PERCEPÇÕES DE QUEM VIVE O TRANSTORNO MENTAL E O USO ABUSIVO DE ÁLCOOL E OUTRAS DROGAS

PERCEPTIONS OF WHO LIVES THE MENTAL DISORDER AND THE ABUSE OF ALCOHOL AND OTHER DRUGS

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Resumo

Objetivo: Descrever os sentimentos e sintomas de pessoas em sofrimento mental que vive com comorbidades entre o uso de álcool e outras drogas e transtorno mental grave e persistente. **Metodologia:** Estudo descritivo e qualitativo, realizado em seis clínicas de reabilitação em dependência química e um Centro de Atenção Psicossocial. Os dados foram coletados por meio de entrevista individual profundidade e aplicação de comunicação terapêutica com 31 pacientes. As entrevistas foram transcritas na íntegra e passadas pelo processo de análise de conteúdo, modalidade temática. **Resultados:** Os resultados foram constituídos de unidades de percepções de situações de antes do adoecimento, do seu início articulado com motivação e consumo de droga, bem como sintomas e sentimentos concomitantes ao transtorno por uso de substâncias e/ou transtorno mental. **Considerações finais:** A relação do uso da droga com o transtorno mental em alguns momentos não se faz clara, porém é existente, evidenciado em nosso estudo através da fala dos indivíduos entrevistados, ao associarem o uso e abuso de drogas na tentativa de aliviar ou lidar com estados afetivos desagradáveis como: tédio, depressão, ansiedade e solidão.

Descritores: Transtornos relacionados ao uso de substâncias; Transtornos mentais; Comorbidades; Saúde Mental.

Abstract

Objective: Describing the feelings and symptoms of people in mental distress who lives with comorbidities between the use of alcohol and other drugs and severe and persistent mental disorder. **Methodology: D**escriptive and a qualitative study conducted in six rehab for substance abuse and a Psychosocial Care Center. The data has been collected via individual interview depth and application of therapeutic communication with 31 patients. The interviews were fully transcribed and raisins for the content analysis process, thematic modality. **Results:** The results were made up of units of perceptions of situations before the falling ill, its articulated beginning with motivation and drug use, as well as symptoms and concomitant feelings the disorder substance use and/or mental disorder. **Final remarks:** The relationship of drug use with the mental disorder at sometimes does not make clear, but it exists, as evidenced in our study by speech of the interviewees, to the associate the use and abuse of drugs in the attempt to alleviate or deal with unpleasant affective states such as boredom, depression, anxiety and loneliness.

Descriptors: Disorders related to substance use; Mental disorders; Comorbidities; Mental Health.

Introduction

The individual with severe mental illness is who presents a behavioral or psychological syndrome, capable of causing noticeable discomfort, distress, pain or loss of function [1]. Among them, stand out those who live with serious psychiatric symptoms associated with the use and abuse of alcohol and other drugs, such as depressive symptoms [2,3] with characteristic symptoms of bipolar affective disorder or schizophrenia [4,5,6,7 8].

From studies with this population, particularly longitudinal research, strong evidence indicates relationship between the two dimensions, mental disorders and the use and abuse of substances, whether legal or illegal [9, 10, 6.11].

Drug use by regular users and individuals with disorders, due to substance use or dependence, affects between 16 and 39 million people worldwide. In 2012, it was estimated that 162 million (3.5%) to 324 million (7.0%) of the population aged 15-64 have used at least one illicit drug in the previous year belonging to classes cannabis, opiates, cocaine and amphetamines [12, 13].

Although there is no evidence to support a common cause between the onset of drug use and the possible development of psychiatric disorders in adulthood [14], it is argued by meta-analysis that continued use of cannabis is succeeded by the appearance of and psychotic disorder, which can increase the severity or duration of psychotic symptoms and decrease the adherence to therapy, and long-term losses [7].

