There were studied 120 patients with heroin addiction at the age of 17 to 26 years. Prescription of heroin abuse at the time of initial examination ranged from 8 months to 5 years. The greatest number of patients made those receiving the drug from 1 to 3 years. It is established that the premorbid personality characteristics in patients with heroin addiction affect the formation of remission and determine the extent and nature of medico-social consequences of the disease. Anxieties are the leading clinical and dynamic psychopathology in heroin addiction. They play an important role in the syndrome of pathological craving for psychoactive substances and determine the prognosis of the disease.

Keywords: Heroin addiction, clinico-dynamic psychopathological disorders

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Introduction

The problem of addictive disorders and substance abuse are highly relevant at the start of a new era. The rapid increase in drug use is now “one of the most pressing global problems that threaten public health, economic, social, law and order in many parts of the world” (Iwanec, 2008; Palmquist et al., 2003). Heroin addiction debuted at a young age is a serious psychiatric problem requiring psychiatric diagnosis and psychopathological deterministic approach to working with this category of patients (Rokhlina, 2006). In his debut formation and development the drug addiction manifests itself in the syndromal level and is largely determined by premorbid personality characteristics of the patient. Sivolap (2006) and Shaydukova (2006) note in their work steady tendency of aggravating problem of heroin addiction, forcing the doctors in their daily practice to deal with the need to solve increasingly complex problems - diagnostic, therapeutic and restorative and rehabilitation. Psychopathological states are formed at early stages of their addiction, often anticipating the clinical manifestations of physical dependence; the nature and dynamics of psychiatric disorders in the period of abstinence from drugs often determine the effectiveness of treatment programs (Cleland et al., 2011). Given the high social significance of the issue, there is a need to step up clinical and psychopathological study of this disease and to develop valid clinical infrastructure.

Aim of this research was to investigate the clinical and dynamic features of psychopathological disorders in heroin addiction among young age.

Material and methods

We examined 120 patients aged 17 to 26 years, suffering from heroin addiction. To assess the dynamics of the disease, all patients underwent a standard comprehensive screening-clinical-anamnestic monitoring with clinical-psychopathological analysis of the mental status of patients, assessment of somatic-vegetative and neurological status of patients with heroin dependence in obtaining the necessary anamnestic information on their family history, development and morbidity in childhood, adolescence, with the evaluation and interpretation of these data with clinical and psychopathological items. In characterizing premorbid personality traits we were using the classification of psychopathy by

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Gannushkin (1933), Kerbikova (1965) and classification of character accentuations Licko (1977). Prescription of heroin abuse at the time of initial examination ranged from 8 months to 5 years. The greatest number of patients was receiving the drug with the experience from 1 to 3 years.

**Results and discussion**

Studies showed that in 54 (45%) patients with family history revealed the following diseases: alcoholism - 30 (25%), excitability and inhibitory psychopathies - 14 (11.7%), drug addiction - 5 (4.2%), schizophrenia - 2 (1.7%), and epilepsy - 3 (2.5%) patients.

Nearly 77 (64.2%) patients in premorbid demonstrated pathological personality deviations, usually in the form of character accentuations, rarely in the form of psychopathy. The personality deviations mainly had a nature of increased excitability, hysteria, pathological conformity. 4 (3.3%) patients had signs of emotional instability or reactive lability in their anamnesis. 2 (1.6%) patients had a cycloid traits. In addition, 21 (17.5%) patients reported a higher sensitivity, resentment and rancor when communicating with others and to any stressful situation.

Catamnesis showed that remissions were unavailable and the disease course was continuous in 26% of patients. Spontaneous remissions were observed in 9% of patients. Situational caused remissions caused by the lack of drugs were detected in 23% of patients, therapeutic remissions - in 42%.

![Figure 1. Kanamnestic data of examined patients](image-url)

Analysis of the impact of premorbid personality characteristics on the emergence of remission showed that in people with normal premorbid the remissions occurred significantly more frequently than in those with character deviations. Remissions were not noted in 38% of cases of psychopathic personalities, in 24% of accentuated people, only in 13.9% of individuals with normal premorbid. Spontaneous remission was only in individuals with normal premorbid and accentuated personality; while it was not detected in psychopathic personalities. Situationally caused remissions were recorded at approximately the same frequency both with the presence and absence of personality deviations.

