

## Case study

### A CASE REPORT ON ALCOHOL DEPENDENCE SYNDROME WITH CANNABIS ADDICTION

#### ABSTRACT

**BACKGROUND:** Alcohol dependence Syndrome and cannabis use disorder are every now and again co-happening or comorbid substance issues in the two young people and grown-ups.

Comorbid conditions are medical issues that show up together in one individual and cause a bigger number of troubles for that individual than they would all alone. Indications of cross-over between alcohol dependence syndrome and cannabis use disorder in people as they slowly move from pre-adulthood to adulthood. These scientists reasoned that the two substance-related issues are comorbid, albeit the closeness of their association ordinarily shifts over the long haul. **Aim:** -

The purpose of this case report is to determine the first line approach for a person with alcohol dependence syndrome with cannabis addiction who has been referred to a public mental health facility for treatment. **Objective:** To identifying symptoms of alcohol dependence syndrome with cannabis addiction early, providing treatment and preventing possible complications. **Method:** Knowledge used to write this case description was gathered from PubMed outlets, search hand, searching college and personal libraries looking for research techniques and case report texts, engaging in or writing many case reports with experience. **Result:** The patient was taken psychopharmacological treatment Anti- Anxiety drugs Lorazepam along with Tab. Benalgis, Tab. Neurobion fort and psycho social therapy, coping strategies, family therapy, yoga, cognitive behavioural therapy, medication. After those symptoms was minimized. **Conclusion:** Patients achieve positive outcomes not only through the support of their treatment management, but also through adaptation and family support. subsequently, with appropriate psychophysiological treatment, the patient gave a positive response and gradually all the planned goals were achieved. Finally, the patient was discharged and she is currently being monitored.

**KEYWORDS:** Alcohol dependence syndrome, Cannabis Use disorder, Medication, teenagers, adults

#### INTRODUCTION

Alcoholism has been known by a variety of terms, including alcohol abuse and alcohol dependence. Today, it's referred to as alcohol use disorder. It happens when you drink such a lot of that your body in the end becomes reliant upon or dependent on liquor. At the point when this occurs, alcohol turns into the main thing in your life. Individuals with alcohol use issue will keep on drinking in any event, when drinking causes adverse results, such as losing an employment or obliterating associations with individuals they love. They might realize that their alcohol use

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contrarily influences their lives, however it's generally expected insufficient to make them quit drinking.(1)

Cannabis use disorder (CUD), also known as cannabis addiction or marijuana addiction.(2) Cannabis use disorder are regularly connected with reliance—in which an individual feels withdrawal manifestations when not taking the medication. Individuals who use marijuana frequently report peevishness, mind-set and rest troubles, diminished hunger, yearnings, anxiety, as well as different types of actual uneasiness that top inside the primary week in the wake of stopping and last up to two weeks..(3) Marijuana contains more than 400 synthetics, with delta-9-tetrahydro-cannabinol (THC) the key psychoactive (mind-adjusting) substance in the medication. The potential impacts of marijuana incorporate state of mind changes, self-destructive reasoning and interruption to ordinary learning capacities. It might likewise be fit for creating reliance, psychosis and enslavement.(4)

Albeit numerous consumers don't utilize different medications, it is normal for somebody drinking alcohol to likewise smoke tobacco or marijuana. Following alcohol's 90% worldwide use, tobacco is second at 58% and cannabis comes in third at 48%. There is a known relationship with drinking alcohol and smoking cigarettes: the individuals who drink are significantly more liable to smoke and the people who smoke are substantially more prone to drink. On the off chance that somebody utilizes alcohol, they are bound to utilize weed around the same time and in the event that somebody utilizes weed, they are bound to utilize alcohol around the same time.(5)

People who have recuperated from a substance use issue are consistently at an expanded danger for backslide; notwithstanding, the danger for backslide diminishes pointedly after the individual has been abstinent for 5-7 years and kept up with dynamic interest in treatment-related exercises. Regardless, it is as yet normal to hear accounts of people who have been abstinent from alcohol or cannabis for over 10 years and afterward backslid. Hence, deep rooted interest in some type of treatment-related exercises, for example, peer support gatherings, is unequivocally suggested for people who are recuperating from any type of substance use issue.(6)

