PERSONALITY DISORDERS AT OPIOID DEPENDENT

The paper observes study of 102 patients with opioid dependency. Age of patients composed from 15 to 49. Duration of narcotization made from 1 till 24 years. It is established, that frequency and evidence of personality changes depended on personality deviations in premorbid period, a heredity, perinatal pathologies, anomalies and degrees of expressiveness of personal streaks which in many respects define evidence of a clinical finding of disease and can serving significant unfavorable prognostic factors, which defining speed of formation of medical and social consequences of opioid dependent.

Keywords: Opioid dependent, personality disorders, personality deviations, social disadaptation.

UDC: 616.89-008.441.13

Introduction

Opioid dependence is classified as the most popular and addictive prognostic unfavorable diseases. According to modern medical concept, the personal factor along with biological and social is one of the pathogenetic factors of opioid dependency development. According to Blagov and Naydenova (2005) the debut formation and development of drug addiction appears on syndrome level and is largely determined by premorbid personality characteristics of a patient. Therefore, Lichko and Bitinskiy (1991) have noticed, that studying of premorbid-personality features of patients, suffering from narcotisms, reveals a rather complex mixed picture. In patients regularly using drugs of different groups, Rokhлина and Kozlov (2001) noted the evident social decline. In Western literature (Kokkevi et al., 1998) antisocial disorder often becomes “the second diagnosis” in relation to the dependence on psychoactive substances. Considering that personal disorders worsen the clinical course of narcotism on the degree of progression, severity of withdrawal and postabstinent disorders, severity of craving for a drug, formation of polydependences, level of social disadaptations there should be applied a differentiated approach to treatment.

The purpose of the work was to conduct clinical and psychopathological analysis of personal disorders in patients with opioid dependence taking into account the factors contributing to its development.

Materials and methods

In the course of clinical observations were analyzed 102 patients aged 15 to 49 years (average age - 25 ± 6,65 years) with opioid addiction. The duration of narcotization ranged from 1 year to 24 years (on the average - 3.5±2.25 year): 79 patients (77.45%) were with disease duration up to 5 years, 19 (18.63%) - up to 15 years, 4 (3.92%) - over 20 years. A considerable number of patients - 92 persons (90.19%) - have started using drugs at young age.

Dynamics of changes of a person in the course of disease was detected by a thorough clinico-psychopathological examination with data from anamnesis, catamnestic observation, duration of remissions and frequency of “disruption”. Specially developed card was applied to the research of patients.

1 This research was supported by the Ministry of Health of the Republic of Uzbekistan: grant ITSS-29-8 “Somatic complications of opiomania in Adolescents and development pathogenetic treatment.”
Results and discussion

In considerable number of patients - 73 (71.57%) - the heredity had been burdened by mental diseases or (mainly) alcohol: on the paternal line - in 80%, on maternal - in 12.2% of cases.

In a considerable number of cases perinatal pathology had been revealed: a pathology of pregnancy in mother - 68 (66.67%); birth/deliveries - 32 (31.37%); early postnatal period - 71 (69.61%); late postnatal period - in all patients (large thymus glands, affect-respiratory crises, irritability of newborn, tearfulness, capriciousness, sleep disorders, dyspepsia, impellent anxiety, shudders, stunted physical development).

Personality deviation in the premorbid period was characterized in 71.57% of cases (73 patients) by the accentuation of a person, and in 8 patients (7.84%) reached a depth of psychopathy (personality disorder in a mature person - F60 in ICD-10). More pronounced anxious tension, irritability, lability of mood were characteristic of psychopathic personalities.

In considerable number of patients before puberty there were observed neurotic disorders in the form of night fears - 29 persons (28.43%). In 22 patients (21.57%) in the anamnesis was defined heavy, pathologically proceeding puberty period; mental traumas were observed in 19 persons (18.63%). In more than half of the cases (68.62%) there were observed instability of interests, low interest in studying and difficulties in mastering curriculum, absenteeism. Among hobbies the preference was given to rest in 57 patients (55.88%), to disco - 48 (47.05%) and to yard companies - 58 (56.86%). All these served as factors of predisposition of behavior violations. Delinquent behavior in adolescents was revealed in 38% of persons, deviance - in 43%, toxicomaniac (addiction) behavior, which manifested itself in searching for “new” sensations (sniffing glue, organic solvents, smoking, incidental alcoholic excesses) - in 41%.

In the inspection period the overwhelming majority of patients were careless, casual, out of control, many noted superficial judgments, instability of interests and propensities. The majority of the investigated demonstrated the increased love of money, materialism. Amid constant desire to be independent, they had expressed the desire to obtain the material goods and at the same time the idleness, parasitism. In 87% of the patients mendacity was especially expressed.

In 25% of the patients revealed an increased tendency to imitate, high self-esteem and inability to simultaneous dealing with problems and difficulties in adapting to the environment, increased dependence on adults or relatives. Only about 10% of the patients, along with high aspirations were notable for enterprise, thrift, self-confidence.

Infringements in affective patients were expressed at all stages of the disease. There was a clear link between the severity of affective disorders and the intensity of craving for drugs. For a long time the unstable and often poor mood accompanied by dysphoria dominated among them. In the course of narcotization in patients the following characteristics formed: hypererethism - 42 persons (41.18%); growing affective disorders in the form of dysphoric depression - 35 (34.31%); prevalence of hysterical excitable reaction forms of respond - 52 (50.98%); psycho-social dysfunction in the form of gradual fading of interests - 63 (61.76%); various anomalies of emotional sphere - 85 (83.33%); disorders in attraction sphere or sexual disinhibition - 48 (47.06%); explosive - 66 persons (64.71%).