In a longitudinal study of 2.5 years of follow-up conducted in southern Brazil, individuals with early onset of alcohol use, with premature experience of cannabis, had a significantly greater number of hospitalizations and readmissions, associated mainly of cocaine dependence, showing that from the experimentation of cannabis there is major indication for use of harder drugs. [11] At the same time, there is evidence that young people are more likely to develop some psychosis when exposed to drug abuse, and more likely to relapse and abandonment of treatment [15].

Given the above, this research becomes appropriate given the need to broaden the understanding of the complex situation of alcohol and other drugs among people with mental disorders, in addition to concerns of how it is perceived and how you can contribute to your approach and coping problem. Thus, it has been designed to identify and describe the perceptions of people in mental distress who lives at the same time with the abuse of alcohol and

other drugs and the serious and persistent mental disorder.

Method

This is an exploratory descriptive and qualitative research, conducted in six rehab for substance abuse and Psychosocial Care Center (CAPS) in the southeastern state of Goiás, central Brazil. The choice of this region occurred for its regional socio-economic representation, with a recent expansion of the private network treatment for substance abuse and to host a regional Federal University of Goiás campus.

Data acquisition was carried out from August 2013 to February 2014. It was selected patients in treatment and rehabilitation of problems related to substance abuse licit and illicit, who had the medical diagnosis of severe and persistent mental disorder, those aged 18 or older, who were in cognitive conditions to understand the questions and to answer them, therefore, a convenience sample. It was excluded those who were living delusional symptoms and were unable to clearly decide their participation in the research. All were multiuser of at least two of the following substances: tobacco, alcohol, cannabis, cocaine, and crack.

Data were collected through individual interviews with depth and application of therapeutic communication, lasting an average of 50 minutes each. They have been recorded in audio.

The questions were opened directed to the person's identification of issues and the reasons why he/she was in treatment, as well as the pattern of consumption of alcohol and other drugs and their mental and life history in the context of the health disease - "tell me how is your life using the (preferred substance) and living with psychiatric disorder (name of diagnosed mental illness). Changes in form and content of the questioning were considered, since the individual condition of understanding of the questions was sometimes difficult, due to the state of chronicity imposed by severe mental illness. For this reason the field interviewer was prepared and oriented using therapeutic communication with data collection and its inclusion in the field has gradually allowing familiarity with the environment.

The interviews were transcribed verbatim and passed by the content analysis process, thematic modality in its three phases, the pre-analysis with material exploration (initial reading), constituting the first ideas and impressions of the raw material. Followed by the registration units clipping (RU) and formulation of

hypotheses, they guided the collation and subsequent categorization. Finally emerged the categories with the group of RU the convergence criteria or divergence to hypotheses. The RU were presented in the text encoded in S (subject) and the sequence number of the 1, 2, ..., 31.

As for the ethical aspects, this study is part of a larger research project that examined the health care of people use and abuse of alcohol, tobacco, and other drugs, with the approval of the Ethics Committee of the Federal University of Goiás, under protocol 162/12. It was used the free and informed consent to allow participating of the research, guaranteeing them and explaining the risks and benefits of the study, for specific cases, legal guardians also allowed participation in the study.

Results

It was interviewed 31 subjects, 21 of these (67, 7%) were male, 21 (67, 7%) aged over 30 years old. Regarding marital status 28 (90.3%) live without partners, 24 (77.4%) live with family, 18 (58.1%) have less than 7 years of school attendance. All recovering and coping with the abuse of alcohol, tobacco and other drugs and who had a diagnosis of severe mental disorder. From them 48.4% have a medical diagnosis of paranoid schizophrenia, 25.8% with bipolar disorder and the other ranging from bipolar disorder and his manic, hypomanic, depressive and anxiety disorders with psychotic symptoms.

Concerning the pattern of drug use, 80% of subjects reported having ever used cannabis, 74.2% ever used crack, 61.3% use tobacco, 51.6% ever used alcohol and 41.9% ever used cocaine. As the age of first drug beginning the majority, 74.2% reported to have occurred before 18 years of age and lawful early substance was alcohol and illicit was cannabis. Between the substances considered more difficult to leave the subjects was 45.2% the crack, followed by 22.6% alcohol, with values of 12.9% considered tobacco and cannabis.

