

Self-medication of anxiety symptoms among a group of male substance abusers

Thesis

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Dedication

***Dedicated to those who inspired
me
throughout my whole life,
to my family, my husband and
my daughter***

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*First, I thank **God** for granting me the power to proceed and to accomplish this work.*

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List of Abbreviations

AOD	Abuse of drugs
ASI	Addiction severity index
COD	co- occurring disorder
DSM	diagnostic and statistical manual
EMRO	eastern Mediterranean regional office
GAD	Generalized anxiety disorder
NSAIDS	Non steroidal anti inflammatory drugs
OCD	obsessive compulsive disorder
OPC	OUT PATIENT CLINIC
PTSD	POST TRAUMATIC STRESS DISORDER
s/s	signs and symptoms
SAD	social anxiety disorder
SCID	structured clinical interview for DSM
SUD	substance use disorder
UNODC	United nations office on drugs and crime
US	United States
WHO	World health organization

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Introduction

According to the World health organization (WHO), Eastern Mediterranean regional office EMRO-technical paper on the addiction and substance abuse in the middle Mediterranean area , substance abuse is increasing rapidly (*WHO, 2005*).

Studies have shown that the mean age of onset of drug abuse has decreased (*Okasha, 2011*).

In Egypt and since the 1970's there has been a sudden increase of drug use. Illicit substance use/abuse continues to cause societal and national concern for good reasons. The true prevalence of substance use and abuse in a satisfactory random sample of the whole population is still unknown. This ultimate aim requires considerable ingenuity and resources to overcome underreporting of this prevalent but illusive phenomenon.

Epidemiological research and clinical studies showed rate of experimentation' with drugs was about 10-12% in the age group 15-25 years; the rate for drug 'misuse' was 2.5-3%, whereas those identified as drug 'addicts' would constitute less than 1% of the population (65 million in 1998). Such alarming estimates constituted a warning to policymakers and service providers (*Okasha, 2004*). In 2001, the scene in Egypt was characterized by an unprecedented shift towards 'demand reduction' at the primary prevention level, hand in hand with efforts to

provide services at both secondary and tertiary health care levels. Supply control mechanisms were duly and seriously implemented (*El-Akabawi, 2001*).

The second report of the “National Addiction Research Program” was issued in 2005 in Arabic language. It revealed that 12.6% of the population was regular users. These findings shed light on the increasing impact and severity of the problem of substance abuse in the country. Prevalence seems to have doubled in 9 years. Sporadic Research has been conducted for three decades to study the Addiction problem in Egypt. Several Published papers studied special population subgroups, mostly students. None of them surveyed a sufficient community sample in which all population subgroups were represented. Globally, it is estimated that in 2012, between 162 million and 324 million people, corresponding to between 3.5 per cent and 7.0 per cent of the world population aged 15-64, had used an illicit drug - mainly a substance belonging to the cannabis, opioid, cocaine or amphetamine-type stimulants group - at least once in the previous year (*Fawzy, 2012*). The extent of problem drug use - by regular drug users and those with drug use disorders or dependence remains stable at between 16 million and 39 million people. The Egyptian census in 2015 was 87,963,276 people (*UNODC, 2014*).

Self-medication is the selection and use of non-prescription medicines by individuals’ own initiatives to treat self-recognized illnesses or symptoms. It is practiced

significantly worldwide even though its type, extent and reasons for its practice may vary. Self-care is what people do for their own selves to establish and maintain health, prevent and deal with illness. Self-medication, as one element of self-care, is the selection and use of medicines by individuals to treat self recognized illnesses or symptoms i.e., It is use of nonprescription medicines by people on the basis of their own initiatives (***Husain & Khanum, 2011***).

Mental disorders can lead to drug abuse, possibly as a means of “self-medication.” Patients suffering from anxiety or depression may rely on alcohol, tobacco, and other drugs to temporarily alleviate their symptoms.

These disorders could also be caused by shared risk factors, such as—

- Overlapping genetic vulnerabilities. Predisposing genetic factors may make a person susceptible to both addiction and other mental disorders or to having a greater risk of a second disorder once the first appears.
- Overlapping environmental triggers. Stress, trauma (such as physical or sexual abuse), and early exposure to drugs are common environmental factors that can lead to addiction and other mental illnesses.

- Involvement of similar brain regions. Brain systems that respond to reward and stress, for example, are affected by drugs of abuse and may show abnormalities in patients with certain mental disorders.

Aim of the work

- Study co-occurrence of anxiety symptoms and disorders among males with SUD.
- Correlates of self medication such as different personality traits and disorders.
- Impact of different factors such as personality traits and disorders, different anxiety symptoms and disorders on the severity of addiction among these males.

Chapter (1)

Co-morbidity and dual diagnosis

The term ‘psychiatric co-morbidity’ does not have any implication for the existence of, or the nature of the relationship between, substance use and mental health disorders, or for the etiological relationship between the two conditions (*Hall et al., 2009*).

Psychiatric co-morbidity, or co-morbid mental and substance use disorders, may occur *concurrently* (two disorders are present at the same time) or *successively* (two disorders occur at different times in a person’s life); in both cases, the two disorders may or may not be causally related (*Langas et al., 2011*).

Research studies show that substance use, withdrawal symptoms and dependence may all lead to or worsen psychiatric or psychological symptoms or syndromes. Conversely, psychiatric disorders may lead to substance use and addiction (*Torrens et al., 2011*).

Testing for dual diagnosis

Having a substance abuse problem or a mental health disorder can be frustrating. The symptoms of dealing

with one or the other can cause physical, psychological, and emotional problems. Unfortunately, the presence of one can proliferate the other or the two can exist simultaneously. The case of co-occurring disorders (COD) is called comorbidity, or Dual Diagnosis. Comorbidity is actually more common than you might realize but it is difficult to diagnose.

Persons with mental illness are likely to develop a substance use disorder (SUD) twice as much as people without a mental illness; those with severe mental illness are even more likely to have SUD. Also, those with substance abuse problems (37 percent of alcohol abusers and 53 percent of drug users) have at least one mental health disorder (*National Alliance on Mental Illness, 2013*).

Why is a dual diagnosis hard to diagnose?

Co-morbidities are often difficult to diagnose because the symptoms of one can often contribute to or cause the other. For example, those with depression often may experience more intense side effects as a result of alcohol use. Some drugs like psychedelics may instigate certain symptoms of psychosis or schizophrenia in

individuals. So, the nature of these complex and simultaneous illnesses can complicate an accurate diagnosis.

What can help with an accurate diagnosis is determining which illness came first. That can be hard to do sometimes as it requires a person to abstain from drugs or alcohol for a period of time. Once detoxification is complete, clinicians can then look at the symptoms that remain and address them. (*Baldacchino & Corkery, 2006*).

A substance induced disorder is classified as one where symptoms are brought on due to the use of drugs or alcohol. Sometimes the symptoms of substance abuse mimic the symptoms of mental illness; however, generally, symptoms of mental illness, whether depression, anxiety, erratic thoughts or speech, will subside after substance use stops. If a person has a mental health disorder that precedes and is independent of substance abuse, those symptoms will still remain.

Substance use disorder in DSM-5 combines the DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe. Each specific substance (other than