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ALCOHOL USE DISORDER

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ABSTRACT:

An inability to regulate or quit drinking alcohol in spite of detrimental social, professional, or health effects is the hallmark of alcohol use disorder (AUD). Mild to severe, it is a long-term brain illness that frequently has negative effects on one's well-being on all levels. Conditions formerly referred to as alcohol abuse and dependency on alcohol are included in AUD.

Alcohol alters the reward system in the brain, resulting in cravings and compulsive behaviours. When trying to cut back or quit drinking, people with AUD may have withdrawal symptoms because they frequently develop a tolerance to alcohol, requiring more to get the same effects. Anxiety, trembling, perspiration, nausea, and, in extreme situations, seizures are some of these symptoms. AUD is a significant global public health concern that contributes to a variety of illnesses, including heart disease, liver disease, mental health conditions, and accidents. For the disease to be managed, early identification and therapy are essential. In order to achieve sobriety or harm reduction, treatment options may include behavioural therapy, medicines, support groups, and ongoing counselling.

KEYWORDS:

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INTRODUCTION

A 44-year-old man who was hospitalised for excessive alcohol use and an inability to manage his drinking patterns despite several unsuccessful attempts is the subject of this case study. Both the patient's personal and professional lives have been greatly damaged by his alcohol use disorder (AUD), which has caused him to perform poorly at work and to have difficult relationships with his loved ones. He received his initial diagnosis with AUD in 2013, and he has a lengthy history of alcohol usage. He briefly remained sober during the COVID-19 pandemic, but he ultimately relapsed and escalated his alcohol use, which resulted in withdrawal symptoms and a vicious cycle of dependence.

The patient's circumstances demonstrate the serious effects with alcohol use disorder affect general functioning, family dynamics, and physical health. The case also looks at possible alternative diagnoses and the necessity of a thorough strategy to address the physiological and psychological impacts of alcohol use disorder.

CASE DESCRIPTION:

A 44 years old male was admitted with the complaint of excessive alcohol consumption, addiction to alcoholism and unable to stop the consumption of alcohol despite if multiple failed attempts. And due to which he was unable to do his job properly nor was he able to give time to his family.

– History of present illness

He maintained sobriety for a year during the second wave of Covid -19 (2021).While waiting for a late colleague at his boss's nephew's wedding, the patient experienced a severe alcohol urge. He sought assistance from a coworker, who told him that one drink would prove sufficient. As part of a promotional deal, the patient purchased alcohol, drank one bottle, and then gave the remaining one to his friend. He was irritated when he saw other people at the wedding drinking from the bottle of liquor he brought, so he increased his alcohol intake at the bar. The following day, his father saw that he was drunk, even though he had promised to refrain from drink at home. The patient lost control and started consuming two to four quarters of alcohol every day in order to prevent withdrawal symptoms, such as headaches, tremors, and stomach aches. He lost days of work, became more stressed, and continued to drink excessively as a result of this. The patient ultimately sought treatment because he felt guilty about not being able to support his family, had trouble sleeping, and had lost his appetite.

– Past psychiatric history:

No past psychiatric history other than alcohol use disorder which he was diagnosed in 2013 which is when he seeked help. The patient felt severe headache, tremors in hands, stomach pain, irritation etc. if not consuming alcohol so he used to drink to avoid these symptoms . And this led to him taking leaves from his job to recover from hangover and that led to increase in work load and stress of the job so this pattern of drinking continued until he came for treatment here. The reason his came for treatment was that he felt sorry about his state, he was not able to contribute anything to the house, his sleep was disturbed and his appetite had decreased.

– Past medical history:

One major surgery was done on the patient's both arms when he fell onto a railway crossing while heavily intoxicated in 2005. He also briefly took medication for an enlarged liver in 2013. No major medications are being taken currently and no other major diseases or problems were found.

– Family history:

He lives in a joint family, his parents live on the first floor and he and his family i.e., his wife and two children live on the second floor. His son is 20, and his daughter is 18. He has two younger sisters. There is no past history of psychiatric illness in his family. His relationship with the family is cordial if he maintains sobriety, otherwise cold/uncordial when he drinks. His family is very supportive of him. The discission making authority is with the father. There is open communication in the family however the patient does not confide in his family for his emotional needs .

– Personal history:

The patient went to Kirori Mal College, DU, to pursue Sanskrit after finishing the 12th grade, but he left after two years. Despite his dislike of school, his parents frequently made him go. Despite his academic difficulties, he performed exceptionally well in mathematics, earning scores in the nineties. He grew raised in an upper-middle-class environment, where he was well-off—even spoilt by his parents—and his developmental achievements were typical. Socially, the patient loved playing cricket with an extensive circle of friends. During and after college, he also had a number of love relationships. But after he got married, his social group shrank, mostly because he drank too much alcohol.

