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Personality Disorder Predisposing to Alcohol Dependence

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Title: PERSONALTY DISORDER PREDISPOSING TO ALCOHOL DEPENDENCE

Background:

In India alcohol consumption is widespread, the National Mental Health Survey of India 2015-2016 stated prevalence rate of Alcohol Dependence Syndrome(ADS) to be 9%. Precipitating factors for substance use disorder(SUD) can be due to peer pressure, stressful life events, coping deficits and personality factors like novelty-seeking, impulsivity etc. Personality disorder(PD) can have debilitating effects on the life of an individual and those around them. Prevalence of PDs in India is stated to be 4.2% (1). Poor prognosis of PD co-morbid with substance use adds on to the chronicity of the effects in one's life like frequent relapses, poor social functioning, increased risk of self-harm, interpersonal issues etc (2). Self-harm is considered to be a pervasive problem in different mental disorders, especially in PD's and SUD's and is one of the risk factors of suicide (3). In India, there have been limited studies investigating the importance of personality factors in SUDs. The case reported here examines the role of personality factors in substance use and self-harm behaviour.

Clinical History:

Mr. U is a 34-year-old married male belonging to an urban-based Lower social economic status background, employed as a sanitation worker, was admitted with the history of alcohol and nicotine consumption since 19 years, increased since 6 years with Craving, Loss of control, Withdrawal tremors , Tolerance, Salience, and Harmful use of alcohol and nicotine.

Personality suggestive of risk-taking behavior and impulsive decisions such as betting , gambling, taking multiple odd jobs which involved high risk like working as a construction worker on high-rise buildings at a young age. He was known to be overly concerned about his

looks, flirtatious and had multiple romantic relationships. However, lacks long-lasting interpersonal relationships due to absence of need for belongingness. He has low threshold for aggression leading to frequent physical and verbal altercations with friends and family members and also self harm behaviour having multiple superficial cuts over various parts of the body[Images].

Family history suggestive of ADS in first and second-degree relatives. Past history suggestive of 5 admissions due to Alcohol Dependence Syndrome (ADS) and longest abstinence period was 3 months with non-compliance to medications. With medical history of Acute Ethanol induced Pancreatitis, Esophageal candidiasis and Duodenal Ulcer. H/O of Road traffic accident and a Medico-legal case as the patient had been stabbed amidst physical altercation under intoxication.

INVESTIGATIONS

Showing impaired liver function test

With Total Bilirubin - 1.38 , Direct Bilirubin - 1.63 , AST - 89 , ALT - 67 ,Serum Amylase - 255 , Serum Lipase - 174

USG ABDOMEN revealed Acute Edematous Pancreatitis

CT BRAIN Plain - Normal study

International Personality Disorder Examination (IPDE) results indicative of dis-social, emotionally unstable-impulsive and borderline and histrionic traits.

Columbia-Suicide Severity Rating Scale (C-SSRS) results revealed no suicidal ideation currently.

DISCUSSION

Personality disorders and its association with alcoholic dependence seems to be psychological (e.g., cognitive expectancies, peer influences) and biological (neurotransmitter abnormalities, family history) factors. Studies have shown that Anti-Social PD and Borderline PD are related and lead to poor emotional and behavioral control (e.g., excessive alcohol use), making the disorders likely to co-occur with ADS (4,5). PD's have a strong negative impact on the patient's family like their parenting is characterized by emotional under-involvement (e.g., lack of affection, empathy) and behavioral over-involvement (like over-controlling) and a negative perception of fathers may be present (2).

Cluster B personality factors and substance use influence each other and form a vicious cycle; hence, it is important to address the personality factors contributing to substance use(6). PDs requires therapies such as Dialectical Behavior Therapy(DBT), Cognitive-Behavior Therapy(CBT) and developing a treatment tailor-made for patient's needs can be effective (3). Primary treatment of PD's is predominantly psychosocial or psychological interventions and pharmacotherapy is used only as an adjunct treatment (7,8). As an adjunct treatment, mood stabilizer like Carbamazapine that helps with both mood and De-addiction is suitable. Further, Disulfiram can be used for management of ADS.

The case report highlights the intermingling effects of PDs and SUDs leading to burden on the health-care system and family due to frequent relapses and dysfunctional lifestyle. Further studies need to investigate the management aspects of SUDs comorbid with PD to understand the role of different pharmacological interventions, especially mood stabilizers and

second generation antipsychotics. In conclusion, there is a necessity for studies assessing various population groups from different cultures and countries for devising effective treatment guidelines.

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