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Alcoholism

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Abstract

Alcohol abuse among teenagers is an increasing problem with serious physical and social consequences. Early diagnosis of adolescent alcoholism may be delayed for two reasons: the physical indicators of alcohol abuse seen in adults are often not identifiable in teenagers, and alcoholism is generally believed to be an adult problem. If the history is taken carefully, with respect and confidentiality, it can help the family physician determine the extent of a young person's alcohol abuse and begin the process of treatment for both the adolescent patient and the family. In general, a lower socioeconomic status (SES) is related to a lower health status, more health problems, and a shorter life expectancy. Although causal relations between SES and health are unclear, lifestyle factors play an intermediate role. The purpose of the present study was to obtain more insight into the relation between SES, alcohol consumption, alcohol-related problems, and problem drinking. Abstinence decreased significantly by increasing educational level for both sexes. For men, excessive drinking, and notably very excessive drinking, was more prevalent in the lowest educational group. For women, no significant relation between educational level and prevalence of excessive drinking was found.

Keywords: alcohol abuse, insomnia, irritability, irrelevant talk, aggressive and assaultive behaviour

Introduction

Alcoholism is, broadly, any drinking of alcohol that results in significant mental or physical health problems. Alcoholism is not a recognized diagnostic entity. Predominant diagnostic classifications are alcohol use disorder or alcohol dependence. Excessive alcohol use can damage all organ systems, but it particularly affects the brain, heart, liver, pancreas, and immune system. Alcoholism can result in mental illness, delirium tremens, Wernicke-Korsakoff syndrome, irregular heartbeat, an impaired immune response, liver cirrhosis and increased cancer risk. Drinking during pregnancy can result in fatal alcohol spectrum disorders. Environment and genetics are two factors in the risk of development of alcoholism, with about half the risk attributed to each. Stress and associated disorders, including anxiety, are key factors in the development of alcoholism as alcohol consumption can temporarily reduce dysphoria. Someone with a parent or sibling with an alcohol use disorder is three to four times more likely to develop an alcohol use disorder themselves, but only a minority of them do. Prevention of alcoholism may be attempted by reducing the experience of stress and anxiety in individuals. It can be attempted by regulating and limiting the sale of alcohol (particularly to minors), taxing alcohol to increase its cost, and providing education and treatment. Treatment of alcoholism may take several forms. Due to medical problems that can occur during withdrawal, alcohol cessation should be controlled carefully. One common method involves the use of benzodiazepine medications, such as diazepam.

Case Report

32 years male client admitted to psychiatric ward with complaints of insomnia, intake of more amount of alcohol, irritability, irrelevant talk, aggressive and assaultive behaviour. Client was drowsy and not oriented to time, place and person.

Systemic Examination

CNS- Semiconscious and not oriented

RS- within normal limits

P/A- within normal limits

CVS- within normal limits

Investigation

Hb- 10 gm
 TLC-4500
 PLATELET COUNT-100000
 RBC-4.5 meq/l
 RFT-20 mg/dl
 PROTEIN-9.0
 ALBUMIN-SERUM-5.2
 SERUM GLOBULIN 4.5

Diagnosis

Ask you several questions related to your drinking habits: the doctor may ask for permission to speak with family members or friends. However, confidentiality laws prevent your doctor from giving out any information about you without your consent.

Perform a physical exam: Doctor may do a physical exam and ask questions about your health. There are many physical signs that indicate complications of alcohol use.

Lab tests and imaging tests: While there are no specific tests to diagnose alcohol use disorder, certain patterns of lab test abnormalities may strongly suggest it. And you may need tests to identify health problems that may be linked to your alcohol use. Damage to your organs may be seen on tests.

Complete a psychological evaluation. This evaluation includes questions about your symptoms, thoughts, feelings and behaviour patterns. You may be asked to complete a questionnaire to help answer these questions.

Treatment

Treatment for alcohol use disorder can vary, depending on your needs. Treatment may involve a brief intervention, individual or group counseling, an outpatient program, or a residential inpatient stay. Working to stop the use of alcohol to improve quality of life is the main treatment goal.

Treatment for alcohol use disorder may include

- **Detox and withdrawal:** Treatment may begin with a program of detoxification or detox - withdrawal that's medically managed - which generally takes two to seven days. You may need to take sedating medications to prevent withdrawal symptoms. Detox is usually done at an inpatient treatment center or a hospital.
- **Learning skills and establishing a treatment plan:** This usually involves alcohol treatment specialists. It may include goal setting, behavior change techniques, use of self-help manuals, counseling and follow-up care at a treatment center.
- **Psychological counselling:** Counseling and therapy for groups and individuals help you better understand your problem with alcohol and support recovery from the psychological aspects of alcohol use. You may benefit from couples or family therapy — family support can be an important part of the recovery process.
- **Oral medications:** A drug called disulfiram (Antabuse) may help prevent you from drinking, although it won't cure alcohol use disorder or remove the compulsion to drink. If you drink alcohol, the drug produces a physical reaction that may include flushing, nausea, vomiting and headaches. Naltrexone, a drug that blocks the good feelings alcohol causes, may prevent heavy drinking and reduce the urge to drink. Acamprosate may help you combat alcohol cravings once you stop drinking.

Unlike disulfiram, naltrexone and acamprosate don't make you feel sick after taking a drink.

- **Injected medication:** Vivitrol, a version of the drug naltrexone, is injected once a month by a health care professional. Although similar medication can be taken in pill form, the injectable version of the drug may be easier for people recovering from alcohol use disorder to use consistently.
- **Continuing support:** Aftercare programs and support groups help people recovering from alcohol use disorder to stop drinking, manage relapses and cope with necessary lifestyle changes. This may include medical or psychological care or attending a support group.
- **Treatment for psychological problems:** Alcohol use disorder commonly occurs along with other mental health disorders. If you have depression, anxiety or another mental health condition, you may need talk therapy (psychotherapy), medications or other treatment.
- **Medical treatment for health conditions:** Many alcohol-related health problems improve significantly once you stop drinking. But some health conditions may warrant continued treatment and follow-up.
- **Spiritual practice:** People who are involved with some type of regular spiritual practice may find it easier to maintain recovery from alcohol use disorder or other addictions. For many people, gaining greater insight into their spiritual side is a key element in recovery.

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