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Clinical and social demographic profile of Treatment-seeking Opioid Dependents: A Cross-sectional Hospital-based Study

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Abstract: Opioid dependence crisis continue to pose significant challenges globallyand ,have significant implications for public health social dynamic and the economy. Dependence to opioids can lead to increased rates of morbidity and mortality secondary to different infections. In present study an attempt has been made to see Clinical Profile of Treatment-seeking Opioid Dependent. This is A Cross-sectional Hospital-based Study include 177 opioid dependents patients through convenience sampling procedure the age group of 15-65yrs were screened on Clinical Profile sheet,A Addiction Severity Index-5 Edition ,Subjective Opiate Withdrawal Scale (sows),Clinical Opiate Withdrawal Scale (COWS)finding indicate that the assessment of the clinical and socio-demographic profile of patients with opioid dependence could be crucial for tailoring effective intervention,treatment strategies,and prevention efforts.

Index Terms - Opioid, dependents,cross-sectional study, clinical profile ,social profile,Intervention.

I. INTRODUCTION

The opioid crisis is a complex and pervasive issue that has gripped communities worldwide .Opioid abuse has severe health repercussion ,including overdose ,respiratory failure and transmission of infectious diseases through needle sharing .It is a serious public health concern with wide ranging implication.Opioid is a class of psychoactive compounds acting on opioid receptors to produce morphine like effects and these compounds occur both naturally and synthesized chemically. They are related to *opiates*: alkaloids compounds found as natural products in the opium poppy plant, *Papaver somniferum.* Opioid use disorder constitutes a large public health problem which affects the young and the old, the affluent and the poor, professionals and the unemployed.[3]

Geographically, India is sandwiched between the two chief sources of opiates in the world—the Golden Triangle and the Golden Crescent. Nepal is situated on the northern borders of the country which has been, and continues to be, a major source of cannabis herbal and, to some extent, cannabis resin. Thus, over the years, India has become highly vulnerable to the transit of drugs and this transit traffic has reached alarming proportions[9].

Adolescents are more vulnerable to addictive substances than adults because the parts of the brain responsible for judgment, decision making, emotion and impulse control are not yet fully developed[6].The Gateway Drug Theory (Gateway Hypothesis) is a common theoretical framework applied in studies of adolescent drug use and it describes a pathway approach to drug use. The early usage of socially accepted drugs such as alcohol, tobacco and marijuana increase the likelihood of usage of other illicit drugs. Familial drug and alcohol usage has emerged as a significant predictor of children's usage of alcohol and drugs [15].

V Gupta et al. [6] conducted a cross sectional record-based study and analysed data of 358 patients who were first time registered in OPD of HHMH&R Shimla in last one year and found that most of patients (70.95%) were in age group of 18-40 years of age and 73.2% patients were males. This study observed that 53.63% patients were single, 43.30% were married and 3.07% were separated. Most of patients (27.93%) had no history of co-morbid substance abuse however most common co-morbid substance abuse was both cannabis and tobacco. Opioid use disorder was the most common psychiatric illness found in this study. Mental health disorders were found majorly in younger, unemployed males.

2OBJECTIVES;

the assessment of the clinical and socio-demographic profile of patients with opioid dependence for more effective intervention of this menace.

3. RESEARCH METHOD

The following methodology was used to test the hypotheses formulated in the preceding chapter.

3.1 Design of the Study

A cross –sectional Observational study was designed to study Clinical and social demographic profile of Treatment-seeking Opidiod Dependents .

3.2 SAMPLE SIZE AND SAMPLING TECHNIQUE:

. This is A Cross-sectional Hospital-based Study include 177 opioid dependents patients through convenience sampling procedure and diagnosed with opioid dependence by consultant in Indira Gandhi Medical College who fulfilled the inclusion and exclusion criteria and gave informed consent were enrolled in the study .

INCLUSION CRITERIA

1. Patients fulfilling diagnosis of opioid dependence as per ICD-10 diagnostic criteria.
2. Patients in the age group of 15-65yrs
3. Patients of either sex.
4. Patients registered in psychiatric outpatient service.

