International Journal of Innovative Research in Medical Science (IJIRMS)
Volume 03 Issue 03 March 2018, ISSN No. - 2455-8737
Available online at - www.ijirms.in

Open Access Journal | Research Article | DOI: 10.23958/ijirms/vol03-i03/15

Profile of OPIOID Dependent Patients

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Abstract

Background: *The use of opioid is increasing because of illicit drug trafficking, easy availability and decrease in prices. The study attempted to evaluate the profile of opioid dependent patients.*

Material and method: *Patients attending de addiction clinic were evaluated using semi structured proforma and ICD 10 DCR criteria, data was collected and analysed.*

Results: *Only male patients reported. Most of them were young, married, had low education, Hindus, belonged to joint family, low socioeconomic status with rural background. All of them were using tobacco; most of them used other illicit substances before starting opioid. Most of them started under peer pressure, shifted to chasing, continued opioid due to withdrawal symptoms and craving, consulted after many years of consumption under compulsion of family members and financial problems.*

Conclusion: *Addressing psychosocial factors in opioid dependent patients is helpful in their treatment.*

Keywords: ***Opioid dependence, clinical profile.***

Introduction

Geographical location of India between the golden triangle (Burma, Laos, Thailand) and the golden crescent (Iran , Afghanistan and Pakistan) makes it important as transit point for trade of drugs like opioid and cannabis.[1] The prevalence of opioid has increased after introduction of heroin, semisynthetic derivative of opioid.[2] Studies regarding socio demographic profile, course , age of first use, reason to start and continue opioid, route of intake helps in giving insight about psychosocial pathology of patients. Hence following study was undertaken.

Materials and method

Subjects included the patients attending the outpatient de addiction clinic at the department of psychiatry, King George medical university, Lucknow. Those diagnosed to be suffering from opioid dependence by consultant incharge were evaluated. The patient age 18-60 years of either sex full filling ICD 10 (International classification of diseases) DCR (Diagnostic criteria for research) of opioid dependence were taken for the study after informed consent. Patients with comorbid psychiatric diagnosis including other substance use disorders except nicotine dependence were excluded from the study. Semi structured proforma and ICD 10 DCR were used as tools. Socio demographic variables, history, pattern of opioid use, physical and mental state examination were recorded and statistical analysis was done.

Results

Table 1: Sample selection of patients

1.	Total patients with clinical diagnosis of opioid dependence who were assessed for selection criteria	36
2.	Patients excluded due to exclusion criteria	6
3.	Patients completed the study	30

The sample consists of males only as no female turned up in dead diction OPD during study period

Table 2: Age distribution of patients

Age (in years)	Patients (n=30)	
	N	%
18-20	1	3.3
21-30	16	53.3
31-40	9	30.0
41-50	3	10.0
51-60	1	3.3

83.3 % of the patients belonged to 21-40 years age group

Table 3: Socio-demographic profile

	PATIENTS (N= 30)	
	N	%
Marital Status		
Married	20	66.7
Unmarried	10	33.3
Education		
Illiterate	9	30.0
Upto class 10th	10	33.3
Upto graduation	8	26.7
Professionals	3	10.0
Religion		
Hindu	22	73.3
Muslim	8	26.7
Family structure		
Nuclear	11	36.7
Joint	19	63.3
Economic status (Family Income in Rs./month)		
Less than 3000	15	50.0
3000-6000	9	30.0
Above 6000	6	20.0
Occupation		
Unemployed	4	13.3
Agriculture	2	6.7
Unskilled	8	26.7
Skilled / Semiskilled	3	10.0
Business	6	20.0
Service	4	13.3
Professional	3	10.0
Domicile		
Rural	18	60.0
Urban	12	40.0

66.7% of the patients were married, 66.3%were either illiterate or had education upto class 10 standards, 73.3% of the patients were Hindus, 63.3% of the patients belonged to joint family, 50% of the patients belonged to economic status with family income of less than Rs. 3000 per month, 56.6% were either unemployed or were working as farmers or as semi-skilled /skilled workers, 60% of the patients belonged to rural area.

Table 4 Course of substance use before opioid use

Substance	Number (N) N = 30	%
Tobacco	4	13.3
Tobacco + Alcohol	7	23.3
Tobacco + Cannabis	10	33.3
Tobacco + Alcohol + Cannabis	3	10.0
Tobacco + Cannabis + Alcohol	6	20.0

All patients were taking tobacco. 86.6% of the patients had either used alcohol or cannabis after starting tobacco where as only 13.3%of the patients started opioid use directly from tobacco.