## **CASE HISTORY**

A case selected from Acharya Vinobha Bhava Rural Hospital Sawangi (Meghe), Wardha where lack of mental health services for the remote population and underprivileged population, Acharya Vinobha Bhava Rural Hospital provides mental health care services for all the needy people

## **PATIENT INFORMATION**

A 32years old male patient got admitted in psychiatric ward, Acharya Vinobha Bhava Rural Hospital with the complaints of sleep disturbance, loss of appetite, seeing death people not seen by others and hearing voices not heard by others, aggressions, irritability, habit of drinking alcohol with cannabis and tobacco daily. As per relative of patient his brother apparently

asymptomatic 18 years ago i.e. when he was 14 years of age. He started taking alcohol out of curiosity and soon take it regularly like 3-4 times a month. His consumption soon increased from occasionally to daily basic needs and quantity also increased. 2 years before marriage (2015), his doses of alcohol increased and needed as a eye opener. Since 1 months back, my patient experienced decrease sleep, decrease appetite, low mood, he also started hallucinating a things like death body in the mirror when he is in intoxicated state and also heard a voice of ghungroo which in not seen or heard by others. He started seeing his cousin sister who died 2 month back in mirror and he also started to seeing his neighbour who had died 2yrs ago due to suicide after that he started to run away from that place . He also started to suspect that his neighbour had did some black magic on him. Because she started to like him but he does not like her so she is taking revenge on him. All necessary investigation like history collection, physical examination mental status examination blood investigation like CBC report shows red blood cells count 4.1millions, total white blood cells 3.4 million haemoglobin level 12.3gm% was done and Doctor Diagnose here as a Schizophrenia. She was admitted in ward for further evaluation and treatment.

**Precipitating factors:** peer pressure and out of curiosity

**Predisposing factor:** He has a genetic predisposition . His father and maternal uncle is having a history of consuming alcohol.

**Perpetuating factors:** The patient has poor compliance to medication

### **PAST PSYCHIATRIC HISTORY**

Patient seek medical help from 2011 he got admitted in deaddiction for his habit of drinking and cannabis, but after 1 month he left deaddiction centre without completing his treatment no document were found of that admission. After that he got admitted in Maruti deaddiction centre in Nagpur in 2017, but also from their he left without completing his treatment after 1 and half month no document were found of that admission. After that he got admitted in Achrya Vinoba Bhave Rural Hospital at 6/07/202 and was started with inj thiamine 100mg OD inj neurobion fort OD tab. Benfomet plus, but also left the hospital without completing his treatment.

### **DIAGNOSTIC ASSESSMENT**

**Physical Examination:** In physical examination in abdomen he is having mild splenomegaly and also 1<sup>st</sup> grade fatty liver and also tremors present in his hand, Scar on the left hand's palm other than that no any abnormality is find out.

**Mental status examination:** Mental status examination was done and finding of Patient was facial expression was anxious and sad, mannerism present, eye to eye contact was initiated but not maintained, Speech reaction time was normal, mood and affect are impaired. From of thought was normal, stream of thought was also normal, delusion of persecutory is present. Disorder of perception in this 2<sup>nd</sup> person auditory and visual hallucination is present, she was

well oriented of time, place and person. Memory, abstract, intelligence, judgement are intact. Insight was Insight II. (Intellectual insight).

#### **DATA EXTRACTION**

Data extracted from PUB MED, Medline, and Cochrane database library.

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#### **PSYCHO PHARMACOLOGIC INTERVENTIONS**

The patient is on following treatment regimen which is antipsychotics are prescribed from the date of admission Anti- Anxiety drugs tab Lorazepam along with Tab. Benalgis, and Tab. Neurobion fort.

