



Prevalence of Personality Disorders and Incidence of Psychosis in Patients with Alcohol Dependence Syndrome

¹Gowtham Reddy and ²G. Haritha

^{1,2}Department of Psychiatry, Fatima Institute of Medical Sciences, Kadapa, A.P., India

OPEN ACCESS

Key Words

Psychosis, alcoholic, personality, illnesses

Corresponding Author

G. Haritha,
Department of Psychiatry, Fatima
Institute of Medical Sciences,
Kadapa, A.P., India

Author Designation

¹Assistant Professor

²Associate Professor

Received: 25 March 2023

Accepted: 30 May 2023

Published: 28 June 2023

Citation: Gowtham Reddy and G. Haritha, 2023. Prevalence of Personality Disorders and Incidence of Psychosis in Patients with Alcohol Dependence Syndrome. Res. J. Med. Sci., 18: 212-216, doi: 10.36478/makrjms.2023.8.212.216

Copy Right: MAK HILL Publications

ABSTRACT

The present study was undertaken to examine the personality profiles and personality disorders in alcohol-dependent patients for determining the incidence of psychosis among them in the Indian population in a cross-sectional study. The highest percentages of cases were reported in the age group of 31-50 years, most of whom started alcohol intake in their twenties (68.00%), suggesting time-dependent evolution of alcohol-related complications. Among all 100 enrolled subjects, the highest percentages of cases were reported in the age group of 31-40 years (45.00%) and 41-50 years (38.00%). Most of the subjects (80.00%) were married and belonged to the Hindu religion (79.00%). The majority of them started alcohol intake in their twenties (68.00%), suggesting time-dependent evolution of alcohol-related complications. Most of the subjects had an education up to SSC (35.00%) or below (38.00%) and most of the subjects were manual workers. A correlation between the lower level of educational, occupational, economic status and alcohol intake was reported in this study. The results suggested that subjects' education, occupation and economic state are vital factors related to alcohol-related complications. A higher percentage of alcoholic subjects were reported who had never taken any treatment (76.00%), suggesting that it is essential to look into the maintenance factors and consumption other than physical problems for continuing alcohol. Personality disorders were reported in almost half of the alcoholic subjects (46.00%), suggesting the importance of considering personality factors in asses. A correlation between the lower level of educational, occupational, economic status and alcohol intake was reported in this study. The results suggested that subjects' education, occupation and economic state are vital factors related to alcohol-related complications. A higher percentage of alcoholic subjects were reported who had never taken any treatment (76%). Personality disorders were reported in (46%) of subjects suggesting the importance of considering personality factors in assessing and treating alcohol dependency in individuals. Alcohol-induced psychosis can occur in alcohol-related complications and is imperative in differentiating from psychosis with other illnesses and has a significant association for designing better treatment strategies.

INTRODUCTION

Alcohol use disorders worldwide are among the most prevalent mental disorders, highly disabling and associated with many psychiatric and physical comorbidities. It is also contributing to global mortality and morbidity. Productivity and interpersonal functioning are impaired and causing psychological and financial burdens on the families, friends, coworkers and persons abusing alcohol themselves and on society as a whole by motor vehicle crashes, violence and property crimes^[1]. Until the late 1960s, alcoholism was considered a personality disorder^[2]. There is increasing knowledge about personality disorders as an essential cause of mortality worldwide and that the disorders influence treatment outcomes of other psychiatric disorders^[3]. The coexistence of personality disorders worsens the outcomes in the treatment of other psychiatric disorders it is described for internalizing disorders such as depression and eating disorders as well as schizophrenia^[4]. A negative association exists between outcomes of externalizing disorders and personality disorders. Population data from the U.S.A. suggests that 29% of those having alcohol use disorders have a personality disorder. As there is a high prevalence of personality disorders in patients of alcohol use disorders and they are relevant in treatment outcome of other psychiatric disorders, there is a need for closer investigation of the role of personality disorders in the treatment outcome for patients with alcohol use disorders^[5]. There is an association between alcoholism and psychosis, which was documented by Marcel as early as 1847 and he was credited for differentiating the disorder from delirium tremens^[6]. Alcohol-induced psychotic disorder is a rare complication of alcohol abuse associated with a history of heavy drinking, it presents acute onset of auditory hallucinations and delusions in clear consciousness. It should be distinguished from alcohol withdrawal delirium and schizophrenia as the disorder's management and prognosis differ^[7]. Delirium has been associated with significant mortality and morbidity, but alcoholic hallucinosis prognosis is better^[8]. Alcoholic hallucinosis has been regarded as a schizophrenic reaction precipitated by alcohol in those with certain personality traits. Differential diagnosis between alcoholic hallucinosis and schizophrenia is essential because it requires different pharmacological management and further therapeutic management. Another prognosis depends on the power of alcoholism.

