QUALITY OF LIFE AND PERSONALITY PROFILES IN PATIENTS WITH PSYCHOACTIVE SUBSTANCE RELATED DISORDERS

Thesis

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LIST OF ABBREVIATIONS

APA	American Psychiatric Association
ASI	Addiction Severity Index
ASPD	Antisocial Personality Disorder
ASUIP	Ain Shams University Institute of Psychiatry
BPD	Borderline Personality Disorder
CSF	Cerebrospinal Fluid
DALY	Disability Adjusted Life Years
DATOS	Drug Abuse Treatment Outcome Studies
DSM-III-R	Diagnostic and Statistical Manual 3rd edition revised
DSM-IV	Diagnostic and Statistical Manual 4th edition
DSM-IV-TR	Diagnostic and Statistical Manual 4th edition-Text Revision
EMCDDA	The European Monitoring Center for Drugs And Drug Addiction
FFM	Five-Factor Model
GAF	Global Assessment of Functioning
GBD	Global Burden of Disease
5-HIAA	5-Hydroxyindoleacetic Acid
HIV	Human Immunodeficiency Virus
HRQOL	Health Related Quality of Life
HVA	Homovanillic Acid
ICD-10	International Classification of Diseases- 10th edition

IDUQOL	Injection Drug User Qol
M	Mean
MCMI-III	Millon Clinical Multiaxial Inventory-III
MHPG	3-Methoxy-4-Hydroxyphenylglycol
MILQ	Multidimensional Index of Life Quality
MMPI	Minnesota Multiphasic Personality Inventory
MMT	Methadone Maintenance Therapy
MOS-SF	Medical Outcome Study- Short Form
NHP	Nottingham Health Profile
NIDA	National Institute on Drug Abuse
PDs	Personality Disorders
PET	Positron Emission Tomography
QOL	Quality Of Life
SAMHSA	Substance Abuse and Mental Health Services Administration
SCID-I	Structured Clinical Interview for DSM-IV Axis-I
SCID-II	The Structured Clinical Interview for DSM-IV Axis II
SD	Standard Deviation
SPECT	Single Photon Emission Computed Tompgraphy
SUD	Substance Use Disorders
TCI	Temperament and Character Inventory
UNODC	United Nations Office on Drugs And Crime
WHO	World Health Organization
WHO/EMRO	WHO Eastern Mediterranean Regional Office
WHOQOL-100	The WHO Quality of Life-100 Instrument

INTRODUCTION
AND
AIM OF THE WORK

INTRODUCTION

Psychoactive substance use poses a significant threat to the health, social and economic fabric of families, communities and nations. The extent of worldwide psychoactive substance use is estimated at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users. In an initial estimate of factors responsible for the global burden of disease, tobacco, alcohol and illicit drugs contributed together 12.4% of all deaths worldwide in the year 2000. Looking at the percentage of total years of life lost due to these substances, it has been estimated that they account for 8.9% *(WHO, 2010).*

WHO defines "Quality of Life" as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment *(WHOQOL Group, 1998).*

Quality of life (QOL) is a phrase often used in health care settings at policy and administration levels, in clinical assessments of therapies, and in clinical management of individual cases. While QOL is a broad concept that covers such areas as social, environmental, economic, and health satisfaction, health-related quality of life is less wide ranging, including mental and physical health and their consequences. Health-related quality of life is considered as

one of the key concepts in contemporary practice of medicine and delivery of health care. Quality of life assessment is complicated by the fact that there is no universally accepted definition for QOL *(Baune and Aljeesh, 2006).*

Quality of life (QOL) has become an important endpoint in many studies of medical and surgical interventions. When first developed, QOL measures were most commonly used in studies of chronic diseases with high mortality rates, such as cancer and AIDS. More recently, applications have expanded to include non-fatal medical conditions and mental disorders. To date, comparatively little work has examined the QOL of people treated for substance abuse. The conventional outcomes for substance abusers continue to be measures of the frequency and quantity of the use of alcohol, cocaine, heroin, and other drugs. However, there are several reasons to believe that QOL could be an especially valuable tool in substance abuse research and evaluation *(Smith and Larson, 2003).*

The International Consortium of Psychiatric Epidemiology has confirmed the high comorbidity in community-drawn samples between substance use disorders and anxiety or depression. In the same way, associations between substance use and specific personality traits (such as novelty seeking, harm avoidance or antisocial personality) have also been extensively documented *(Chakroun et al, 2004).*

When compared to healthy subjects, patients with substance use disorders have been characterized by diverse maladaptive personality traits. Findings such as these have been frequently explained by the notion that personality

traits may serve as risk factors for substance-related problems. Indeed, several longitudinal studies have implicated personality characteristics as predisposing vulnerabilities for the subsequent development of substance-related disorders. Aside from the notion that certain maladaptive personality traits may play an important role in the development of substance use disorders, alternative explanations for this association include the possibility that chronic substance abuse is in turn associated with behavioral, cognitive, or affective changes that may be misinterpreted as stable personality characteristics *(Joel et al, 2002).*