The categorization of speech fragments, arranged in Table 1, is divided into two categories namely: "Initial Perceptions" and "comorbidities".

Table 1 - Categories and sub-categories that emerged from the process of analyzing thematic content of the research subjects. Goiás, Brazil from 2013 to 2014.

CATEGORY I - INITIAL PERCEPTIONS
Premorbid personality
[...] I was nine years old, my mother realized I had this problem [...] S1
[...] I remember going to a church to see if I improved, but not improved, it got worse and I began to hear voices. In traffic, I kept thinking that the cars would hit on my bike, chasing. Sometimes I looked in the eye of motorists and thought they were angry with me, they would run over me and it made me sometimes run [...] S27
[...] No, I was smooth, natural. I was more nervous even after use, and now I have an easier time getting nervous [...] S6
[...] I think that depression comes to me since childhood. I was kind of a spicy child, but any little thing shooked me. I was happy, but you know there was something that held me in that world of depression, I do not know what it was, I cannot explain [...] S4
[...] At school I was always quieter. When I was going to do something it was intended to harm my classmates. I've always been more isolated, more silent, just watching. I've always been aggressive, I think it was because my father beat me a lot when I was a kid, and by hitting me he taught me to beat [...]S18
[...] I remember one time when I lived in the countryside, I was on the sofa and had a shadow coming down, I start to pray and the shadow went, I remember ever having this problem, I was about 12 years old [...] S24
[...] So from the beginning I went crazy, I was about six-year-old [...] S2
[...] When I was younger I had depression, I came up to see things climbing in the walls. Before the drug I enjoyed working, swept the door of my house, everything was very clean [...] S17.
Why I use drugs and since when
[...] Then I thought "I'll smoke a joint," people used to say it is good to soften the mind, the symptoms of the disease; in some countries is also released; also in Fernando de Noronha, Uruguay. I smoked a joint and I was quiet [...] S2
[...] I started aged 12 years old with marijuana, I began to use it because I thought funky, interesting, it made me more cheerful, I like it [...] S25
[...]. It was since I was 12 years old with alcohol then told me it was good and such (crack) and was a trip without return, I have used other substances but that was the one that took me to the same failure. I feel that when I'm in using it minimizes (mental disorder), the disease is stopped. But the feelings are different [...] S1
[...] I was at the carnival I tried cocaine. I guess I do not know if I started with it because I am very lonely, so lonely. I cannot answer you why, but I have used it. "The drug even softened the crackle I heard, froze

a bit, but my problem was my brain [...] S31

[...] I met the drug when I was 28; after she (wife) separated from me I met the crack, I suffered so much [...] S8

[...] In 2006 I started with marijuana, in 2007 with crack and cocaine in 2008 [...] S12

[...] I was 16 years old when I started with marijuana and 20 years ago I started with the crack, I used marijuana for six years and crack for six months [...] S6

CATEGORY II - COMORBIDITIES

Drug Effects

[...] Anxiety has become worse, because the drug enhances, depression increased as well. When I'm under its effects it stagnates because cocaine makes you up, but when it's over, there comes the depression [...] S4.

[...] It is very difficult to be an addicted, we get off, turns off for the world and we get alone in the world, it revolves only around the drug and you become a slave [...] S28

[...] It may be something to do with the drug (hallucinations), I don't know, drug changes the brain, changes everything, you become crazy [...] S7

[...] It (alcohol) is something that should never be associated with the crack in any way, you are upset, it's out of his mind, like a stranger. The first two sips of alcohol and the use of it (crack) you are a normal person, after using you are a stranger, you become aggressive. I am powerless over alcohol [...] S1.

[...] Marijuana completely changes your mood, you get like schizophrenic. With marijuana sometimes you are very happy you are suddenly very sad, you are suddenly very euphoric or are very nervous. The same is not for the crack, it gives a hallucination in just 5 seconds and then comes the depression and cravings. It Completely changes your mood [...] S16.

