

# CASE SCENARIO FOR INTEGRATED CASE BASED DISCUSSION

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# Case Scenario

- A 35 years old married male electrician from rural area brought to psychiatry out patient department.
- **Chief complaints-**
  - Alcohol use- 15 yrs, increased use since last 3 yrs.
  - Tremulousness of body- 2d
- **HOPI-**
  - He was apparently maintaining well 2 days back, when he stopped taking alcohol due to financial reasons.
  - Started taking alcohol under peer pressure, initially with 30ml of whisky, over period started taking 360ml daily.

– HOPI contd...

- Off late since 3 yrs started consuming up to 520 ml daily.
- Patient has severe craving for alcohol and difficulty in controlling the amount of alcohol use.
- Reports that he has to consume more amount of alcohol to get the same amount of pleasure, which previously used to achieve with lesser amount.
- Wife reports that he has become irregular to work, who otherwise was a committed worker.
- Observed to spend most of the time under effect of alcohol & less time with children which was unlike his premorbid self.
- No h/o any other substance of abuse.
- No h/o hallucinations, delusions, mood symptoms.
- No h/o head injury, seizures.

- Due to financial reasons, since last 2 days he stopped taking alcohol.
- **Past history-**
  - H/o admission into a de-addiction center 2 yrs back, but remained abstinent for a maximum period of 2 months only
  - H/o RTA twice due to reckless driving under intoxication, 4 yrs and 2 yrs back for which he was penalized,
  - H/o of jaundice 2 yrs ago treated by medications.
  - Not a known HTN/ DM/ TB/ EPILEPSY.
- **Family history-**
  - Father died of liver problem due to alcohol use.
- **Personal history-**
  - Mixed diet, bowel and bladder habits regular, sleep disturbed, sexual dysfunction since last few yrs.

- **Pre morbid personality-**
  - History suggestive of dissocial personality disorder
- **General physical examination-**
  - Tremors ++, Icterus +, Sweating +
  - Pulse- 125 beats/ min, BP- 140/90 mm of Hg
  - Systemic- No abnormalities detected
- **Mental status examination-**
  - General appearance & behavior- Accompanied by wife, agitated & argumentative.
  - Psycho motor activity- Increased
  - Speech- Slurring noted
  - Mood- Irritable
  - Thought- Pre contemplation phase
  - Higher mental functions- Could not be done

- **Investigations**

- LFT:

- Total bilirubin: 2.5mg/dl
    - Direct bilirubin: 0.9 mg/dl
    - AST: 240 IU/L
    - ALT: 279 IU/L,
    - Alkaline phosphatase: 102 IU/L
    - Total proteins: 6.2 gm/dl
    - Albumin: 3.2 gm/dl

- RBS: 170 mg/dl

- HIV & HbsAg: Non reactive

- RFT: WNL

# Discussion

- What are the symptoms patient had?
  - Difficulty in controlling the amount
  - Craving for alcohol
  - Tolerance
  - Neglect
  - Harmful use
- What are the Differential Diagnosis?

# Definitions

- **Harmful use-**
  - A pattern of psychoactive substance use that is *causing damage to health*. Which may be physical & or mental.
- **Acute intoxication-**
  - A *transient condition* following the *administration of psychoactive substance*, resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses.



- **Withdrawal state-**

- A group of symptoms of variable clustering and severity occurring *on absolute or relative withdrawal of a substance* after repeated, and usually prolonged and/or high-dose, use of that substance.

- **Dependence syndrome-**

- A cluster of physiological, behavioural & cognitive phenomena in which the *use of a substance/ a class of substances takes on a much higher priority* for a given individual than other behaviours that once had greater value.

# ICD 10 Criteria

- Dependence syndrome-
- $\geq 3$  of the following for at least 1 month-
  1. A strong **Desire** or sense of compulsion to take.
  2. Impaired capacity to **Control** substance-taking behaviour.
  3. A physiological **Withdrawal** state.
  4. Evidence of **Tolerance** to the effects of the substance,.
  - 5. Preoccupation** with substance use.
  6. Persisting with substance use despite clear evidence of **Harmful consequences**.

- **Tolerance-**

- Increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses.

- **Neglect-**

- Increased amount of time spent in procuring/ using the substance/ recovering from the effects of substance.

- Decreased amount of time spent in alternative pleasures.

# Alcohol intoxication

## Dysfunctional behaviour-

- Disinhibition
- Argumentativeness
- Aggression
- Liability of mood
- Impaired attention
- Impaired judgment
- Interference with personal functioning

## Signs-

- Unsteady gait
- Difficulty standing
- Slurred speech
- Nystagmus
- Decreased level of consciousness
- Flushed face
- Conjunctival injection

# Alcohol Withdrawal

- **Characterized** by-
  - Tremor- outstretched hands, tongue, eyelids
  - Sweating
  - Nausea, vomiting
  - Tachycardia, Hypertension
  - Psychomotor agitation
  - Headache
  - Insomnia
  - Malaise/ Weakness
  - Transient visual, tactile or auditory hallucinations
  - Seizures- GTCS

# Management

- Acute-
  - Intoxication/ Withdrawal- Benzodiazepines, Hydration, Vitamin replacements, Conservative.
- Long term-
  - Pharmacological-
    - Anti-Craving- Acamprosate, Baclofen, Topiramate
    - Deterrent agents- Disulfiram
  - Non-Pharmacological-
    - Relapse prevention
    - Motivation Enhancement Techniques
    - Alcohol Anonymous (AA)