MATERIALS AND METHODS

Participants were patients diagnosed with alcohol use disorders who came to the Psychiatry Department.

Sample of the Study: The study sample comprised 100 voluntary participants who came to the Psychiatry Department.

Type of Study: Cross-sectional study.

Inclusion Criteria:

- Patients who have consented to participate in the study after explaining their reasons for the study.
- Patients are fulfilling the D.S.M. 5 diagnostic criteria for alcohol use disorders.
- Age 18-55 years.

Exclusion Criteria:

- Patients who are not willing to participate in the study.
- Organic disorders.
- Seizure disorder.
- Mental retardation.
- Persistent neurological deficits.
- Chronic debilitating medical illnesses such as chronic obstructive pulmonary disease, chronic kidney disease, etc.
- Subjects who had any other psychiatric disorders other than those related to alcohol use, tobacco use and personality disorder before this study.
- Any medical illness or other substances causing psychosis.
- Co-existing drug abuse or dependence.

Instruments Used:

- D.S.M-5.
- Socio-Demographic Proforma.
- Personality Assessment Schedule (P.A.S.).
- Alcohol Use Disorders Identification Test (AUDIT).
- Brief Psychiatric Rating Scale (B.P.R.S.).

Data Collection: A consecutive sample of 100 patients admitted to the inpatient department of Psychiatry for alcohol problems during the study period was selected by purposive sampling over one year. They were enrolled in this study after explaining the study's nature to each subject. Patients were interviewed and assessed on admission with the Alcohol Use Disorders Identification Test (AUDIT). Those patients who met the inclusion and exclusion requirements were included in the report. Those included in the study were evaluated according to D.S.M. criteria for alcohol-induced psychosis for psychotic symptoms and were rated with Brief Psychiatric Rating Scale (B.P.R.S.). Patients were assessed with the Personality Assessment Schedule (P.A.S.) to explore the personality profile after two weeks, during which detoxification was completed.

RESULTS AND DISCUSSIONS

Among all 100 enrolled subjects, the highest percentages of cases were reported in the age group of 31-40 years (45.00%) and 41-50 years (38.00%). While, 9.00% cases were observed in age group of above 50 years and 8.00% in age group of 21-30 years. No cases of <20 years were reported. Most of the enrolled

subjects (80.00%) were married. While 17.00% subjects were unmarried and 3.00% were separated. 35.00% of the subjects studied S.S.C., 31.00% up to primary, 18.00% up to P.U.C., 13.00% up to degree and 7.00% were illiterate. 5.00% subjects were recorded as unemployed, 40.00% unskilled, 38.00% semiskilled, 8.00% skilled and remaining 9.00% were professionals. 2.00% of subjects started drinking alcohol at the age of below 20 years, 68.00% started between the age of 21-30 years and remaining 30.00% initiated between 31-40 years of age. Highest number of subjects (78.00%) were recorded having 1-5 years of alcohol dependency, 12.00% has alcohol dependency for 6-10 years, 7.00% has 11-15 years and remaining 3.00% had 15-20 years. Nearly half of the subjects (48.00%) never abstained alcohol consumption. 40.00% attempted abstinence for 1-5 times, 6.00% for 6-10 years and remaining 6.00% attempted it for more than 10 years. 76.00% subjects had never taken treatment, 18.00% took treatment 1-3 times and remaining 6.00% took >3 times. 9.00% of subjects of alcohol-dependent patients showed hallucination and 4.00% showed delusions. Simultaneously, none of the subjects showed cognitive, behavioral and negative symptoms or thought disorder. 14.00% of subjects showed borderline personality disorder, 10.00% showed avoidant, 9.00% showed histrionic, 8.00% showed dependent, 6.00% showed paranoid, 4.00% showed antisocial, 2.00% showed schizoid, 2.00% showed obsessive-compulsive and 1.00% showed passive-aggressive personality disorder. 14.00% of subjects showed explosive personality trait, 12.00% each showed asthenic and anxious personality traits, 11.00% has avoidant, 10.00% had sensitive, 8.00% each had paranoid, sociopathic, and histrionic personality traits, 5.00% had schizoid, 4.00% had passive-dependent, 3.00% of each had anankastic and dysthymic personality traits while remaining 2.00% showed hypochondriacal traits 54.00% subjects didn't show personality disorder, while 20.00% had single, 15.00% had co-occurrence of two, 8.00% had co-occurrence of three and 3.00% had co-occurrence of four personality disorders.

