بسم الله الرحمن الرحيم

MONA MAGHRABY

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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جامعة عين شمس

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قسم

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MONA MAGHRABY

Psychiatric co morbidities and family related risk factors among adolescents with substance use disorder

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Asmaa Ahmed Mohamed

List of abbreviations

AA	Alcoholics Anonymous
AOD	Alcohol and other drug use
AUDADIS-5	The Alcohol Use Disorder and Associated Disabilities Interview Schedule-5
BI/BMI	Brief intervention/motivational interviewing
CAPTA	The federal Child Abuse Prevention and Treatment Act
CBT	Cognitive-behavioral therapy
DSM	Diagnostic and Statistical Manual of Mental Disorders
HPA	Hypothalamic-pituitary-adrenal
ICD-10	International Classification of Diseases version 10
K-SADs	Kiddie Schedule for Affective Disorders and Schizophrenia
NCS-A	National Comorbidity Survey-Adolescent Supplement
NSDUH	The National Survey on Drug Use and Health
OFC	Orbitofrontal cortex
PFC	Prefrontal cortex
PTSD	Post-traumatic stress disorder
SCID	Structured Clinical Interview For DSM-IV
SUD	Substance use disorder
TC	Therapeutic community
WHO	World Health organization

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Introduction

Substance use disorder is a complex and multidimensional problem. Substance use refer to theuse of any psychoactive substance or drug, including licit or illicit drugs, other than whenmedically indicated **(Smart et al., 2007).**

Adolescence is a period of increased risk-taking behavior, often accompanied by firstexperiences with alcohol and drug use **(World Health Organization, 2011).** Behaviorsseemingly characterized by impulsivity and suboptimal decision making are described asnormative traits of adolescence corresponding to the development of motivational circuitryinvolved in the pathophysiology of addiction **(Zernicke et al., 2010).** Adolescent substance use is a major public health concern **(Hernandez et al., 2015).** Substanceuse in early adolescence increases the risk for substance use disorders and mental illness later inlife **(Weissman et al., 2015).** Early identification and treatment of substance use disorders isessential in preventing long-term negative consequences **(Curtis et al., 2014)**. Increasedmorbidity and mortality arise from mental health problems, poor performance in school, riskysexual behaviors, and suicide **(Mitchell et al., 2016).**

Parental substance use, family conflict, and poor family management practice are important riskfactors within the family **(Blum et al., 2004).**

A 2007 National Survey report stated that 8.5% of Egyptians- or six million people – areaddicted to drugs, that the majority of them are

between 15 and 25 years old and that the addictsare considered as criminals rather than patients in need for treatment **(Khoweiled et al., 2012).**

Many researchers who explore risk and protective factorsrelated to adolescent substance useemphasize the social context, and the key aspects of this context are interactions within thefamily. Parents influence adolescents'development in many ways, such as providing familystructure, instilling values, and regulating how time is spent. Studies have found that parentalmonitoring, such as establishing clear rules about drug use and providing opportunities forinvolvement in family decisions, has been shown to reduce teen substance use **(Van Ryzin et al., 2012).**

Aim of the work

The aim of the present study is:

To investigate presence of other psychiatric disorders in adolescents with substance usedisorder according to MINI KID includes modules covering depressive disorders, suicidality, bipolar disorder, anxiety disorders, obsessive compulsive disorder, posttraumatic stress disorder, tic disorders, ADHD, disruptive disorders, psychotic disorders, eating disorders and pervasivedevelopmental disorders.

- To highlight the rate of occurrence and severity of impulsivity among adolescents with SUD.
- To compare the impact of the familial parenting style between adolescents with SUD andadolescents without SUD.

Chapter 1
Substance Use Disorder in adolescents: Clinical picture, epidemiology & etiology

A substance can be anything that is used in order to alter one's senses, or affect his mood, perception and consciousness. Substance use more common in young people, and individuals have various patterns of substance use “binging, occasional or continual”, with different easons for use as an 'experiment', to 'join in' with peers, for 'fun' or to 'escape', or to “get through a certain situation- such as the desire to stay awake”. When use becomes prolonged, heavy, or causing social or personal problems, it may meet a 'diagnosis' for a “substance use disorder: substance dependence or substance abuse **(White and Bariola, 2012).**

The “Diagnostic and Statistical Manual of Mental Disorders” (DSM V) has eliminated the separate categories of substance abuse and substance dependence and replaced them with one category called substance use disorders which refer to the” use of one or more substance leading to a clinically significant impairment or distress” SUD can be characterized as mild, moderate, or severe, depending on the number of diagnostic criteria displayed by an individual **(American Psychiatric Association, 2013).**

The public health perspective focuses on the impact of heavy use of a substance over time on the individual and society, yet it is less concerned about psychological components of SUD, as the

uncontrolled nature of the behavior **(Rehm et al., 2015; Anderson et al., 2016)**.

Definition of substance abuse

According to the WHO **(2010)** "Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state"**.**

Substance misuse

Substance misuse is a maladaptive pattern of use leading to clinically important impairment or distress, manifested by one or more of the following over 12 months **(McArdle, 2008):**

- Failure to fulfill major obligations at work, school, or home.
- Use of substance in situations in which it is physically hazardous.
- Persistent or recurrent use of substance despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
- Persistent or recurrent use despite legal problems related to use of the substance.

Substance dependence

Substance dependence is broadly equivalent to addiction and generally suggests physiological changes related to chronic drug administration. Dependence is associated with three or more of the following over 12 months:

- Tolerance.
- Withdrawal.
- Taking larger amounts than intended.
- Unsuccessful efforts to cut down.
- Spending a great deal of time obtaining or using the substance.
- Giving up important activities because of use.
- Continued use despite physical or psychological problems likely to have been caused or exacerbated by the substance.

Clinical criteria of substance dependence according to the DSM-5 criteria

Substance use disorders are classified as mild, moderate, or severe, depending on how many of the diagnostic criteria a person meets. The 11 DSM-5 criteria for a substance use disorder are:

Hazardous use: You have used the substance in ways that are dangerous to yourself and/or others, i.e., overdosed, driven while under the influence, or blacked out.

1. **Social or interpersonal problems related to use**: Substance use has caused relationship problems or conflicts with others.
2. **Neglected major roles to use**: You have failed to meet your responsibilities at work, school, or home because of substance use.
3. **Withdrawal**: When you stop using the substance, you experience withdrawal symptoms.
4. **Tolerance**: You have built up a tolerance to the substance so that you have to use more to get the same effect.
5. **Used larger amounts/longer**: You have started to use larger amounts or use the substance for longer amounts of time.
6. **Repeated attempts to control use or quit**: You've tried to cut back or quit entirely buthaven't been successful.
7. **Much time spent using**: You spend a lot of your time using the substance.
8. **Physical or psychological problems related to use**: Your substance use has led to physical health problems, such as liver damage or lung cancer, or psychological issues, such as depression or anxiety.
9. **Activities given up to use**: You have skipped activities or stopped doing activities you once enjoyed in order to use the substance.
10. **Craving**: You have experienced cravings for the substance.

In order to be diagnosed with a substance use disorder, you must meet two or more of these criteria within a 12-month period. If you