Table 5: Age of first use of opioid

Age (years)	N	%
18 – 20	9	30.0
21 – 30	15	50.0
31 – 40	5	16.7
41 – 50	0	0.0
51 – 60	1	3.3

80% of the patients starts using opioid between 18 -30 years of age group with mean age ±SD - 25± 7.04

Table 6: Main reason to start opioid

Reasons	N	%
Curiosity / Seeking pleasure	6	20.0
Peer group pressure	16	53.3
Family tensions	8	26.7

53.3% cases started taking opioid due to peer pressure, 26.7% due to family tensions, 20% for curiosity / seeking pleasure.

Table 7: Route of intake of OPOID use

Route	Start		Present	
	N	%	N	%
Smoking	18	60.0	0	0.0
Chasing		40.0	30	100.0

60% of the patients started opioid in cigarette smoking, 40% as chasing over foil, but all the patients shifted to chasing later on.

Table 8: Duration of OPOID dependence

Duration (in years)	Number (N)	%
< 2	7	23.3
2 – 5	16	53.3
> 5	7	23.3

23.3% patients consulting drug de addiction clinic were taking opioid for <2 years duration, 53.3% for 2-5 years duration, 23.3% for >5 years duration with mean duration of opioid dependence (3.88 yrs±2.85).

Table 9: Main factors responsible for continuing opoid use

Reasons	Patients	
	N	%
Withdrawal symptoms	12	40.0
Craving	11	36.7
Moving in company of users	4	13.3
Family Tensions	3	10.0

The patients were asked to specify the main factor, which according to them was responsible for continuing opioid use. 40% of the patients continued opioid use due to withdrawal symptoms, 36.7% due to craving, 13.3% in company of other users and 10% due to family tensions.

Table 10: Main motivating factor responsible for current consultation for quitting opioid use

Reasons	Patients (N=30)	
	N	%
Social Pressure/Compulsion by Family Members	10	33.3
Financial	15	50.0
Health problems	5	16.7

The patients were asked to specify the main motivating factor, which according to them is responsible for current consultation for quitting opioid use.

Table 11: History of intake in first degree relatives

Reasons	Patients (N=30)	
	N	%
Absent	19	63.3
Present	11	36.7
Father	4	36.4
Brother	7	63.6

36.7% of the first degree relatives were taking drugs. 36.4% father, 63.6% brother.

Discussion

Many efforts are being done to control opioid use by primary, secondary , tertiary prevention, the major hurdle in these efforts are incomplete understanding of psychosocial factors.

30 patients completed the study. All were males. The involvement of young age patients were more than any other age group, 83.3% belonged to 21-40 years age group. Adityanjee et al & Gupta et al[3,4] also found similar results. The possible reason for the younger age involvement given by Chowdhury.[5] in his study are stimulus proneness, curiosity , risk taking behaviour and experimentation and modeling of others in younger age group. Satija et al and Vohra et al[6,7] have shown majority of the opioid dependent patients are married. This finding is in keeping with the present study and the reasons stated were more tensions, adjustment problems occurring in married life. The study shows 63.3% of the patients were either illiterate or had low education, Mohan et al[2] also found inverse relationship between education and illicit drug abuse. The drug abuse was found to be high in rural population, as per Sethi et al[8] low education status in rural population means non familiarity towards ill effect of drugs. The study shows that 73.3% of the patients were Hindus. Satija et al[6] in study over opioid addicts, reported 90% were Hindus. The present study also reports similar findings. The possible reasons could be due to the population distribution, having more Hindus in comparison to Muslims. The study shows that 63.3% patients belonged to joint family but Gautam et al and Vohra et al[9,7] studied reported majority belonged to nuclear families.

The possible reasons for the high percentage in joint family in the present study could be due to disturbed family relations, less space for recreational activities, getting influenced by other addicted members in the family. The study shows that 50% of the patients belonged to economic status with family income less than Rs. 3000 per month. Similar findings were reported by Vohra et al.[7]

The possible reasons given by Gupta et al[4] in study over heroin addicted patients are - patients from higher socio-economic class of population goes to private practitioners for de addiction.

