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CLINICAL AND SOCIAL CHARACTERISTICS OF WOMEN REGISTERED ON A DISPENSARY AS DRUG ADDICTION

The article reveals some clinical and social characteristics of women registered on a drug-abuse dispensary with mental and behavioral disorders due to use of drugs. The present study points to their influence on structural dynamic characteristics of social adaptation of patients. There are some comprehensive measures of medical and rehabilitative activities directed at outpatient drug treatment. **Keywords:** drug dependence, women, to be registered on a dispensary, clinical and social description.

In order to receive narcological help women in contrast to men face significant obstacles of social, cultural and personal character. Women do not gain empathy and understanding within the community and near relations.

As noted in the publication commissioned by the section on global issues for the United Nations on Drugs and Crime, women are believed to be a distinct minority among patients of drug treatment facilities. It is yet little known about the true extent of drug addiction among women in particular and their vital needs for medical help [1]. Studies show that women resorting to intravenous drug use, to a greater extent than men, are at a risk of HIV infection [2, 3], and women mortality rate is also higher. With people injecting drugs intravenously, infection with hepatitis C is very high [4, 5, 6].

Public health services give the major bulk of outpatient treatment for women suffering from developed drug dependence [7]. Identification of clinical and socio-demographic characteristics of dynamic registered patients suffering from mental and behavioral disorders as a result of drug use can contribute to the development of appropriate differentiated and successful remedial rehabilitation measures in outpatient drug treatment.

The aim of the study is to bring out some clinical and social demographic characteristics of women with narcotic dependence registered on the dispensaries.

Material and methods. We carried out a retrospective study based on the analysis of "forma 025 u Outpatient medical card". It included all women on a dynamic registration in "Municipal narcological center for medical and social correction" in January 2014. The study included patients with a verified diagnosis of mental and behavioral disorders as a result of use of narcotic substances. The study excluded patients with mental and behavioral disorders due to the use of alcohol, sedatives, hypnotic substances and other non-narcotic psychoactive substances. The study employed clinical and clinical-social research methods.

Results of the study. On 01.01.2014 the dynamic registration book in "Municipal narcological center for medical and social correction" consisted of 141 women, residents of one of Almaty districts with a diagnosis of mental and behavioral disorders as a result of drug use. During the first half of 2014 fifty seven patients were struck off the register. Twelve patients were struck off the register in connection with the proof remission equated to recovery. Eleven patients left outside the district, seven patients were imprisoned. Eighteen patients were removed from the register for the lack of information, nine patients died.

Thus further analysis is based on 84 medical forms relating to women on outpatient treatment, residents of one of Almaty districts. They are on a dispensary register in 01.07.2014 with the diagnosis of mental and behavioral disorders due to narcotic substances.

Table1- Distribution of the patients according to the diagnosis of mental and behavioral disorders as a result of drug abuse

Code of diagnosis according to ICD-10	Absolute number	%
F11 - mental and behavioral disorders as a	60	71.43
result of opioid use		
F12- mental and behavioral disorders due	1	1.19
to the use of cannabinoids		
F19 - mental and behavioral disorders as a	23	27.38
result of other psychoactive substances		
combined with narcotics		
Total	84	100

As shown in Table 1, almost every seven women out of ten on the register, are dependent on Opioids, they are injecting drug users, in particular heroin. Another large group of women with mental and behavioral disorders as a result of combined use of drugs and other psychoactive substances represent 27.38% of injecting drug users. Tobacco addiction is diagnosed in all patients of the study group.