The average age of the first trial of heroin was 16.8±0.47. Motives of the first drug use included mainly curiosity or imitation of the behavior of peers from the deviant groups in 54 (45.0%) patients. The first anesthesia was not usually associated with mood disorders. Length of time between the start of drugs receiving and the formation of psychological dependence syndrome made in average 1-2 months. The average dose of heroin was 0.3 ±0.05 with a frequency of 1 per day. The first signs of withdrawal syndrome occurred in patients after 3 weeks - 4 months after the beginning of systematic drug use, including in
35 (29.2%) after 1 month. The duration of abstinence phenomena after termination of drug use in 96 (80.0%) patients without treatment made 2-3 weeks, and up to 1 week on the background of treatment. The clinical picture of withdrawal included manifestations of both somato-vegetative and psychiatric disorders.

Abnormalities in the affective field in patients were identified at all stages of the disease and mostly were expressed in the structure of the abstinence syndrome. There was a clear relationship between the severity of affective disorders and the intensity of craving for drugs. In 3-4 hours after last drug use their mood became changed; unmotivated anxiety and irritability appeared. Individuals with anxiety characteristics in premorbid personality, during the acute period of abstinence, faced sometimes with states similar to panic attacks, but without the appearance of breathlessness feeling and experiencing a sense of unreality. These states were present in 6.4% of patients. In 2.9% of the cases we observed states that are close to an alarming raptus. Anxiety states in the vast majority of cases (92.1%) were accompanied by phobias, the main fable of which was expectation of worsening of abstinence syndrome.

Later, the somatic, autonomic and neurological disorders joined to these disorders. On the abstinence pick the mood decreased, irritability intensified, a tendency to dysphoria appeared. It was also noted anxiety and restlessness. 35 (29.2%) patients had apathy, which was accompanied by irritability and gloominess. This depressive-dysphoric mood characterized by depressed mood, irritability, malignance, and sometimes aggressive actions, was typical for most patients. A feature of anxiety disorders in patients in a phase of acute deprivation in contrast to heroin post withdrawal period was a strong tendency to hypochondriac plotting. They listened to all their somatic sensations and were afraid that drug addiction may lead to an incurable disease. However, they did not demonstrate a full condemnation of the drug abuse. The relapse rate among them was no less than in other patients. Hypochondriac experiences of these patients were in dissonance with their behavior and general attitude to drug addiction. Peculiarity in the observed anxiety and hypochondriac disorders in patients was their relatively early development compared to many other manifestations of the disease. These disorders were dominant in mental status, manifested connections with other mental disorders.

Depressed mood as a cause of acute craving for drugs was recognized by 31% of patients in disease dynamics. In normal premorbid the depressed mood, as a cause of acute craving, was accepted by 30.0% of patients; by 36.2% of the accentuated personalities, by 22.3% of psychopathic personalities. In this regard, we can assume that increased sensitivity, vulnerability, affective instability, being formed during narcotization, manifest to most extent in the accentuated personalities; whereas psychopathic personalities overlap these features in psychopathic personalities.

Severe intolerance of discomfort - both mental and physical - was dominated in the spectrum of personality changes in patients with heroin addiction. This feature is manifested in the early stages of the drug addiction and reached a maximum clinical expression in the disease dynamics. In addition, many of these patients experienced a sufficient level of awareness of the importance of the drug addiction, critical assessment of adverse changes in their states.

Thus, the received results allow us to clarify the diagnostic, clinical, and prognostic criteria in dynamics of heroin addiction that are associated with the degree of craving for the drug and are important for predicting the quality of remissions.

**Conclusion**

Premorbid personality characteristics in patients with heroin addiction affect the formation of remission and determine the extent and character of health and social consequences in dynamics of the disease.
Anxiety state is the leading psychopathological phenomenon in the clinical picture of heroin addiction and plays an important role in shaping the addictive disorders, i.e. diseases of the rod syndrome - a syndrome of craving for psychoactive substances. Anxiety and hypochondriac disorder, causing abnormal development of the individual, determine the prognosis of heroin addiction.

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