– Pre morbid personality:

He had a normal, average lifestyle and personality before his addiction began.

TREATMENT:

The patient underwent treatment like pharmacotherapy in which initially the patient was prescribed naltrexone do reduce the intake of alcohol which wasn't useful because the patient was not consistent then he was prescribed disulfiram to help complete abstinence for alcohol.

Along which pharmacotherapy the patient also underwent counselling and motivational enhancement therapy which is a kind of behavioral intervention in which I start out with finding the major triggers for the patient that leads to relapses and help them understand their triggers and control themselves with that then we do an activity which includes building discrepancy where we ask the patient where they want to be in their future and where they actually stand with respect to their condition alongside properly guide the patient on what alcoholism leads to all the possible worst-case scenarios and physical illnesses this habit can lead to or cause.

PHYSICAL AND MENTAL STATUS EXAMINATION:

In physical examination the patient's vitals where stable. He had loss of appetite and severe headaches with nausea and tremors which were symptoms of alcohol withdrawal and hangover.

MENTAL STATUS EXAMINATION WHICH WAS TAKEN FOR 5 DAYS, THE FOLLOWING WERE NOTED:

Overall Appearance: The patient was always well-groomed, well attired, and aware of his surroundings during the examinations. In every session, he seemed at ease and agreeable, and he made appropriate eye contact. He gradually trimmed his beard, cleaned his nails, and maintained a generally easy stance. In every session, rapport was simply built and maintained. Throughout every evaluation, psychomotor activity was sufficient. He spoke in a soft, normal pitch and tone, was consistently audible, and was pertinent. He was relaxed, logical, and pertinent in every discourse, and he had a good reaction speed. Throughout sessions, the patient tended to have a euthymic affect. Although he occasionally acknowledged feeling bored or a little uneasy, he characterised his mood as "feeling fine" or "relaxed." He was not formally evaluated for attention and concentration, although he was attentive and involved the entire time. Memory was Consistent throughout sessions, with strong general knowledge and recollection of prior events. There were no obvious signs of formal thought disorders, and the progression of thought was constantly normal. Test judgement was operational when evaluated, and social and personal judgement were unaffected. Level 5 insight, or true emotional insight, was displayed by the patient during every examination, indicating that he completely recognised his problems and was prepared to address them. In conclusion, the patient maintained euthymic affect, sufficient cognitive and linguistic abilities, and constant cooperation, engagement, and insight throughout the MSEs. He constantly demonstrated a keen understanding of his difficulties and a strong willingness to confront and fix them.

DIFFERENTIAL DIAGNOSES:

There are numerous differential diagnoses in assessment of patients with alcohol use disorder. Patients can be

exhibiting numerous other physiological and psychiatric disorders.

- Sedative, hypnotic or anxiolytic use disorder: the signs and symptoms of alcohol use disorder are similar to those seen in Sedative, hypnotic or anxiolytic use disorder. The two must be distinguished, however, because the courses may be different, especially in relation to medical problems.
- Conduct disorder in childhood and adult antisocial personality disorder: alcohol use disorder, along with other substance use disorder, is seen in the majority of individuals with antisocial personality and preexisting conduct disorder. Because the diagnosis is associated with an early onset of alcohol use disorder as well as a worse prognosis, it is important to establish both the conditions.
- One of the most common problems is Alcohol Withdrawal Syndrome Occurs when someone who has been drinking heavily for a prolonged period suddenly reduces or stops alcohol consumption, Symptoms include tremors, sweating, anxiety, irritability, seizures, hallucinations (e.g., delirium tremens), and in severe cases, seizures or delirium.

CONCLUSION:

The chronic and incapacitating character of alcohol use disorder (AUD) including its extensive impact on a person's social, professional, and personal life are demonstrated in this case study. The patient's relapse brought on by social and emotional triggers, even after a time of sobriety, illustrates the intricate relationship between psychological variables, factors in the environment, and addictive behaviour. Despite being aware of the harmful effects of alcohol, he was unable to manage his use, which led to severe withdrawal symptoms, stress in his family, and issues at work.

The patient's treatment strategy, which included behavioural interventions such as motivational enhancement therapy along with medication, demonstrates the multimodal approach required to properly treat AUD. Positive signs for healing include his regular participation in psychotherapy and his shown understanding of his problem. To avoid relapse and encourage long-term sobriety, this case emphasises the value of continuous encouragement and long-term treatment approaches.

In summary, the example emphasises the value of family participation, thorough therapy, and early intervention to the treatment of AUD. In order to guarantee long-lasting healing and the patient's rehabilitation into a healthy lifestyle, it also highlights the necessity of constant surveillance and relapse prevention techniques.

REFERENCES

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