Improving Psychotic Symptoms to Addicted Patients; Antipsychotic Medication Helped Finding the Primary Diagnose

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Recently, psychiatrists are facing with a challenge about primary diagnosis in active substance users. Does mental illness cause drug problems; it can be hard to tell which problem came first – the drugs or the mental illness. Having a mental illness can make a person more likely to abuse the drugs, make their symptoms feel better in the short term. Although there are a fewer studies on comorbidity among youth, researcher suggests that adolescent with substance use disorders also have high rates of co-occurring mental illness; over 60 percent of adolescents in community-based substance use disorder treatment programs also meet diagnostic criteria for another mental illness. Data show high rates of comorbid substance using disorder and anxiety disorders, panic disorder, and post-traumatic disorder. The data show up the high rates also with affective disorder especially bipolar and psychotic disorder.

Both substance use and mental health disorders contribute substantially to the global burden of disease. Recent reviews and meta-analyses of research show that CU is consistently associated with the onset and severity of psychotic symptoms. Research also suggest that CU may have modest effects on mood and anxiety. These inconsistencies relate to differences in age groups sampled, cultural differences in illegality of CU and differences in symptoms assessed. It is also possible that associations between cannabis and mental health indicators are not linear, given that experiences of psychotic and mood disorder may be episodic.

Several recent reviews suggest that the adolescent onset of CU (i.e., 16 years or younger) conveys age-specific risks for concurrent and adult-onset mental health disorders. Fourthly many mental health disorders onset in adolescence and this temporal co-occurrence may contribute to the strength of their associations with CU and CUD in adolescence. For example, almost 50% of lifetime cases of any mental health disorder start by age 14 and 75% start by age 24. The reason always goes, because of sensitivity of brain maturity.

The purpose of this investigation was discovering during the treatment for drugs abusing to find the primary illness. Well, finding the basis issue were helping for continuing treatment advice in future. Longitudinal study of Kosovar adolescent and adult study aged 16-30 with a 2 year follow up found that CU at baseline was associates with risk for affective and psychotic disorders.

Substance abuse does not always lead to physical addiction but it does increase the risk of developing this problem. The longer and more intense the abuse, the greater the risk. Physical addiction is characterized by the emergence of withdrawal symptoms when the individual stops taking the intoxicant in question. Depending on the type of substance abused, the length of time the abuse has gone on, and how much is typically taken at once, withdrawal can include psychosis. Psychosis can also appear during withdrawal in any individual who suffered from long term addiction to many substances that significantly affect brain chemistry. These symptoms can last for hours or days, and it’s likely that individual will need to be sedated or at least closely monitored during this period. When it comes to methamphetamine psychosis can actually spontaneously reaper in people who have been clean of the drug for many years.
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Cognitive deficits also appear with psychotic disorder. Some symptoms are present in attenuated form, prior to the onset of a diagnosable disorder. Substance use patterns seem to establish themselves before the onset of psychotic disorder. In a significant proportion of individuals, this may be as little as a month before the first signs of illness. It was very difficult determine where those prone to psychosis are self–medicating initial symptoms or whether or they are drawn to substance use by factor unrelated to illness, such as personality traits.

Figure 1: Data collection from cases in 2018, from 84th patients which were hospitalization, Age 16-25-year-old dominate.

So, data of anamnestic showing the response treatment of antipsychotic medication helped us discovering the primary diagnosis.

Another side, it was important for parents which were interesting investing for rehabilitation treatment to understand the basic issue for their child. Knowing than they had another primary issue which inducted abusing the symptoms it’s the low cost for them. Understanding than the primary treatment is with medication it’s another way welcomed and satisfaction for.

Research shows that people who have some kind of supportive relationship generally find it easier to tackle their problem. Having someone around to encourage you is important because there is someone to talk to if times get tough, and to help you learn new ways of dealing with old problems. People with mental illness experience drug problems at far higher rates than general community. Studies suggest that both conditions are correctly diagnosed and receive the appropriate treatment.

Anyone who were vulnerable to, mental illness is therefore strongly discouraged from using drugs. Any time psychotic symptoms appear when taking prescription medication. Psychosis can also become more likely when these medications are abused. When it comes to nonprescription intoxicants the likelihood of psychotic symptoms appearing and what that looks like, varies from substance to substance. For example, taking a large amount of cocaine all at once can cause psychosis in minute. Psychosis from cocaine or amphetamine use typically produces persecutory delusions.
How are addictions and Mental Health Disorder Diagnosed? Various observations and tests are used to diagnosed. For example in our Clinique we are using ICD 10 criteria classification:

**Unlike physical illness:** there are no laboratory tests to diagnose mental illness at this point. As the result mental health disorder, including substance use disorders are diagnosed using self-reporting, by the person being diagnosed and the doctor's observations of the person's behavior or attitudes. This is done through interviews, and other methods that are compared to criteria listed in ICD 10.

**Laboratory test:** Urine tests and blood tests what the substance are.

**Family history:** Ifa person has a family history of substance abuse, the person is more likely to have a substance use disorder as well.

**Previous diagnoses of substance abuse:** People who have had substance use disorder are more likely to have additional or continuing drug abuse or addiction issues.

**Physical symptoms:** Certain drugs cause physical symptoms that can indicate abuse of the substance, such as restlessness in someone using cocaine or an inability to concentrate in someone using heroin.

### Conclusion

Hospitalized in our Clinic and the observation was carried out in the Unit of Addiction Diseases. Interview, individual and group psychotherapy as well. Gender structure was mixed, also in age. Males and adolescents dominated.

The patients who were admitted with psychotic symptoms, some of them showed up in continuing for many days the positive psychotic symptoms; like delusions and hallucinations. While the some of them have had for couple of days the same symptoms, but for short time disappeared. After using antipsychotic medication, they have decreased psychotic symptoms. Otherwise, they presented more physically abstinence symptoms like; pain, high temperature, swallow, rhinitis and difficultness in sleeping and were more agitated. The patients with psychotic negative symptoms showed up; poor affect, low interest for activity, indifferent with others, and in the general they did not complained about withdrawal symptoms. While patients with addicted symptoms, they reported physically symptoms of abstinence; during the morning visit of medical staff, some of them agitated in the rooms, complains about pain, swallowed, they wanted to go outside from building they had a lot of abstinence of symptoms.

The psychotic patients did show up psychologic and physically abstinence symptoms or they did not represent. Based in this study, there are 2 hypotheses regarding the onset of psychotic disorder that are of interest to researchers; Drug use triggers psychotic symptoms in those individuals who have an underlying predisposition to psychotic disorder.

Exposure to recreational drug use is sufficient in itself to lead to these symptoms independent of underlying predisposition.

Previous studies have reported that young men are significantly are more likely to use substance or to use more than one substance; this help explain why male sex proves to be significant predictor of continued use. Drug induced psychosis still considered diagnostically distinct form psychotic disorder, since in the former symptoms in the later persist. However, as previously noted, those who experience isolated psychotic symptoms in relation to drug use may have an underlying predisposition to psychosis.

Substance use during the course of psychotic illness may have implication for relapses and predictors of continued use following an initial psychotic episode would identify those patients who may require further interventions and /or close monitoring.

One the other hand, it should not be forgotten that most patients addicted to active substance complained of difficulty in remembering and recalling events in the past. There have been cases in which even general data about themselves confuse or give inaccurate data. While patients who held an indifferent attitude towards both the interviewer and family visits did show any particular interest in the substances they used. They were very accurate in the individual data during the interview. While some of them were experiencing hallucinations, there was a momentary detachment from the conversation as a result of the physiological block. In fact the memory for events was very clear.

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