Table 1: Correlation Between Marital Status and the Severity of Alcohol Consumption

Marital Status	N	Mean	SD	P
Married	80	22.352	5.214	0.2
Unmarried	17	20.125	5.045	
Separated	3	24.2566	4.624	

Table 2: Correlation Between Occupational Status and Severity of Alcohol Consumption

Occupation	N	Mean	SD	P
Unemployed	5	27.892	6.785	0.001
Unskilled	40	21.325	4.544	
Semiskilled	38	22.2012	3.2514	
Skilled	8	21.3253	3.2544	
Professional	9	16.5231	4.1214	

In alcohol-dependent patients, 37% had other psychiatric conditions. An epidemiological catchment area study and national co-morbidity survey study

showed that alcohol dependence, anxiety disorders, and affective disorders commonly coexist. A study by Mann et al. showed that 65% of female patients and only 28% of male patients had a lifelong history of other psychiatric disorders. Compared to males, a significantly more number of alcohol-dependent female patients have anxiety and mood disorders. Underestimating co-morbidity is a significant problem during the treatment of such patients. Alcohol-induced psychotic disorder is a secondary type of psychosis characterized by disturbance, in reality, hallucinations and delusions. During these episodes, individuals may hear, see, or believe things are present when they are not. Heavy and chronic drinkers are at a greater risk of developing psychosis when on detoxification. They need regular treatment for abstinence from alcohol and the prevention of further psychosis. Alcoholic hallucinosis is not an expected outcome of alcohol abuse. It is generally seen in people who have a chronic alcohol use disorder. After 12-24 hours of heavy alcohol consumption, alcoholic hallucinosis occurs; it may abruptly stop or last for several days. There is a risk of developing alcoholic hallucinosis if severe and recurrent alcohol abuse occurs. Psychosis as alcoholic hallucinosis is primarily characterized by threatening voices as auditory hallucinations, along with visual hallucinations. Delusions and mood disturbances may also occur. An enduring pattern of behavior and inner experience that markedly deviates from the individual's culture's expectations is a personality disorder. A personality disorder is pervasive and inflexible, has an onset in adolescence or early adulthood and is stable over time, leading to distress or impairment. The National epidemiologic survey for alcohol and other related conditions data reported that at least one of seven investigated P.D.s are present in 39.5% of alcohol dependence syndrome patients compared to 14.8% of controls. It is observed that the assessment of inpatient alcohol-dependent individuals has yielded higher rates of P.D. diagnoses ranging between 25 and 93%. The variance in rates of P.D. co-morbidity may be due to differences in diagnostic modality used, specific sample characteristics, differences in admission and treatment modalities. The types of Personality Disorders reported to be associated with alcohol dependence are very variable in the literature and no clear pattern has emerged. The P.D.s most often reported include histrionic, dependent, paranoid, borderline, antisocial, narcissistic, avoidant, passive-aggressive and obsessive compulsive. Although some previous studies have reported alcohol dependence to be more prevalent in the unemployed, a higher number of our patients were employed. The present study has most of the patients (77.5%) belonged to the rural background. 68.00% of subjects started drinking alcohol between the ages of 21 and 30. Our study supports the well-known fact that

alcohol use starts in the formative years of initial adult life. The highest number of subjects (59.00%) had less than ten years of alcohol drinking habits, followed by 11-20 years by 28.00%. The highest number of subjects (78.00%) showed 1-5 years of alcohol dependence. In the current study, no significant association was found between various socio-demographic variables and the presence of psychiatric co-morbidity except for unemployment. When patients with and without psychiatric illness were compared, patients with psychiatric illnesses had higher rates of unemployment, similar to the study by Cherkunath^[9]. The high rates of unemployment might be due to multiple reasons such as greater chances of impaired work performance or absenteeism, excessive time and money spent over alcohol use and frequent hospitalizations seen with alcohol dependence with psychiatric co-morbidity-morbidity>those without. In the present study, the most prevalent personality traits (>10%) were reported for explosive, sensitive, asthenic, sociopathic, avoidant, histrionic and anxious, reflecting a higher prevalence of cluster B and cluster C personality disorders in our subjects. Excess alcohol consumption results in medical and social problems around the world. It accounts for 3% of global deaths. Neuropsychiatric consequences to alcohol dependence syndrome include delirium tremens, alcohol-related brain damage, Korsakoff's syndrome and alcoholic hallucinosis. The terms 'alcoholic hallucinosis' and 'alcohol-induced psychotic' disorder (AIPD) are often used interchangeably, although they may be better regarded as over-lapping categories. In our study, 9.00% of the subjects diagnosed alcohol-induced psychosis, comparable to the earlier finding reported in the literature. One subject had both auditory hallucination and delusion. All the patients had psychotic manifestations either after acute alcohol intoxication or withdrawal. The prompt treatment with benzodiazepines could explain this during the detoxification phase, which might have suppressed its emergence in alcohol withdrawal subjects as seen by the higher incidence in alcohol intoxication than in withdrawal. 4.00% of subjects reported persecutory delusions. Treatment for alcohol-induced psychosis focuses on medical stabilization while helping a person stop drinking. Neuroleptics, benzodiazepines and atypical antipsychotics are medications that can be used if sedation is warranted. Individuals with alcohol-induced psychosis may undergo a suicide assessment since the condition is often linked with higher rates of suicidal behaviors. Treatment interventions that help a person maintain sobriety can improve the prognosis for those who have experienced alcohol-induced psychosis. The Recovery Village Palm Beach at Baptist Health is an alcohol treatment center in South Florida that can provide treatment for alcohol addiction and co-occurring disorders. Patients had

