

Q & A Mindline



Dr Roshan Jain

Senior Consultant Psychiatrist & De-addiction Specialist
Apollo Hospitals, Bangalore

Q My 25 years old son is an alcoholic. He has had three admissions to a psychiatric unit in the last eight months and each one for 20 days. He receives detox and multiple other medications during admission, besides some yoga sessions and counselling. However, soon after discharge, he reverts to drinking. At home, we fight over everything. How do we progress? Please advise.

I think medicalization of addiction has its downside and in your son's case, this seems to have happened, since your young son is being treated mainly with the medicinal regime and hospital admissions without any defined or planned psychological intervention (especially formal psychotherapy), both in the hospital and after discharge.

Addiction is a disorder or disease of the brain affecting multiple brain circuits, including those involved in reward, motivation, learning and memory and inhibitory control over behaviour. There is a significant behavioural element that contributes to and maintains addiction. Many are not motivated or unsure about change, others just refuse treatment or are in denial. It is these

factors that require particular attention over and above medication given for detoxification and easing the withdrawal state.

Non-medicinal (psychological) interventions are essential components to recovery which can be used alone or in conjunction with medication. And research suggests that a combination of medicinal and psychological interventions is more efficient than either alone.

Psychotherapy is the verbal interaction between the patient and the therapist aimed at changing the behaviour and feelings from a less to more adaptive state. Various forms of psychotherapy have been used in alcohol and substance dependence. Individual and group psychotherapy can help gain insight into their said behaviour and either reduce the frequency and the amount of substance consumed, or become abstinent. Importantly, psychotherapy can facilitate change.

I think your son should have formal motivational enhancement therapy and cognitive behavioural therapy to address him ambivalence about change and to re-structure his thought processes around the way he perceives and copes with life pressures.



Q What are the features of common substance abuse? Can it be presented to the GP clinic as an emergency?

Features of substance abuse depend on the nature, amount and frequency of substance consumption. For example, signs and symptoms of overconsumption and intoxication with alcohol include 1) slurred or incoherent speech, 2) poor balance and clumsiness, 3) delayed reflexes, 4) stomach ache, vomiting or nausea, 5) loss of consciousness or blacking out, 6) redness of the face during or after periods of consumption and 7) disinhibited behaviour with tendency for recklessness.

When the person reaches a level of intoxication with alcohol, it becomes life-threatening (alcohol poisoning), leading to a slowing of breathing. Vomiting in an intoxicated state can lead to aspiration, choking and death.

Stimulant drugs such as amphetamine and cocaine can present with extreme over activity, anxiety and restlessness. With excess intake, one can experience psychosis (loss of touch with reality), wherein, one can experience paranoia which could lead to violent behaviour, with self-harm or a suicide attempt to abate the fear complex.

Cannabis can present with amotivational syndrome, loss of focus and withdrawal state in a regular user and flare up of psychosis in excessive misuse. Heroin is a fast-acting opiate, usually smoked, snorted or injected. Symptoms include a surge of euphoria, dry mouth and skin flushing. Importantly, heroin can cause sedation with slowing of breathing, which means that overdose can kill.

If the amenities and staffing levels at GP clinics are not suitable for management of the intoxicated person, then they should be transferred to the nearby emergency department.