

**Dual diagnosis among psychiatric inpatients in  
the institute of psychiatry Ain Shams University**

*Thesis*

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# Dedication

**Dedicated to those who guided me, taught me , inspired  
me and supported me throughout my life,  
to my dad, my mom and my sister**

**Ménna mohamed**

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## *List of Abbreviations*

<b>Abb.</b>	<b>Meaning</b>
AA .....	Alcoholics Anonymous
ASI .....	Addiction Severity Index
BDI-II .....	The Beck Depression Inventory
CAMI.....	Chemical Abuse and Mental Illness
COMT.....	Catechol-o-methyl transferase
COMT.....	Catechol-O-methyltransferase
CRF .....	Corticotropin-releasing factor
DSM .....	Diagnostic and Statistical Manual of Mental Disorders.
ECA .....	Epidemiologic Catchment Area
FDA .....	Food and Drug Administration
FMRI .....	Functional magnetic resonance imaging
GABA.....	Gamma-Aminobutyric acid
HIV .....	Human Immuno deficiency Virus
ICD-10.....	The International Classification of Diseases, Tenth Edition
LSD .....	Lysergic acid diethylamide
MAOI .....	Monoamine oxidase inhibitor
MICA.....	Mentally Ill Chemical Abusers
NA .....	Narcotics Anonymous
NCS .....	National Comorbidity Survey
NESARC .....	The National Epidemiological Survey on Alcohol and Related Conditions
NMDA.....	N-methyl-D-aspartate
NPY .....	Neuropeptide Y
OPC .....	Outpatient clinic



## *List of Abbreviations*

<b>Abb.</b>	<b>Meaning</b>
PANSS.....	The Positive and Negative Syndrome Scale
PCP .....	Phencyclidine
PTSD .....	Post traumatic stress disorder
SCID-I .....	The Structured Clinical Interview for DSM-IV- TR Axis I Disorders
SCL-90 .....	The Symptom Checklist – 90
SSRIs .....	Selective serotonin reuptake inhibitors
SUD .....	Substance use disorder
VTA.....	Ventral tegmental area
YMRS.....	The Young Mania Rating Scale

## **Abstract**

The following psychiatric problems are common in dual diagnosis: Depressive disorder, such as depression, bipolar disorder and Anxiety disorders, including generalized anxiety disorder, panic disorder, obsessive compulsive disorder and phobias. Other psychiatric disorders, such as schizophrenia and personality disorders. Having a mental health diagnosis significantly increases the risk of misusing alcohol and drugs.

Substance use disorder (SUD) is one of the most complicated problems that face the whole community not only medical professionals resulting from the enormous social , personal and economic costs of such disorder, SUD forms a cause of preventable illness and death in our country and other countries both developed and developing ones

A national survey report stated that 8.5% of Egyptians, which is about 6 million people – are addicted to drugs the comorbidity of psychiatric disorders with substance dependence, and the apparent neurobiological link between these disorders has important implications for both the treatment of these diseases and for public health policy. It is important for the community, health care practitioners and policy-makers to recognize that this neurobiological link clearly indicates that psychiatric disorders and substance dependence are diseases stemming from underlying neuropathologies.

**Keywords:** Alcoholics Anonymous, Addiction Severity Index, The Beck Depression Inventory, Chemical Abuse and Mental Illness, Catechol-o-methyl transferase

# INTRODUCTION

Dual diagnosis is the term to describe people who have severe mental health problems and drug or alcohol problems. The mental health problems may include schizophrenia, depression or bi-polar disorder, manic depression or personality disorder (*Baldacchino et al., 2009*).

The following psychiatric problems are common in dual diagnosis: Depressive disorder, such as depression, bipolar disorder and Anxiety disorders, including generalized anxiety disorder, panic disorder, obsessive compulsive disorder and phobias. Other psychiatric disorders, such as schizophrenia and personality disorders. Having a mental health diagnosis significantly increases the risk of misusing alcohol and drugs (*Evans et al., 2001*).

