The ICD-10 international personality disorder examination[4].

Procedure of the study

Inclusion and Exclusion criteria were applied on consecutive patients who were admitted in psychiatry ward or were in regular follow up in psychiatry OPD full-filling the ICD-10 Classification of Mental and Behavioural Disorders. Information gathered in one or two sittings from the patients, the key informant, and case records. A semi structured proforma was used to assess the clinical characteristics through detailed history sheet and demographic details through modified kuppaswamy scale. Substance dependence disorders were assessed using the ICD-10 Diagnostic criteria for research. This was followed by gathering Information about the personality of the patient by using The ICD-10 international personality disorder examination (IPDE).

Results

Total 45 patients were enrolled in the study who were having diagnosis of poly

substance dependence as per ICD 10 criteria. Most of the patients were from 26-35 year age group(35.6%). Mostly patients were married(66.7%) males(93.3%)

belonging to urban(71.1%) areas. 53.3% patients belongs to nuclear families. 37.8% patients were skilled workers. (Table 1)

Table 1: Sociodemographic Profile

		No.	%
1.Age	18-25 years	7	15.6%
	26-35 years	16	35.6%
	36-45 years	12	26.7%
	46-60 years	10	22.2%
2.Sex	Male	42	93.3%
	Female	3	6.7%
3.Marital status	Married	30	66.7%
	Single	12	26.7%
	Divorced	3	6.7%
4.Residential Status	Rural	32	28.9%
	Urban	13	71.1%
5.Family Type	Nuclear	24	53.33%
	Joint	21	46.67%
6.Educational status	Illiterate	2	4.4%
	< 12 th std.	33	73.3%
	Graduate	9	20.0%
	Post Graduate	1	2.2%
7.Occupation	Unemployed	2	4.4%
	Unskilled	2	4.4%
	Semiskilled	13	28.9%
	Skilled	17	37.8%
	Professional	6	13.3%
	Farmer	5	11.1%
8.Income(monthly)	<10K inr	10	22.2%
	10K-30K inr	18	40.0%
	>30 k inr	17	37.8%

In poly substance dependent patients most commonly used predominant substance was Nicotine (55.55%), followed by alcohol, followed by opium then cannabis. (Table 2)

Table 2: Predominant substance in poly substance dependent patients

Substance	No.	%
1.Nicotine	25	55.55%
2.Cannabis	4	8.8%
3.Alcohol	11	44%
4.Opium	5	11.11%

Personality disorders were absent in 46.7% patients while it was present in 48.9%. Few patients (4.4 %) patients were having more than one personality disorder. (Table 3)

Table 3: Presence of Personality Disorders

		Personality Disorder			Total
		Present	Absent	More than 1	
Poly Users	Count	22	21	2	45
	% within Group	48.9%	46.7%	4.4%	100.0%

Majority of patients with polysubstance dependence were having Borderline personality disorder (15.6%) followed by Dissocial personality disorder (13.3%). There were no patients with emotionally unstable impulsive type, histrionic type and dependent type personality disorders. (Table 4)

Table 4: Type of personality disorder in Polysubstance dependent Patients

Personality disorders	Poly substance
Paranoid	4.44%
Schizoid	2.22%
Dissocial	13.33%
Emotionally Unstable Impulsive	0.00%
Borderline	15.56%
Histrionic	0.00%
Anankastic	8.89%
Anxious Aviodant	4.44%
Dependent	0.00%
More than 1 personality disorder	4.40%
Total	53.28%

Discussion

Present study was conducted in Department of psychiatry, R.N.T. Medical college, Udaipur, including, 45 Poly substance dependent patients to find out personality disorders among polysubstance dependent patients. [4] The use of international personality disorder

examination, hindi version by Sharan P et al [5] can be methodological advancement.

Present study depicts 48.9% of polysubstance dependent patients were having single personality disorder, 4.4% were having more than 1 personality disorder, while 46.7% of poly substance dependent patients were not present with

any personality disorder. Poly substance dependent patients were having predominantly Borderline personality disorder (15.56%) followed by Dissocial personality disorder (13.33%) and Anankastic personality disorder (8.89%). Casadio et al., (2014) found prevalence of each PD among all patients of substance dependence as 15.0% borderline, 13.8% antisocial, 4.7% Obsessive compulsive personality. [6]

Our study has few limitations – It is hospital based study so generalizability is questionable. Sample size was smaller and number of female patients was less. International personality disorder examination scale was used which is an objective scale so patient may not reveal all the information accurately.

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