EXCLUSION CRITERIA

1. Patients having another coexisting substance dependence except that of nicotine and caffeine
2. Patients having intellectual retardation or having active major mental disorder causing cognitive decline
3. Patients with severe medical illness
4. Patients not willing to participate

4 Tools of the study

In the present study, the following standardized tools were administered

1. **Socio-Demographic Profile(Annexure-I) And Clinical Profile Sheet(Annexure Iv);**To record socio-demographic and clinical information which is name, age, sex, rural/urban background, marital status, total duration of intake, age at first use, reason to start, type of substance, route of use, reason to restart, health hazards and family history of substance etc were used. MODIFIED KUPPUSWAMY SCALE UPDATED FOR YEAR 2018 (Annexure-III)[14] was used to determine socioeconomic status.
2. **Addiction Severity Index-5th Edition;** To introduce and explain the seven potential problem areas: Medical, Employment/Support status, Alcohol, Drug, Legal, Family/Social and Psychiatric[13].
3. **Subjective Opiate Withdrawal Scale(Sows} [6];**SOWS was administered to assess 16 symptoms of opiate withdrawal which are experienced by the patients.(Annexure VI).
4. **Clinical Opiate Withdrawal Scale (Cows)[81];**To assess the signs and symptoms of opioid withdrawal based on resting pulse rate, sweating, restlessness, pupil size, bone or joint ache, g.i. upset, tremors, yawning, anxiety or irritability and gooseflesh skin COWS were administered. (Annexure VII)[17]

5 DATA COLLECTION: Patients of opioid dependence diagnosed by the consultant psychiatry, at IGMC Shimla from 1st May 2019 to 30thApril 2020, who met the selection criteria were included in the proposed study. A written informed consent was obtained from the subjects participating in the study. Patients were administered socio-demographic and clinical profile sheet for recording detailed history. For the assessment of severity of addiction "Addiction Severity Index" scale was administered. Subjective and Clinical Opiate Withdrawal Scales was administered for assessing withdrawal symptoms.

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6 RESULTS

The present study was conducted to assess the clinical and socio-demographic profile of patients with opioid dependence attending psychiatry department of Indira Gandhi Medical College and Hospital, Shimla, the apex institute of this state from May, 2019 to April, 2020.One hundred seventy seven patients who fulfilled the inclusion and exclusion criteria were enrolled in the study after obtaining written informed consent. **Statistical Analysis** SPSS software version 22.0 was used to analyze data. Descriptive statistics were calculated as percentage and proportion. Chi square was used for determining association between different socio demographic and clinical variables and addiction severity