##### **Tab. Lorazepam**

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This medication is used to treat anxiety. Lorazepam belongs to a class of drugs known as benzodiazepines which act on the brain and nerves (central nervous system) to produce a calming effect. This drug works by enhancing the effects of a certain natural chemical in the body (GABA).(7)

##### **Tab. Benalgis**

Benalgis Tablet helps treat low levels of thiamine in the body and its associated conditions such as heart and nerve-related disorders.(8)

##### **Tab. Neurobion fort**

Neurobion Forte is a vitamin product that contains a mixture of different B vitamins. It's available as an oral tablet. The Neurobion Forte tablet strengthens your immune system while also increasing your energy levels.(9)

#### **SCIENTIFIC DISCUSSION AND STRENGTH AND ASSOCIATED LIMITATIONS REGARDING THE CASE REPORT.**

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**Comment [b7]:** State the limitations of your study and what steps have been taken to validate your study.

This is a pure case of a with alcohol dependence syndrome with cannabis addiction. The 32-year-old male admitted in an Acharya Vinobha Bhava Rural hospital with the typical symptoms of

sleep disturbance, loss of appetite, seeing death people not seen by others and hearing voices not heard by others, aggressions, irritability, habit of drinking alcohol with cannabis and tobacco daily. The plan of care completely based on interventions were includes a various management that were pharmacological management, medical management, nursing management as well as the therapeutic management. Since from the first day of hospitalization, plan of action was planned with rationale; and according to the planning the implementation also done with positive outcomes. Patient achieved positive outcomes not only through the support of their treatment management, but also through adaptation and family support. With appropriate psychosocial treatment, the patient's response was positive and gradually all goals were meet. The client was finally discharged after month, she continues the follow up treatment.

### **PROGNOSIS**

The prognosis is the first and foremost dependent on early and successful treatment of alcohol dependence syndrome with cannabis addiction. As well as the prognosis also depend upon the severity of the disease condition but also the socioeconomic background of the family and meanwhile family coping. Treatment regimen, later on the patient given a positive outcome and finally she discharged from the hospital while staying in hospital near about 1 month. During the hospitalization of a patient, as family were not able to afford the cost of treatment regimen, family approached for the fund and Rajiv Gandhi Yojana; from these sources the family got little bit of help.

### **DISCUSSION**

Alcohol and cannabis abuse are identified with impeded perception. This review assessed the neuropsychological exhibition of members with alcohol reliance and weed reliance with co-happening liquor use (MJ + ALC). Critical gathering contrasts were distinguished between the two gatherings where the members with marijuana reliance with co-happening alcohol use have shown intellectual decrements in the areas of visuospatial capacity, handling speed, working memory, verbal learning and memory, and language abilities.(10)

In the review distributed in Drug and Alcohol Dependence, specialists utilized data given by 816 grown-up people to perceive how regularly substance clients have comorbid instances of alcohol

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use issue and cannabis use problem. The specialists searched for a cross-over at three focuses on schedule: youth/pre-adulthood, youthful adulthood and resulting long stretches of adulthood. Subsequent to exploring the past and flow accounts of the review members, the scientists reasoned that alcohol use problem and cannabis use issue show up together in a critical number of cases in youth/youthfulness, youthful adulthood and later long stretches of adulthood. They likewise presumed that three important arrangements of occasions can happen among alcohol and cannabis buyers who create comorbid issues: alcohol use problem in youth/immaturity followed by the expansion of cannabis use issue in early adulthood, cannabis use issue in adolescence/puberty followed by the expansion of alcohol use issue in early adulthood and cannabis use issue in adolescence/youthfulness followed by the expansion of liquor use issue in later phases of adulthood. The review's creators note that similar connections and examples related with comorbid alcohol use issue and cannabis use issue in men additionally to a great extent happen in ladies, albeit some sexual orientation based contrast happens. They additionally note that the associated examples of alcohol and cannabis issues found in youth/puberty show up again in later adulthood yet in a more fragile structure.(11)

#### **COMPETING INTERESTS DISCLAIMER:**

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

**Comment [b9]:** Please explain about the necessary consent and permits.

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