

ALCOHOL USE DISORDERS-AETIOLOGY

COURSE-PSYCHOPATHOLOGY ,CC-7,Unit 4; Sem II

By

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ALCOHOL USE DISORDERS

Aetiology

Aetiological Factors in Substance Use Disorders

1. Biological Factors

- i. Genetic vulnerability (family history of substance use disorder; for example in type II alcoholism)
- ii. Co-morbid psychiatric disorder or personality disorder
- iii. Co-morbid medical disorders
- iv. Reinforcing effects of drugs (explains continuation of drug use)
- v. Withdrawal effects and craving (explains continuation of drug use)
- vi. Biochemical factors (for example, role of dopamine and norepinephrine in cocaine, ethanol and opioid dependence)

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2. Psychological Factors

- i. Curiosity; need for novelty seeking
- ii. General rebelliousness and social non-conformity
- iii. Early initiation of alcohol and tobacco
- iv. Poor impulse control
- v. Sensation-seeking (high)
- vi. Low self-esteem (*anomie*)
- vii. Concerns regarding personal autonomy
- viii. Poor stress management skills
- ix. Childhood trauma or loss
- x. Relief from fatigue and/or boredom
- xi. Escape from reality
- xii. Lack of interest in conventional goals
- xiii. Psychological distress

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3. Social Factors

- i. Peer pressure (often more important than parental factors)
- ii. Modelling (imitating behaviour of important others)
- iii. Ease of availability of alcohol and drugs
- iv. Strictness of drug law enforcement
- v. Intrafamilial conflicts
- vi. Religious reasons
- vii. Poor social/familial support
- viii. 'Perceived distance' within the family
- ix. Permissive social attitudes
- x. Rapid urbanisation.

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Treatment

Before starting any treatment, it is important to follow these steps:

- i. Ruling out (or diagnosing) any physical disorder.
- ii. Ruling out (or diagnosing) any psychiatric disorder and/or co-morbid substance use disorder.
- iii. Assessment of motivation for treatment.
- iv. Assessment of social support system.
- v. Assessment of personality characteristics of the patient.
- vi. Assessment of current and past social, interpersonal and occupational functioning.

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The treatment can be broadly divided into two categories which are often interlinked. These are detoxification and treatment of alcohol dependence.

Detoxification

Detoxification is the treatment of alcohol withdrawal symptoms, i.e. symptoms produced by the removal of the 'toxin' (alcohol). The best way to stop alcohol (or any other drug of dependence) is to stop it suddenly unless the risks of acute discontinuation are felt to be high by the treating team. This decision is often based on several factors including chronicity of alcohol dependence, daily amount consumed, past history of alcohol withdrawal complications, level of general health and the patient's wishes.

The usual duration of uncomplicated withdrawal syndrome is 7-14 days. The aim of detoxification is symptomatic management of emergent withdrawal symptoms.

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Treatment of Alcohol Dependence

After the step of detoxification is over, there are several methods to choose from, for further management. Some of these important methods include:

i. Behaviour therapy

The most commonly used behaviour therapy in the past has been *aversion therapy*, using either a sub threshold electric shock or an emetic such as apomorphine. Many other methods (*covert sensitisation*, relaxation techniques, assertiveness training, selfcontrol skills, and positive reinforcement) have been used alone or in combination with aversion therapy. Currently, in most settings, it is considered unethical to use aversion therapy for the treatment of alcohol dependence.

ii. Psychotherapy

Both group and individual psychotherapy have been used. The patient should be educated about the risks of continuing alcohol use, asked to resume personal responsibility for change and be given a choice of options for change. Motivational enhancement therapy with or without cognitive behaviour therapy and lifestyle modification is often useful, if available.

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iii. Group therapy

Of particular importance is the voluntary self-help group known as AA (Alcoholics Anonymous), with branches all over the world and a membership in hundreds of thousands. Although the approach is partly religious in nature, many patients derive benefits from the group meetings which are non-professional.

iv. Other medications

A variety of other medicines such as benzodiazepines, antidepressants, antipsychotics, lithium, carbamazepine, and even narcotics have been tried. These should be used only if there is a special indication for their use (for example, antidepressants for underlying depression).

vii. Psychosocial rehabilitation

Rehabilitation is an integral part of the multi-modal treatment of alcohol dependence.

THANK YOU