The study shows 56.6% were either unemployed or were working as farmers in their own fields, or as unskilled, semiskilled or skilled workers. Gupta et al[4] reported similar results. The study shows that 60% belong to rural population, Reddy et al[10] also reported high prevalence in meta-analysis. The reasons could be lack of awareness, education, private deaddiction centres in rural area. Vohra et al[7] reported high in urban population due to availability of drugs and high cost. All patients were taking tobacco. 86.6% of the patients had either used alcohol or cannabis after starting tobacco where as only 13.3%of the patients started opioid use directly from tobacco. Sharma et al [11] reported similar pattern of drug use and found them the gateway drugs for opioid use. 80% of the patients started using opioid between 18 -30 years of age group with mean age ±SD - 25± 7.04. Sajita et al[6] in his study found that mean age to start drug relates to cost , availability and social acceptance of drugs. 53.3% cases started taking opioid due to peer pressure, 26.7% due to family tensions, 20% for curiosity / seeking pleasure. Sahasi et al[12] findings were also concordant with the present study. 60% of the patients started opioid in cigarette smoking, 40% as chasing over foil, but all the patients shifted to chasing later on. The possible reasons given by Desai et al[13] in the study for the shift to chasing are - more rapid onset of action, possibility of calibrating the doses and economic advantage of using small amounts over many occasions. 23.3% patients consulting drug deaddiction clinic were taking opioid for <2 years duration, 53.3% for 2-5 years duration, 23.3% for >5 years duration with mean duration of opioid dependence (3.88 yrs±2.85).Similar results were reported by Sharma et al[11] as most patients try to leave by own efforts, visiting other de addiction centres before consulting better facilities like de addiction units of medical college. 40% of the patients continued opioid use due to withdrawal symptoms, 36.7% due to craving, 13.3% in company of other users and 10% due to family tensions .Raj et al al[14] also found that withdrawal symptoms was the main factor responsible for opioid use. 40% of the patients continued opioid use due to withdrawl symptoms, 36.7% due to craving, 13.3% in company of other users and 10% due to family tensions. Gautam et al and Gupta et al[9,4] reported similar findings. 36.7% of the first degree relatives were taking drugs. 36.4% father, 63.6% brother. Jaffe JH et al[15] reported monozygotic twins more concordant than dizygotics. The

other possible reason hints the role of family influence in such patients.

Conclusions

Opioid dependence is major concern among health professionals in India. The study provides an overview of clinical profile of the patients. However study is hospital based study therefore results cannot be generalized for community population. So large sample and community based study can be designed in future.

Acknowledgements

Author reports no financial or other interest related to this article.

References

[1] Kumar, B. V. (1989).Drug trafficking a historical perspective. Indian journal of social work, Vol L, No.1.
[2] Mohan, D., Dhawan, A. (2000().Epidemiology of drug abuse. In: Substance use disorder - a manual.New Delhi; Rajat Ray,21-24.
[3] Adityanjee, Mohan, D., Saxena, S. (1984). Heroin Dependence, The New Delhi Experience. Indian J Psychiat, 26(4(), 312-316.
[4] Gupta, A.K., Jha, B.K., Devi,S.(1987).Heroin Addiction, Experiences from General Psychiatry out patients department. Indian J Psychiat., 29(1),81-83.
[5] Chowdhury, A.N. (2000). Ateiology of Addictive behaviour. In: substance use disorder a manual. New Delhi: Rajat Ray, 45-50.
[6] Satija, D. G., Bhukal, G. R., Nathawat, S. S.,et al.,(1991).Antecedents of opiate addiction, A study conducted in western Rajasthan. Indian J Psychiat, 33(3), 187-192.
[7] Vohra, A.K., Yadav, B. S. (2001).Psychiatric comorbidity in opioid dependents. Indian J Psychiat, 43(s), 21-22.
[8] Sethi, B.B.,Trivedi, J. K.(1979).Drug abuse in rural population. Indian J Psychiat, 21,211-216.
[9] Gautam, S., Nijhawan, M., Jain, S.,et al., (2000). Motivational factors for starting and leaving drugs, A study from a de addiction centre. Indian J Psychiat, 42(s), 22-23.
[10] Reddy, V.M., Charndrashekar, C.R. (1998). Prevalence of Mental and Behavioural Disorders in India, A meta analysis. . Indian J Psychiat ,40(2),149-157
[11] Sharma, A.K., Sahai, M. (1990).Pattern of drug use in Indian Heroin addicts. . Indian J Psychiat, 32(4), 341-344.
[12] Sahasi, Q., Chawla, H. M., Bhusan B.,et al .,(1990).Eysencks Personality Questionnaire Scores of Heroin Addicts in India. Indian J Psychiat, 32(1), 25-29.
[13] Desai, N.G., Gupta, D.K., Khurshed, K. (1999). Etiology and pharmacology. In: Vyas, I.N. & Ahuja, N. Eds. Substance use disorders, Text book of post graduate Psychiatry. Edn.2. New Delhi: Jaypee Brothers, 99-111.
[14] Raj, H., Prakash, R.B.(2000).Relapse precipitants in opiate addiction, assessment in community treatment setting. Indian J Psychiat, 42(3), 253-257.
[15] Jaffe J.H. & Jaffe, A.B. (2000). Opioid related disorders. In, Sadock, B. J., Sadock, V.A. Eds. Substance related disorders, comprehensive text book psychiatry.7 ed. Philadelphia, William &Wilkins, 1033-1063.