[...] On the one hand it brings relief, but after that the problems come with the family. The family does not accept, and we become another person. Other disorders appear in the mind. The snap for example coming from the TV, sound. I remember one time I bought a beer box, when I ended using it the snaps were gone [...] S13.

[...] I was using a lot of rock (crack) very mixed (marijuana mixed with crack), taking three liters of 51 per day, then I snapped [...] S2.

[...] It (marijuana) enhances what you're all feeling. You feel more stronger, your personality, your thoughts [...] S21.

Strengthening symptoms of hallucination
[...] It got worse (with the start of use) and I began to hear voices saying I was god, asking me which god I wanted to be, crackling like electric fence that changed the programming of TV and radio, and it seemed there was someone speaking with me. So I stopped watching TV and listening to the radio, I was totally isolated [...] S31
[...] I saw an anaconda coming through my bedroom window. Actually I dreamed I had a snake wrapped around my arm, when I woke up from that nightmare, I saw her coming. I ran away screaming for my mother. Heard people calling me by name. And when I went out to see, there was no one. I was a heavy smoker at that time, like a 7, 8, 10 joints a day [...] S17
[...] I snapped out of nothing, my eyes closed without control, I screamed desperately but I could not come out of the place, I used to see a huge fireball, a furnace inside my head, stood about 10 to 15 minutes and I was not using it. But before I had a relapse, I had smoked a crack rock [...] S8
[...] I was feeling like I was transparent, absorbing things going with the hand inside the post, making time pass very fast, I was looking for a place and was born a butterfly I looked for another place and another was born butterfly. I do not understand myself sometimes, I think everybody looks at me as if I were a god, a savior [...] S21
Feelings of ambivalence or loss
[...] I have lost beautiful celebrations with my family. I have lost my studies, my face died, my hair died, and I'm dying. Because of this plague everyone wants to experience, falls in love and forget about God, forget to take care themselves, to eat [...] S28
[...] I have managed not being able to work 100% and they fired me. And the problem started[...] S31
[...] From the very moment a person puts this crap in your mouth, you can be sure it will not only be the first, he/she will always want more of a "try" if he/she has with 10.000 in its pocket he/she will smoke it all. I used to go seeing my son, I used to be strong, I lost weight, I was all skin and bones, I used to have a car and a bike [...] S8
[...] I took a stick (beating) my sister and I left home, pulled the window and left. After that I was worried, thinking I was bad, I wanted to talk to her [...] S11
[...] I think I can drink, but I can not. I'm compulsive, for me an e bit and a thousand is not enough. I think alcohol is the worst drug, it destroys me. The love of my life, my girlfriend died in a plane crash last year and I was hospitalized. I heard about it through a phone call [...] S10

This result shows that the ratio of alcohol and drug use with the mental disorder at some moments not made clear, but it is existing, evidenced in this study by the speeches of the interviewed subjects. Associated drug abuse with trying to relieve the positive symptoms of psychosis or deal with unpleasant affective states such as boredom, depression, anxiety and loneliness. At the same time they reported the experiences of ambivalent feelings

between the relief of unpleasant sensations and losses arising out of habit.

As for category 'initial perceptions " consisted of weaves perceptions of situations before the illness, its articulated beginning with motivation and drug use. The category of "comorbidity" emerged from the symptoms and concomitant feelings to the disorder by drug abuse and / or severe mental disorder.

Discussion

A discussion of comorbidity between psychotic disorders and alcohol abuse and other drugs is quite complex, and brings a worrying prevalence, with 43% among individuals with first-episode symptoms of severe mental illness, used some psychoactive substance [2]. It is commonly observed the use and abuse of drugs in individuals with severe mental disorders, particularly bipolar disorder (BD) and schizophrenia [4,5,6,7,8]. It is known that early alcohol consumption and cannabis are associated with potential progression to the use of other illicit drugs such as cocaine and crack [11,16], this study alcohol was a legal substance and cannabis illegal in start of most subjects and all had rise to the use of harder drugs.