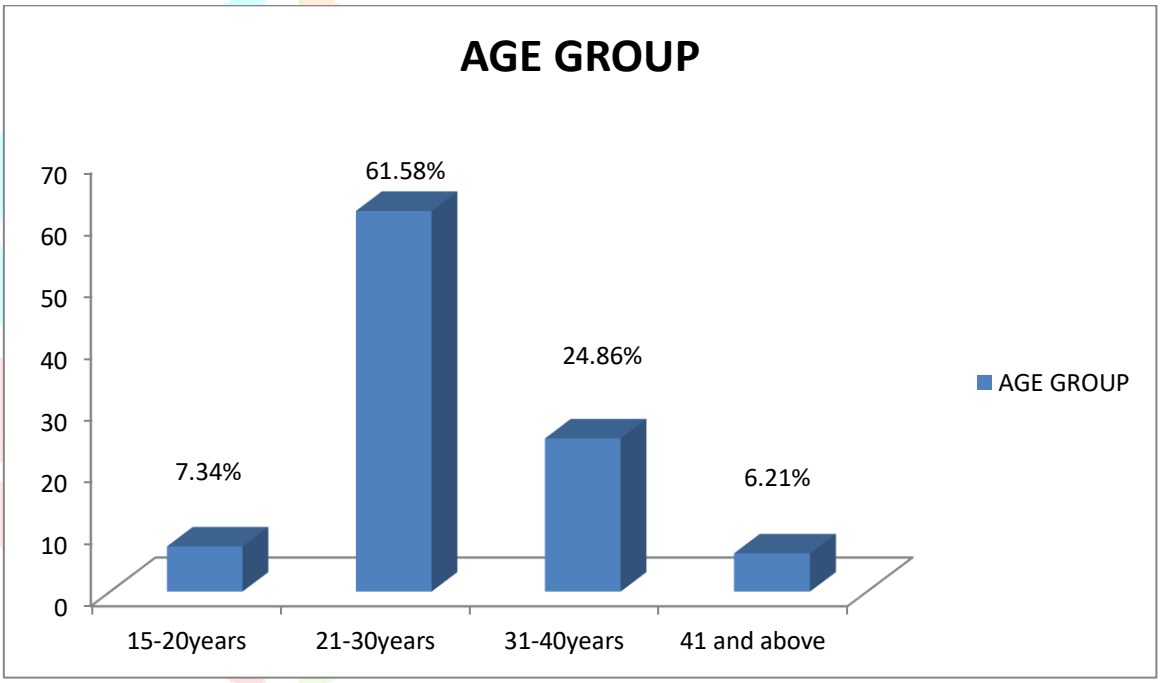
1 SOCIO-DEMOGRAPHIC VARIABLES

A) **AGE**: Mean age of participants was 28.21 (±7.5) .Majority 109 (61.58%) of patients were in the age group of 21-30 years followed by 44(24.86%) in 31-40years age group and 24(13.55%) in combined category of below 20 or above 40 years of age.(Table 1, Figure1)

Table 1: Distribution of patients according to age group (n=177)

Age group	Number of Patients(n)	Percentage (%)
15-20	13	7.34
21-30	109	61.58
31-40	44	24.86
41 and above	11	6.21

Figure 1: Distribution of patients according to age group (n=177)

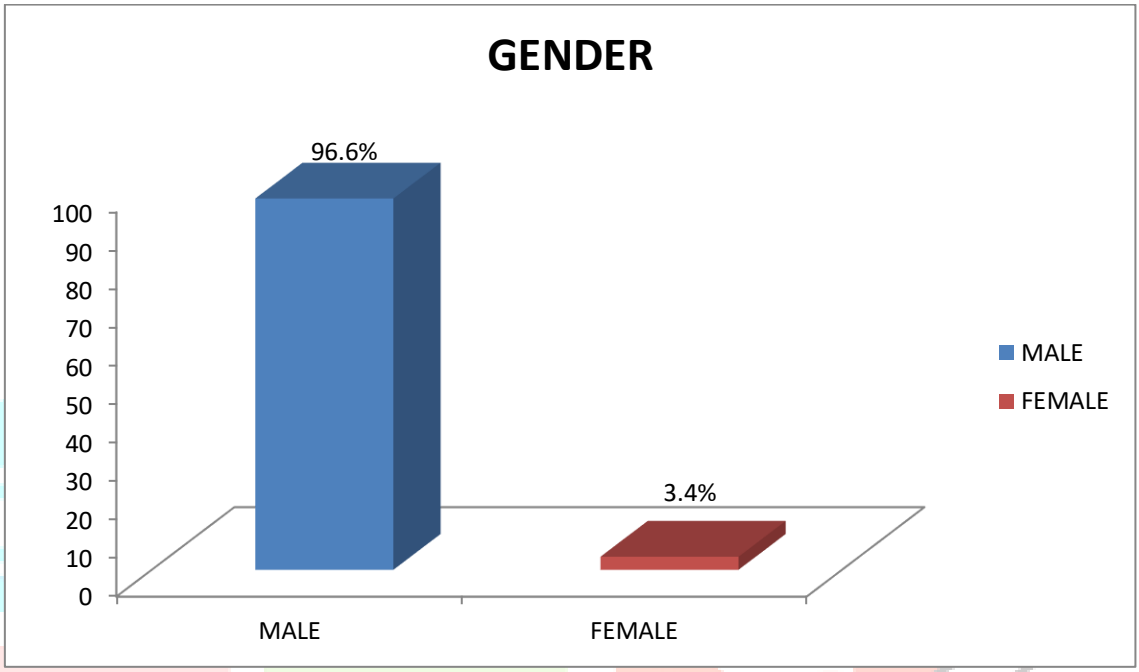


B) GENDER: Majority (96.6%) of the participants were males. There were 6(3.4%) females in our study.(Table 2, Figure 2)

Table 2: Distribution of patients according to Gender (n=177)

