Mood Regulation, Alexithymia and Personality Disorders in Female Patients with Opioid Use Disorders

Thesis

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List of Abbreviations

Abb.	Full term
ACEs	Adverse childhood experiences
ADHD	Attention-deficit/hyperactivity disorder
AMHH	Al-Abbassia mental health hospital
COMT	Catechol-O-methyltransferase
DNA	Deoxyribonucleic acid
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders
GHQ	General health questionnaire
GWAS	Genome-wide association studies
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
NESARC	National Epidemiologic Survey on Alcohol and Related Conditions
NSDUH	National Survey on Drug Use and Health
OUD-T	Opioid use disorders with tramadol
PDs	Personality disorders
QoL	Quality of Life
SCID	Structured Clinical Interview for DSM-IV
SD	Standard deviation
SSRIs	Selective serotonin reuptake inhibitors
SUDs	Substance use disorders
TAS	Toronto Alexithymia Scale-20
TMMS	Trait Meta-Mood Scale

INTRODUCTION

Drug abuse has been considered a male problem. Studies from several areas including epidemiology, behavioral pharmacology and neurosciences have taken a male-centric approach when analyzing factors and/or treatments that influence drug abuse. This approach has led to a neglect of factors underlying drug abuse in women. Therefore, the extent and effects of drug abuse on women are not fully understood ***(Anker et al., 2011).***

Women are diagnosed with significantly lower rates of overall substance abuse and dependence disorders compared with men; however, specific rates may vary according to the class of the drug ***(Robins et al., 1984; Kessler et al., 1994).*** They are also much less likely to experience difficulties with substance abuse and dependence, and these disorders are ignored when discussing women's mental health ***(Schmidt et al., 2009).***

However, although rates of substance abuse and dependence among women are lower than those among men, these disorders are more frequent among women when compared with other conditions such as dysthymia and many anxiety disorders. Therefore, it is important not to underestimate either the frequency of these disorders among women or the impact of these disorders on the mental health of

women who experience these difficulties ***(Wilsnack et al., 2010).***

Substance use disorders (SUDs) constitute a major health problem and are associated with an extensive psychiatric comorbidity. Personality disorders (PDs) and SUDs commonly co-occur. Comorbid PD is characterized by more severe addiction problems and by an unfavorable clinical outcome ***(Korsgaard et al. 2016).***

Although at first alexithymia was presented as a deficiency in cognitive processing and emotional regulation in psychosomatic patients, but today, it's known as a normal personality trait which is distributed among all members of society ***(Taylor, 1994).*** Among psychiatric disorders associated with alexithymia, substance abuse disorder has attracted the great deal of attention. People with higher emotional distress, are more likely to use drugs and alcohol. They often have emotions and feelings that cannot escape from. They do not have adequate knowledge of their emotions, so they do nothing for their lack of control over their emotional life ***(Tschann et al., 1994).***

Alexithymia makes some people vulnerable for substance dependence ***(Krystal, 1988; G. Taylor & Taylor, 1997).*** Addictive drugs are used to avoid negative emotions. Accordingly, ***Cook (1991)*** argues that powerful experiences which reinforce the addiction are those through which the

person can distance him/herself from the negative emotional situations ***(Cook, 1991).***

Emotion regulation is construed as a set of cognitive, behavioral, social and biological processes which serves to modulate, manage, or organize emotions to meet the demands of individuals' roles and behavioral reactions. Patients who suffer from overwhelming painful affects or find difficulty experiencing their inner emotions fall into substance use, dependence and relapses to manage absent or confusing affects ***(Khantzian, 1997).*** Moreover, emotion awareness (i.e., identifying and describing emotions) in response to extreme stress helps to avoid experiencing painful affect ***(Krystal, 1982).***

As substance abuse is a significant social and public health problem in Egypt, it is important to know the relation between SUDs and personality disorders in females as compared healthy to female controls. Moreover, the association between alexithymia as well as emotion regulation and women's risk of substance use should be explored. This will help to improve the intervention and management of SUDs.

HYPOTHESIS

We hypothesized that female patients with opioid use disorders have:

1- Higher comorbid personality disorders as compared to matched healthy female controls.

2- More severe alexithymia and higher defects in emotion regulation as compared to matched to healthy female controls.

AIM OF THE WORK

1. To estimate the comorbid personality disorders among opioid use disorders female patients as compared with matched healthy females.
2. To highlight the association between alexithymia as well as emotion regulation and opioid use disorders in female as compared with matched healthy females.

Chapter 1

OPIATES (HEROIN & TRAMADOL)

History of opiates

Opiates are among the world's oldest known drugs. The medical, recreational, and religious use of the opium poppy predates the common era. In the 19th century morphine was isolated and marketed, and the hypodermic needle invented, introducing rapid, metered administration of the primary active compound. Synthetic opioids were invented, and biological mechanisms discovered in the 20th century ***(Dell et al., 2012).***

There is general agreement that the Sumerians, who inhabited what is today‘s Iraq, cultivated poppies and isolated opium from their seed capsules at the end of the third millennium B.C. They called opium "gil," (joy). Most authors agree that, as early as the eighth century A.D., Arab traders brought opium to India and China and that between the tenth and thirteenth centuries opium made its way from Asia Minor to all parts of Europe ***(Brownstein, 1993).***

The closing years of the nineteenth century saw growing concern about the excessive and inappropriate use of drugs, including alcohol and tobacco as well as opiates and cocaine.

It was also recognized that long-term opiate use had dependence-inducing effects. Nevertheless, in the United

States, until the beginning of the twentieth century, both the opium alkaloids and cocaine were still found in patent medicines that were sold over the counter for a wide variety of indications, and their labeling often did not reveal their contents ***(Jaffe, 2000).***

Although achieving long-term cure of morphinism was reported to be exceedingly difficult, until the turn of the twentieth century neither the public nor the medical profession saw the habitual user of opium or morphine as invariably suffering from a moral deficit. Those who had developed the morphine habit represented the entire socioeconomic spectrum, with women outnumbering men by about two to one. Various political and literary figures were known to use opiates but to lead otherwise productive and exemplary lives. However, cocaine use and the morphine habit were also common among gamblers, petty thieves, prostitutes, and other disreputable members of society. Persons with emotional problems and those who had formerly used alcohol to excess were probably also overrepresented among opium users, since it was not unusual at the time for physicians to prescribe opiates to control emotional problems and alcoholism ***(Jaffe et al., 1997).***

By the late 1890s the public and the medical community were no longer indifferent to drug use and habituation. Medical texts in England, Europe, and the United States contained descriptions of morphinism, theories of its causation, and recommendations for withdrawal and post withdrawal