The study subjects with a diagnosis that includes them in the scope of serious mental disorders, described which different events occurred first, whether it was the use of drugs or symptoms of a mental disorder. Given such descriptions, there is something about the pre-mórbidoque profile corroborates other studies, such as high levels of anxiety [8], family problems [17] more likely to have experienced a traumatic event at a young age. The latter this is a sectional study involving 658 individuals who were not associated with developmental mental disorders and traumatic experiences such as divorce proceedings, affective relationships, physical abuse, death or nearby loss [18].

Given this discussion, there is a limitation on the comorbidity due to imprecision in estimating the abuse of alcohol and other drugs to the clinical presentation of the first psychotic symptoms [2,19,4]. Accordingly, some assumptions appear to explain the interrelationship of some drugs to specific disorders such as cannabis use and schizophrenia, and the use of the drug precipitating factor for schizophrenia; or to trigger psychosis in vulnerable people; or aggravating the symptoms of schizophrenia; or more likely in individuals with schizophrenia use cannabis. The abuse of heroin and methamphetamine can relate to the onset of schizophrenia and other psychotic disorders, suggested by an interaction between genetic and environmental factors [20,21,22].

However, the findings of this study do not indicate a shows that the drug abuse can contribute to the onset of severe mental disorder. However, the subjects discussed its use and abuse in the quest to alleviate psychotic symptoms and feelings of sadness and loss of frustration. As an example, a qualitative study that analyzed patients with dual diagnosis, revealed the use of cannabis to cope with hearing voices loudly and dominant. [23]

Thus investigates the self-medication hypothesis as one of the factors for drug use and abuse in order to alleviate experiences related to mental suffering. [24] This assumption has been referenced in several other studies linking the drug abuse in patients with severe mental disorders [25,15,10,26]. Corroborating the results presented here also is the relief hypothesis of dysphorias, as a complex emotional state, with intense suffering, discomfort, unhappiness and / or dissatisfaction, a 'feeling agitated ", irritability, hostility and / or anger [27].

In this context, a discussion arises between the case of self-medication and the dysphorias relief while there is support for the latter [28], not discarding or ignoring self-medication. Yet still in need of further exploration and robust studies for its clarification and production of an assertive knowledge [15,23].

Besides the reporting of drug use by the research subjects as reliever of symptoms resulting from the start of this occurred even at a young age, especially cannabis. Nonetheless there is debate among researchers as to a common cause between the use of cannabis in adolescence and the development of psychiatric disorders and addiction in adulthood. On the one hand is the evidence that exposure to cannabis during adolescence increases the vulnerability of an adult individual for drug addiction and schizophrenia, can produce long-lasting effects on anxiety and mood disorders [14,7,17]. In another direction the focus is on the limitations of the studies in which attempts to confirm the earlier onset of psychosis among cannabis users found in individual studies [8,2,5], they differed as to the methods used to examine the association between age of onset psychosis and drug abuse as well as the biases in establishing a diagnosis of mental disorder and the influence of psychoactive substances [18.4].

On this issue, there is the first study that suggests a relationship between cannabis use as a risk factor for the psychosis development, it is a cohort study with follow-up of patients before the incidence of psychosis, in which 45.570 Swedish conscripts called up for military service, were followed for 15 years. One of the results showed 2.4 times higher risk for

developing schizophrenia, among those who had used cannabis at least once up to 18 years of age compared to those who did not. In addition, there is a relationship in which the risk of schizophrenia increased to 6.0 fold in subjects who had consumed cannabis more than 50 times since the original interview study [28].

Continuing this discussion, it is here to open a parenthesis to also focus on the biological aspects of addiction, with no claim to exhaust the subject, but expand it, considering the complexity of the research object, such as its social, economic, psychological and physical. Genetic and environmental risk factors and their interactions can contribute to the problems development with drugs. Thus it is believed a genetic predisposition for the involvement of the gene polymorphism to catechol-O-methyltransferase enzyme involved in dopamine metabolism in neuronal synapses [21]. It is well known that, under normal conditions, dopamine is released in the synapse, which in turn binds to the dopamine receptors, induces euphoria and stress reduction. In individuals with disabilities reward Syndrome, characterized by baseline low dopamine due to receiver failure, demonstrate certain need to increase its level, which could be reached from rewarding experiences as the use of drugs [22].