poor insight regarding their psychosis, one of the diagnostic criteria for alcohol-induced psychosis. Auditory hallucinations were predominantly reported for a single voice talking to the patient. At the time of the interview for personality assessment, none of the subjects had auditory hallucinations or delusions. However, it was reported earlier that 10-20% of patient's psychotic symptoms persist. Patients with alcohol-induced psychosis had a more decadent alcohol habit, which agrees with prior studies. Thus, these data suggest that personality, alcohol and an inherited predisposition may have a significant role in persons evolving alcohol prompted psychosis.

CONCLUSION

- The predominant personality traits (more than 10.00%) in our subjects were explosive, sensitive, asthenic, avoidant and anxious.
- Among personality disorder subjects, 20.00% had single, 15.00% had co-occurrence of two PDs, 8.00% had co-occurrence of three PDs and 3.00% subjects had co-occurrence PDs, suggesting an overlap of personality disorders in alcoholism.
- The data reported in this study among alcoholic subjects suggest that regular assessment of personality traits and personality disorders may help better understand specific subjects' addictive behavior and expedite the best approach for tailoring standard interventions for individual requirements.

REFERENCES

1. Grant, B.F., R.B. Goldstein, T.D. Saha, S.P. Chou and J. Jung et al., 2015. Epidemiology of DSM-5 Alcohol Use Disorder. *JAMA Psychiatry*, 72: 757-766.
2. Sellman, J.D., J.A. Foulds, S.J. Adamson, F.C. Todd and D.E. Deering, 2014. DSM-5 alcoholism: A 60-year perspective. *Aust. And New Zealand J. Psychiatry*, 48: 507-511.
3. Tyrer, P., G.M. Reed and M.J. Crawford, 2015. Classification, assessment, prevalence and effect of personality disorder. *The Lancet*, 385: 717-726.
4. Newton-Howes, G., P. Tyrer, T. Johnson, R. Mulder, S. Kool, J. Dekker and R. Schoevers, 2014. Influence of Personality on the Outcome of Treatment in Depression: Systematic Review and Meta-Analysis. *J. Personality Disord.*, 28: 577-593.
5. Newton-Howes, G.M., J.A. Foulds, N.H. Guy, J.M. Boden and R.T. Mulder, 2017. Personality disorder and alcohol treatment outcome: Systematic review and meta-analysis. *Br. J. Psychiatry*, 211: 22-30.
6. Jordaan, G.P. and R. Emsley, 2013. Alcohol-induced psychotic disorder: A review. *Metab. Brain Dis.*, 29: 231-243.

7. Jordaan, G.P., J.M. Warwick, D.G. Nel, R. Hewlett and R. Emsley, 2011. Alcohol-induced psychotic disorder: Brain perfusion and psychopathology - before and after anti-psychotic treatment. *Metab. Brain Dis.*, 27: 67-77.
8. Perälä, J., K. Kuoppasalmi, S. Pirkola, T. Härkänen and S. Saarni et al., 2010. Alcohol-induced psychotic disorder and delirium in the general population. *Br. J. Psychiatry*, 197: 200-206.
9. Cherukunnath, P., A.M. Palayat, B. Divakaran and V.V. Mohanchandran., 2016. (2016) Psychiatric comorbidity in alcohol dependent outpatients in tertiary care centre. *Journal of medical science and clinical research.*, 4: 9880-9890.