Gender	No of patients (n)	Percentage %
Male	171	96.6
Female	6	3.4

Figure 2: Distribution of patients according to Gender (n=177)

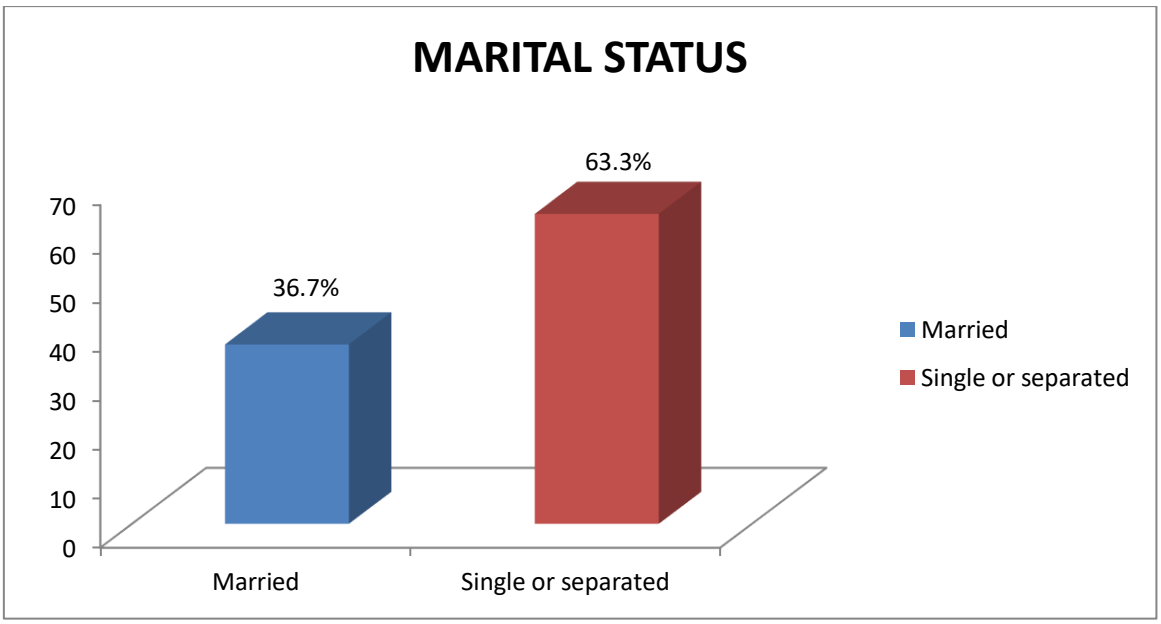


C) **MARITAL STATUS:** About two thirds of patients in our study were single or separated 112 (63.2%) whereas about one third 65 (36.7%) patients were married .(Table 3, Figure 3)

Table 3: Distribution of patients according to marital status (n=177)

Marital status	No. Of Patients (n)	Percentage (%)
Single or Separated	112	63.3
Married	65	36.7

Figure 3: Distribution of patients according to marital status (n=177)



