Differential traits in cannabis use disorder patients in a detoxification unit

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Introduction

Cannabis is by far the most commonly used illegal substance in Europe. Between 3 % and 31 % of adults have tried the substance at least once (1) and between 7-10% will develop a dependence disorder (2). In a recent study, 90% of subjects with cannabis dependence had other lifetime mental disorder (alcohol dependence, antisocial personality disorder, and conduct disorder had the strongest associations with cannabis dependence) (3). These data underscore the importance of thorough and systematic evaluation of patients seeking treatment for cannabis dependence.

Objective

To study prospectively the evolution and the differential characteristics of a subgroup of patients admitted to a detoxification unit (DU) with diagnosis of cannabis use disorder (CUD; including abuse or dependence) with other substance use disorders (SUD) comorbidity as main diagnosis in relation of the rest of patients.

Methods

- We collected, prospectively, data from all patients admitted to the DU during the period 1993 - 2003, and selected those with CUD.
- We compared patients with CUD with patients without CUD, admitted in the same period in respect to: socio-demographic data, comorbid SUD, other non-SUD psychiatric disorders (dual diagnosis) and admission period related variables.

Results

- In the studied period, 1602 patients (78% males; mean age 33±8 years) were admitted, and 287 (18%) presented a CUD and only in 3 cases was main diagnoses for admission.
- Distribution by year of CUD was described in figure 1
- Prevalence of main substance use disorder that was the motivation for seeking detoxification in DU are described in figure 2
- Following SUD were comorbid to this patients: opioid related disorders (n=1267; 79%); alcohol dependence disorder (n=421; 26%); cocaine related disorders (n=626; 39%); benzodiazepine dependence disorder (n=519; 32%) and nicotine dependence disorder (n=1101; 69%).
- From total sample, 400 subjects had dual diagnosis (25%). Main non-SUD psychiatric disorder was personality disorders (N=330; 83%).
- CUD patients showed higher proportion of males (80% vs. 72%, p=0,01), illegal substance use onset before 18 years old (87% vs. 79%, p<0,01), lower rate of comorbidity with alcohol dependence disorder (21% vs. 27%, p=0,03), benzodiazepine related disorders (29% vs. 37%) and cocaine related disorders (25% vs. 37%, p<0,001). Shorter length of stay was observed (12,2±6,3 days vs. 13,3±6,4 days, p=0,011) in CUD patients (tables 1,2)

Conclusions

- There has been a relative steady prevalence of patients admitted in the DU with cannabis use disorder by year in the studied period.
- In contrast with previous studies, a lower rate of comorbidity with alcohol dependence disorder, benzodiazepine related disorders and cocaine related disorders was found in patients with CUD.
- Patients with CUD showed a greater rate of personality disorders.

Reference list