

Are the interdicting drugs more effective in dual diagnosis patients?

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Background

Alcohol is the most widespread psychoactive drug in Spain and one of the main avoidable causes of premature mortality, disease and disability. The knowledge of the magnitude and characteristics of the effects related to the consumption of alcoholic beverages can contribute to the start-up and evaluation of strategies and interventions to reduce the associated damage. It is estimated that in Europe the average diagnosis of alcohol use disorder is 15%¹, and it seems that less than 10% of these patients receive specific treatment².

Methods

Aim: To measure alcohol consumption, the evolution of alcohol consumption after six months of treatment and the psychiatric comorbidity of axis I in patients with alcohol dependence who attend a specific outpatient treatment center for alcoholism in the city of Cádiz (Spain).

Participants: Descriptive study of 112 patients who attend treatment for alcohol dependence. During the follow-up, 13 patients stopped attending the scheduled visits and dissociated from follow-up.

Evaluations: The presence of dual pathology is determined by the semi-structured interview MINI 5.0.0, using the DSM-IV criteria as criteria of dependence. Six months after the initial evaluation, the weekly consumption of alcohol and the adherence to treatment will be checked again by attending visits with psychiatry and nursing.

Statistical Analysis: All statistical procedures were performed using IBM SPSS Statistics 23.

Results

50% are dual diagnosis patients (41 men and 15 women). The mean SDU/ week consumption at the beginning of treatment was 88.18 (88.43 dual vs. 87.93 non-dual). The average SDU / week consumption after six months of treatment is 25.51 (30.07 dual vs. 20.93 non-dual). 46.4% of the sample has a specific treatment for alcohol withdrawal (49.4% ♂ vs. 37% ♀, 44.6% dual vs. 48.2% non-dual). At the beginning of treatment, men have a higher consumption ($p < 0.05$) than women. Men who are not in interdiction treatment have a higher SDU / week consumption than women who are not in intermittent treatment at the beginning and at 6 months of treatment ($p < 0.05$). In dual patients, there was a decrease in alcohol consumption at 6 months of follow-up ($p < 0.001$) and an average reduction in SDU / week ($p < 0.001$) in the group of patients treated. In non-dual patients with interdiction treatment, the same circumstance is observed.

Discussion

The average consumption of SDU / week at the beginning of treatment reflects the high consumption of alcohol typical of the populations that come to the treatment centers and that widely exceed the threshold of high risk consumption.

There is a significant decrease in the average alcohol consumption at 6 months of follow-up, with a greater decrease in those subjects who are receiving interdiction treatment ($p < 0.001$), which coincides with the studies carried out^{3,4}. A greater tendency of the duals to maintain a risk consumption at 6 months of starting the treatment is observed.

As in our sample, previous studies⁵ report that psychiatric comorbidity as a whole does not influence the response to treatment or evolution.

Conclusions

Patients treated with interdicting drugs achieve, significantly, a greater decrease in alcohol consumption than those who do not have interdiction treatment, but no significant differences are found between dual and non-dual patients.

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