CLINICAL VARIABLES

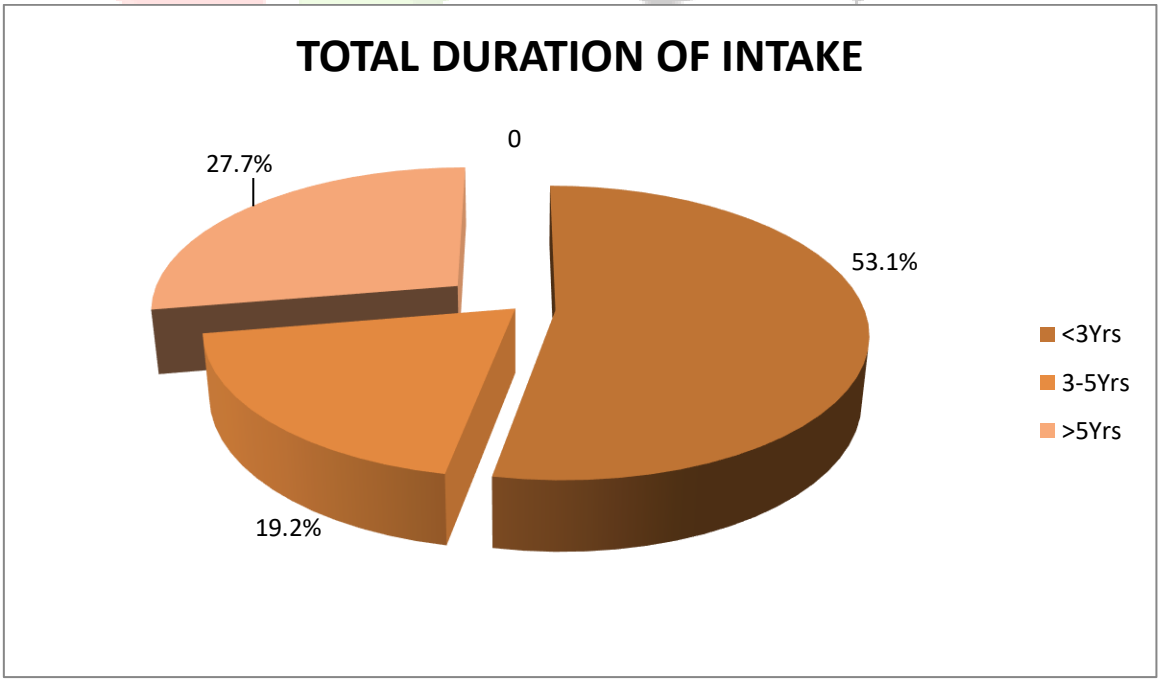
A) AGE AT ONSET OF OPIOID USE: Mean age at first use of opioid use was 23.53(±5.8) years.

B) TOTAL DURATION OF INTAKE: In our study, 94(53.1%) patients were using substance for less than 3 years duration, while 34(19.2%) patients for 3-5years and 49(27.7%) patients for more than 5 years. (Table10, Figure 10)

Table 4: Distribution of patients according to duration of intake (n=177)

Duration Of Intake	No Of Patients(n)	Percentage (%)
<3 years	94	53.1
3-5years	34	19.2
>5years	49	27.7

Figure 4: Distribution of patients according to duration of intake (n=177)

