

Prevalence and Correlates of Co-occurring Substance Use Disorder among Patients with Severe Mental Disorder at Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia

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Abstract

Introduction: substance use concurrently occurs with severe mental disorders, it is associated with poor treatment outcomes, more frequent use of hospitals, treatment noncompliance, more frequent suicidal attempt, frequent and longer episodes, and poor over all adjustments, violent behavior and greater risk of HIV infection. However; little is known about the prevalence of co-occurring substance use disorders in patients with severe mental disorders in Ethiopia. The objective of this study was to assess the prevalence and correlates of co-occurring substance use disorder among patients with severe mental disorders at Amanuel mental specialized hospital, Addis Ababa, Ethiopia.

Method: Institution based cross sectional study design was conducted in June, 2014. Study Participants were

Keywords: Severe mental disorder; Prevalence; Substance use; Addis Ababa; Ethiopia

Background

Substance abuse, according to diagnostic and statistical manual text revised (DSM-IV-TR) criteria is defined as use of any drug, usually by self-administration, in a manner that deviates from approved social or medical patterns while; substance dependence is the repeated use of a drug or chemical substance, with or without an altered physiologic state caused by repeated administration of a drug, the cessation of which results in a specific syndrome [1].

One study reported that about 16.7% of patients with mental disorders have co morbid substance-use disorder of which 27% are for any substance use disorders, 9% for any alcohol-use disorder and 6% for any drug-use disorder. Results of the Epidemiologic Catchment Area study on co morbid disorders indicated that patient with mental disorder had a substance-use disorder (28.9%), alcohol-use disorder (36.6%) and a drug-use disorder (53.1%) [2]. More recent studies based on the National Longitudinal Alcohol Epidemiologic Survey (NLAES) showed, of 9.9% of the population who had a lifetime diagnosis of major depression, 19.9% had a co morbid drug-use disorder, 24.3% of this population had an alcohol-use disorder and/or major depressive

disorder and 16.2% of whom had both major depressive and alcohol-use disorders [3].

Patients with schizophrenia abuse an array of substances, depending upon access and availability [4-6]. The common substances for abuse are alcohol [7-9], cocaine and other psycho stimulants [10] and cannabis [11]. Types of substance use among individuals with severe mental illness might be associated with the availability and patterns of use of various drugs in different community environments [12].

Some people who abuse drugs show symptoms similar to those of schizophrenia. Therefore, people with schizophrenia may be mistaken for people who are affected by drugs. Most researchers do not believe that substance abuse causes schizophrenia. However, people who have

Substance used	Severe Mental Disorders			
	Schizophrenia		Bipolar disorder	
	Current use	Life time use (ever had used)	Current use	Life time use (ever had used)
Alcohol	124 (47.7%)	154 (59.2%)	125 (47.5%)	154 (59.2%)
Khat use	132 (50.6%)	125 (48.1%)	132 (50.6%)	125 (48.1%)

Percentage distribution respondents with substance use disorder by their rate of hospitalization, suicide and treatment

Majority of those who had hospitalization had co-occurring substance use disorders as compared to those who have no hospitalizations for schizophrenia (81.5% and 37.9%) and bipolar disorders (82.56% and 38.2%). From those who have history of relapse almost 90% of them have co-occurring substance use disorders and less than 25% of those who have co-occurring substance use disorders get treatment for substance use disorders (Table 4).

Percentage distribution of respondents by their reason of substance use

For those patients who had co-occurring substance use disorder (more than 50%), the main reasons of substance use were to alleviate symptoms, because of peer pressure, relaxation and to increase concentrations and less than half of those who had co-occurring substance use disorders were use the substance for pain relief, because of availability and because of its low-cost (Table 5 and 6).

Discussion

This study assessed the magnitude and correlates of co-occurring substance use disorders in patients with severe mental disorders, particularly schizophrenia and bipolar disorders, at Amanuel mental specialized hospital. The results of this study revealed that more than 60% of the respondents 65.9% (bipolar patients) and 64% (schizophrenic patients) have substance use disorder. This finding is in line with other studies [19-20,23,25] but higher than [22] and lower than [17,18]. The possible reasons for this difference might be due to the difference in data collection instrument, socio-demographics and culture. Unlike other studies [7-9,16-20] among substance use disorder, the most common disorder is khat use disorder where about 132 (50.6%) (Bipolar patients) and 125 (48.1%) (Schizophrenic patients) have used khat in their life time. The possible reasons for this difference might be due to differences in socio-demographics and culture.

Based on the current finding, 39.1% (bipolar) and 36.2% (schizophrenic) had alcohol use disorder in their life time. The current finding (for schizophrenic patients) is in line with other study [22] but lower for (bipolar patients) [23]. Regarding to nicotine use disorder,

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No (RC)	71	45	1	1
Hospitalization				
Yes	FHI	HI	ÍÊÏ€ÇÈĜÏÊJËJIDE	FÊÏ ÍÇFÊÏÊÏEHÏD
No (RC)	HÌ	55	1	1
Relapse				
Yes	152	42	8.51(4.55-15.85)*	5.18(1.72-15.64)*
No (RC)	20	47	1	1
Suicidal attempt				
Yes	102	28	HÉFÏÇFÊÏ ÍÊÏÊÏ ÍDAE	FÊ€ÇFÊÏ FÊGEFH
No (RC)	70	61	1	1

for each socio demographic variables and peer pressure, peer pressure adjusted for each socio demographic variables, and other variables such as hospitalization, relapse and suicidal attempt adjusted each other.

Table 6: Binary logistic analyses of respondents selected Socio-demographic characteristics and other factors associated with Co-occurring any life time substance use

13.1% (bipolar) and 13% (schizophrenic) had used nicotine in their life time. These findings are lower than other studies [16-20]. This might be due to the difference in data collection instrument, socio demographics and culture.

Based on the finding, 1.5% (both bipolar and schizophrenic patients) had used cannabis in their life time. This finding is in agreement with other studies [25]. Poly substance co morbidity was higher among peoples with schizophrenia (48.1%) than peoples with bipolar disorder (31%). This might be due to peoples with schizophrenia have high probability to contact with different peoples.

According to this study the prevalence of substance use disorder was found to be higher among males than females, younger patients than geriatric populations, separate and divorce than married, among patients with lower educational status than higher educational status for both peoples with schizophrenia and bipolar disorder. These findings were supported by other studies [22,25-29].

The results of this study showed that majority of those who have hospitalization (81.5% and 82.56%) had co-occurring substance use disorders as compared to those who have no hospitalizations (37.9% and 38.2%) for both schizophrenic and bipolar patients respectively. Similarly, for schizophrenic and bipolar patients who had history of

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Competing Interests

The authors declare that they have no competing interests.

Authors' Contributions

GA conceived the study and was involved in the study design, reviewed the article, analysis, report writing and drafted the manuscript. BD1 1 Tf/Fm0 Doshe