Therefore, someone suffering from schizophrenia is at a 10.1% higher-than-average risk of having an alcohol problem or misusing drugs. People with these disorders are frequently seen within mental health services (*Hall et al., 2009*).

The symptoms of dual diagnosis interfere with a person's ability to function effectively and affect his/her relationship to themselves and with others. Not only is an individual affected by the symptoms of two or more diagnoses, but the symptoms from each may interact with one another and make each other worse, making relapse more likely (*Baldacchino et al., 2009*).

Psychosis is a condition that affects a person's mental state, including their thoughts, mood and behavior. Substance misuse is a broad term, the harmful use of any psychotropic substance, including alcohol and either legal or illicit drugs. Use of such substances is harmful when it has a negative effect on a person's life, including their physical and mental health, relationships, work, education and finances or leads to offending behavior (*Clinical guidelines, 2011*).

Mania is the mood of an abnormally elevated arousal energy level, or a state of heightened overall activation with enhanced affective expression together with liability of affect. When mania is accompanied by substance misuse there will be Poor treatment compliance, longer and more frequent mood episodes, more mixed episodes, more hospitalizations, more suicide attempts (*Regier et al., 1990*).

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being (*Regier et al., 1990; DSM, 2013*).

The National Institute of Mental Health reports that major depressive disorder affects almost 7 percent of American adults (almost 15 million), while dysthymic disorder affects 1.5 percent. The World Health Organization notes that depression is one of the leading causes of disability around the globe. Substance abuse can worsen the course of depressive disorder, increasing the risk of outcomes such as:

Psychiatric hospitalization, Suicide attempts, Accidental or intentional overdose. Individuals who are diagnosed with depression and a substance use disorder are more likely to drop out of conventional substance abuse treatment programs before they finish rehabilitation (*DSM, 2013*).

Many people with mental health issues use substances, and in people with psychosis, problematic drinking and use of illicit drugs occur more frequently than in the general population (*McCredie, 2002 and Regier et al., 1990*). It's estimated that third of patients in mental health services have a substance misuse problem at the same time around half of patients in drug and alcohol services have a mental health problem.

There is a range of factors that may make some people more vulnerable to either or both problems, these include genetic makeup, environment and behavior.

This often begins in adolescence or even childhood periods when the brain is undergoing dramatic developmental changes. Early exposure to drugs of abuse can change the brain in ways that increase the risk for mental illness, just as early symptoms of a mental disorder may increase vulnerability to drug abuse (*Hall et al., 2009*).

Comorbidity of mental illness and substance misuse has been associated with increased psychiatric admission (*Hunt et*

*al., 2002*), suicidal behavior. Severe depression accompanied by substance misuse is one of the most frequent causes of suicide. Dual diagnosis is also associated with an increased risk of violence to others (*Appleby et al., 1999*), and poor treatment outcome in both psychiatric (*Hunt et al., 2002*), and substance misuse treatment (*Carey et al., 1991*).

Co-occurring medical and psychiatric disorders are relatively common in the general population and clinical samples, resulting in poor outcomes as the whole is greater than the sum of its parts and with high healthcare costs. Patients with poor mental health, including substance abuse, are relatively frequent users of the general medical Emergency Department (ED) and the specialized psychiatric Emergency department (*Hall et al., 2009*).

Although there is still debate as to whether there is a causal link between illicit drug use and the development of psychosis, it is well established that the course of psychosis is adversely affected by substance misuse, resulting in a more prolonged and serious condition. Associated problems include non-adherence to prescribed medication, poor engagement with treatment programmes, increased risk of suicide, more inpatient stays, increased risk of violence and time spent in the criminal justice system, and poorer overall prognosis that's to say that the relationship between psychosis and substance misuse is complex (*Blanchard et al., 2000*).

## **AIM OF THE WORK**

To measure the co-occurrence of comorbid substance use and psychiatric disorders, among inpatients of the institute of psychiatry Ain Shams University in a period of 3 months.

To detect the clinical profile of dual diagnosis among a sample of Egyptian patients.

To determine correlations between the severity of psychiatric illness and the severity substance misuse among psychiatric institute inpatients