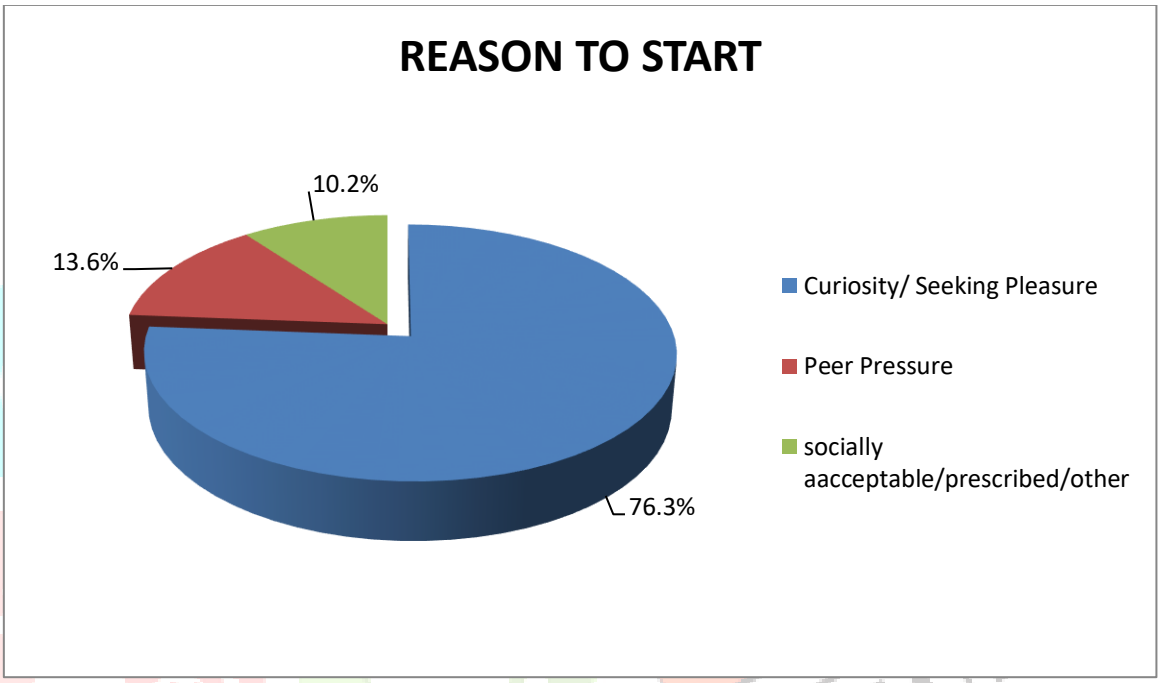


C) **REASON TO START:** In our study, 135(76.3%)patients started using opioids out of curiosity or seeking pleasure,24(13.6%) used because of peer pressure and 18(10.2%) patients started using opioids as socially acceptable or were prescribed or for other reasons. (Table 11, Figure11)

Table5: Distribution according to reason to start (n=177)

Reason To Start	No Of Patients (n)	Percentage (%)
Curiosity/ Seeking Pleasure	135	76.3
Peer Pressure	24	13.6
Socially acceptable/ was prescribed / other reasons	18	10.2

Figure 5: Distribution according to reason to start (n=177)



7 DISCUSSION

In the present study, we attempted to find the socio demographic and clinical profile of patients with opioid dependence. The study got its ethical approval from ethics committee of IGMC. It was a cross sectional observational study conducted from May, 2019 to April ,2020 in the Department of Psychiatry, Indira Gandhi Medical College and Hospital , Shimla, which is a Tertiary Care Centre of Himachal Pradesh. The study included patients who were diagnosed with Opioid Dependence. The sample consisted of one hundred and seventy seven patients of opioid dependence. The eligible patients fulfilling inclusion and exclusion criteria after obtaining written informed consent were enrolled in the study.

Mean age of participants in our study was 28.21years with standard deviation 7.5 years. This finding is similar to some of the previous studies done by Rather YH et al. in which the mean (SD) age of patients was 26.8 years (SD 7.37). Farhat S et al. [4]observed mean age of the patients was 27.6 years and were of young age group (20–30 years). Bhat BA et al. [2]also observed the mean age of patients was 27.55 years (± 7.26) with majority of patients (83.78%) between 20 and 40 years of age.

In our study 96.6% participants were males and 3.4% patients were females which is similar to findings in the studies conducted by Jhanjee S, Sethi S ([9]Sidana A et al. (2019)[75] and Gupta V et al. ([6]in which majority of the patients were males as 97.1%, 99.1% and 73.2% respectively. Less number of female patients could be due to stigma associated with drug use and hence reluctance to seek treatment.

In our study 63.2% patients were single or separated and 36.7% were married. Similarly study conducted by Kumar S et al. [9]and Gupta V et al.(6)[77] observed that majority of patients were unmarried and 53.6% were single respectively and De B et al.(2003)[55] also found that 50% were never married. However the study conducted by Mahajan, P et al. (2016)[72] found that majority (60.05%) of patients in their study were married. In our study majority of the patients belonged to young (21-30 years) age group and the maximum number of patients in their study belonged to the age group of 25-34 years (marriageable age) could be the possible reason.

Mean age at start of opioid use was 23.6 years in our study. Findings are similar to previous studies, in which 48.65% patients had started using opioids in 20-29 years age[74], 50% patients had started drug use before the age of 24 years[52]. However, findings were different from some studies in which the mean age at first use of heroin was 17.6 (±3.68) years[51] and 14 years (range 5-17.5 years). Such difference in presentation is due to different study populations.

In our study, duration of opioid use was less than 3 years in 53.1% patients, between 3 to 5 years in 19.2% patients and more than 5 years in 27.7% patients. Findings are similar to previous studies by Sharma et al. [10]and Farhat S et al. ([4].

In our study 76.3% patients started using opioids for seeking pleasure or out of curiosity and 13.6% patients due to peer pressure. Batta A [18]also observed in his study that most of the subjects started using the substance either out of curiosity (78.8%) or under peer pressure (16.5%).[61]

8 CONCLUSION;Understanding the social demographics and clinical profile of individuals with opioid dependence is crucial for tailoring effective intervention,treatment strategies,and prevention efforts.A comprehensive approach addressing both social and clinical factors is essential for improving outcomes in this population.

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