Since dysregulation of dopaminergic activity in the brain, a major feature of schizophrenia. Other studies have linked the delta 9-tetrahydrocannabinol present in cannabis, capable of inducing transient psychotic symptoms in healthy individuals and exacerbate symptoms in those with psychotic illness already established [15,20].

Other findings just as noteworthy as a benchmarking study of patients who use psychoactive substances without diagnosis of mental disorder and dual diagnosis patients, it was concluded that the latter is the use in trying to alleviate depressive symptoms, achieve or maintain state of euphoria, improve performance and social skills [25]. Furthermore, the maintenance of drug abuse in people with schizophrenia, may be involved in actions related to the search for drug user identity and no more than severe mental disorder. As well as belonging to a group of peers, feelings of hopelessness, beliefs about the symptoms, the equivalence being treated and how drugs influences [26].

Sometimes the use of psychoactive substances is wanted by effects that cause in principle by the relief of sensations and relaxation [26], but can cause unwanted signals such as the direct relationship of crack use and inhalants with anxiety symptoms [29] . The crack was reported as the second most used drug among the

subjects of this study, and the most difficult to be abandoned, and its prolonged use emerge results not as desired, seen by users as negative effects such as hallucinations, delusions, uncontrollable desire to repeat the use, feelings of depression and regret, usually associated with feelings of persecution, intense fear and anguish, stimulating him to adopt repeated and atypical behaviors [16].

As a result there are love and longing for the drug feelings, either in the physical context for biological or psychological dependence the psychological dependence. In the case of crack, obsessive outlines the desire for obtaining and using the drug, people refer to it as essential for the body, associating it to the physiological needs such as hunger, despite the contradiction of consciousness of physical and social degradation, demonstrating in their intense suffering reports [30]. Corroborating the results presented here, in which the subjects refer family and financial loss, lack of self-love, carelessness with his own body, risk behavior and feelings of regret and guilt.

In the social context the use of chemicals such as alcohol, tobacco, cannabis and crack are associated with the low socioeconomic status of the user [31]. In a cohort involving individuals between 14 and 26 years homeless in Canada, 31% of respondents attributed the increase of drug use due to their status of not having housing, the prevalence that rose to 49% throughout the study, while the increase in drug use was associated with unemployment rates [32].

Supported by a Brazilian study that conducted a comparative, cross-evaluation, of two samples of convenience, one without and one in treatment, both recruited from the community of young crack users. The sample was commonly characterized by social marginalization and multiuse of substances, where about one-third of individuals present in each group reported problems related to mental health [16].

Thus, the identification and treatment of substance abuse should be a key component early for intervention services in order to raise implications for the training of professionals and structuring of services, which should focus on the recognition and assertive treatment of related problems the abuse of drugs in this population. In addition to understand that treatment of drug abuse in this area presents itself as a challenge to be faced with optimism in search for better results [2].

Predisposed factors to the abuse of alcohol and other drugs are multi-causal and dependent on the life history of each subject. Although epidemiological data involving some predictors such as genetic, early onset, socioeconomic conditions and abuse of certain drugs and their effects, it is

considered of paramount importance to identify the uniqueness of individuals in this process and understand how and what paths that comorbidity take in each one's life.

However, designing interventions aimed at preventing and concomitantly mitigate the adverse effects of social stress on individuals with severe mental disorder, at risk of the use and abuse of alcohol and other drugs is required. In order to generate new studies that seek to analyze whether these are actually associated with improved outcomes and treatment of serious mental disorder, along with the reduction of the problems of the use and abuse of alcohol and other drugs in this population, so constituting guidelines for policies public health aimed at comorbidities.

Study limitations

Occur in the present some limitations, how much generalization of results and no possibility of making inferences, before his own descriptive research, with convenience sample and in a circumstantial reality. It is suggested joint research studies, socio-cultural, biological and economic aspects given the complexity of serious mental illness phenomenon and abuse of alcohol and other drugs.

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