Signs of morally-ethical decline have been revealed in 94% of patients. The characteristic features of behavior and response of patients were selfishness, mendacity, posturing, frivolity, fickleness, inconsistency, willfulness, ostentatious self-confidence, the instability of intentions, poor control of emotions, trying to avoid responsibility, attempts to charge others in his failures, a tendency to idleness and idle way of life, cruelty in family, discourtesy, swagger, lack of sense of distance, blunting professional duty, sexual promiscuity. It may be noted that the severity of the moral and ethical decline depended on the duration of drug use. Light degree of moral and ethical decline detected in patients with duration of narcotization up to 2 years, the average - with duration from 2 to 4 years,
expressed - with prescription drug addiction 4-6 years. Thus, the degree of moral and ethical decline of personality, except for premorbid factors, significantly affected the duration of drug use.

Signs of intellectual-mnemonic disorders were noted in 91 persons (89.21%). Thus, dynamics of narcotization was noted by gradual loss of interest in public life, patients become more and more isolated in a narrow circle of the acquaintances similar to their way of life. They have narrowed the range of interests - all thoughts are concentrated on drugs. At the statement of the thoughts were observed primitiveness of judgments, jamming on “trifles”, inability to generalize and allocate the main thing. In conversation patients quickly got tired, could not concentrate, follow closely the content of the conversation; sometimes they could not recollect the certain moments of the life, forgot, what was going on at the moment, often asking again; distracted quite often, switched to other themes, showed flat humor. Difficult situations quite often resulted in patients’ deadlock; thus in them was observed confusion; they tried to protect themselves in every possible way from the newly emerged problem. Behaving socially unacceptably patients quite often did not feel remorse; sometimes criticism in them is completely absent.

The characteristic manifestations of intellectual and mnemonic disorders were also: torpid mind, poverty of imagination, a violation of direct and indirect memory, violations of the motivational component of memory and dynamics of mnemonic activities, in rare cases - the weakening of fixation and reproduction of memory.

Personality changes in patients with opioid dependence grew gradually, beginning with blunt premorbid personality traits; then, as narcotization continued, distinct psychopathic violations were manifested; and finally evolved an expressed moral and ethical decline, in some cases - degradation of an individual. Simultaneously, all visibly intellectual and mnemonic disorders became manifestative.

More detailed analysis has shown that psychopathic violations were found in 69 patients (67.65%), basically in hystero-excitables and emotionally-unstable persons; in 18.8% of patients observed the sharpening of premorbid personality characteristics and accentuation, in 8.8% - neurosis changes. In 5% of the cases was observed degradation of a person - poor feelings, judgments, activity, increased psychopathic symptomatic, affective infringements, decrease and loss of work ability, social maladjustment.

Frequency and severity of the listed changes correlated with a number of indicators of premorbid characteristics of patients (hereditary; perinatal pathology; social violations; anomalies and severity of personality traits; age of the beginning of drug use; duration of narcotization; method of use; speed (time) of syndrome formation). But with all the options the most evident were the changes which characterized patients as “narcomanic persons” formed in a course of disease.

The above described personality changes in patients had various degree of severity and could be estimated as “organic reducing of identity” with desocialization. It should also be noted, that during long-term drug addiction was revealed the irreversibility of an organic component of the defect of personality in the chronic process, which eliminates the identity of patients, erases the compensatory ability of the organism, and deepens social disadaptation of patients making them virtually unemployable, even disabled.

Amid the most dangerous consequences of drug abuse it is necessary to allocate suicidal tendencies and attempts which were detected in 73.8% of patients. They were observed in most cases in the period of abstinence - 48.8%, less often - while intoxicated - 15%. Besides, 27.5% of patients were applied as self-inflicted with the demonstrative purpose.

In 43, 8% of patients appeared life-threatening drug poisoning due to overdoses. These data indicate that drug use is associated with greater risk to life and can lead to sudden death - either as a result of suicide attempts during the acute depressive reaction in the abstinence syndrome, or as a result of drug intoxication.
Conclusion

Thus, analysis of the research has shown that the frequency and severity of these changes depended on the indicators of premorbid characteristics of patients (heredity, prize perinatal pathology, anomalies and the severity of personality traits). These constitutionally-biological factors are informative indicators for predicting the formation of opioid dependence. Personality changes in patients with opium addiction grew slowly and started with particular premorbid personality traits; then, as the narcotization continued, manifested distinct psychopathic violations, and, finally, evolved expression of moral and ethical decline, in some cases - degradation of an individual. Simultaneously, all intellectual mnestic disorders became evident. The characteristic manifestations of intellectual and mnemonic disorders were torpid mind, poor imagination, disorders of direct and indirect memory, disorders of the motivational component of memory and dynamic-mnestic activities, in rare cases - the weakening of fixation and reproduction of memory. The above-described personality changes in patients had varying degrees of severity and can be evaluated as “organic reducing of identity” with desocialization. It should also be noted that during long-term drug addiction was revealed the irreversibility of the organic component of a personality defect in the chronic process, which eliminates the identity of patients, erases the compensatory ability of the organism, deepens social disadaptation of patients, making them virtually unemployable, even disabled.

Based on the analysis the following two conclusions can be stated:

1. The clinico-psychopathological analysis of changes of the person has revealed “organic reducing of identity” in the form of moral, ethical, intellectual and mnestic reduction. Personality changes grew gradually and started with emphasizing the premorbid traits.

2. Frequency and severity of personality changes depended on personality deviations in the premorbid period, heredity, perinatal pathologies, anomalies and degrees of severity of personality traits that largely determine the severity of clinical disease and can serve as significant adverse prognostic factors, determine the formation rate of medical and social consequences of opioid dependence.

References