Table 2-Socio-demographic characteristics of the patients

-demographic characteristics of the patient	15		
Socio-demographic characteristics of	Absolute number	%	
patients (age, nationality, level of			
education, sphere of professional			
activity, marital status, children,			
criminal liability)			
Distribution of patients by age (in years)			
21-30	8	9.53	
31-40	49	58.33	
41-50	20	23.81	
51-60	7	8.33	
Distribution of patients by nationality			
Kazakh	5	5.95	

Russian	77	91.67
Uighur	2	2.38
Distribution of p	atients by level of education	
incomplete secondary school	14	16.67
education		
complete secondary school education	38	45.24
vocational education	24	28.57
unfinished higher education	5	5.95
Higher education	3	3.57
Sphere of	f professional activity	
Brainwork	0	0
Manual labor	3	3.57
Do not work	80	95.24
Invalid	1	1.19
Distribution of	f patients by marital status	
Married	18	21.43
Single	22	26.19
Divorced	36	42.86
Civil marriage	5	5.95
Widow	3	3.57
The presence	e of children in the family	
Yes	51	60.71
No	33	39.29
Cr	iminal liability	
Not put-on trial	27	32.14
Once put on trial	46	54.76
Repeatedly put on trial	11	13.10

Absolute majority of the study group are women of working age between 21and 50 which makes up 77 patients (91.67%). And seven women were aged over 51 amounting to 8.33%. According to ethnic composition the group under analysis is represented by three nationalities. Majority of them are representatives of Russian nationality amounting to 77 women (91.67%). Kazakh women were 5(5.95%), and 2 patients were representatives of Uighur nationality (2.38%).

Data on educational attainment show that 52 women (61.90%) have incomplete/complete secondary school education, 24 women completed vocational education (28.57). Higher incomplete/higher education received 8 patients (9.53%). 80 patients do not work, three individuals are busy with manual work and one patient is an invalid of physical illness.

Family status is as follows: 36 patients are divorced (42.86%), 23 (27.38%) patients are married (official/civil). 22 patients are not married (26.19%). More than half of the women have children (60.71%). It should be noted that all women live with families – parent family, partner or children.

57 women out of 84 were prosecuted (67.86%), 46 of them once (54.76%) and 11 patients repeatedly (13.10%). By the nature of offences, crimes against public health and morality prevailed: illegal production, purchase, storage, sale of drugs, as well as crimes against property: theft, robbery. 27 women were not prosecuted (31.4%)

Table 3 - Clinical characteristics of patients

nical characteristics of patients		
Hereditary burden, age at which the	Absolute number	%
patient first used psychoactive substances,		
duration of illness, treatment in hospital,		
presence of psychoses in anamnesis,		
comorbid pathology		
	Hereditary burden	-
Affective disorders	1	1.19
Mental and behavioral disorders due to use of alcohol	4	4.76
Mental and behavioral disorders due to use of drugs	1	1.19
No information	78	92.86
Age at which the pa	atient first used psychoactive substan	ices
14-17	12	14.29
18-20	26	30.95
1	2	3
21-30	30	35.71
31-40	14	16.67
41-50	2	2.38
	Duration of illness	
Up to 1 year	4	4.76
1-3 years	9	10.71
3-6 years	19	22.62
More than 6 years	52	61.91
	Treatment in hospital	
Until one time	49	58.33
Hospitalized 1-3 times	30	35.73
Hospitalized 4 times or more	5	5.94
	ce of psychoses in anamnesis	
Yes	3	3.57

No	81	96.43	
Comorbid somatoneurological pathology			
HIV AIDS	28	33.33	
Viral Hepatitis C	27	32.15	
Viral Hepatitis B	5	5.95	
CDC (myocardial infarction)	1	1.19	
Encephalopathy	1	1.19	
Syphilis	1	1.19	
Chlamydia	2	2.38	
Tuberculosis	1	1.19	
Without comorbid pathology	18	21.43	

There is no data on family history with 80 patients. 5 patients first-degree relatives suffered from mental and behavioral disorders as a result of psychoactive substance use, one patient is heredity burdened with affective psychosis.

Most women first used narcotic drugs in the adolescent age of 14-20. They are 38 (44.18%). 14 women first used narcotic drugs at the age of 31-40 (16.3%), and in individual cases women under study began substance use at the age of over 40. Regular consumption of narcotic substances lasting for more than 6 years is marked by 62.79% of patients.

The main treatment received by the patients was implemented on an outpatient basis. 50 women received inpatient treatment for the first time (58.1%), 30 women received hospital treatment again. Psychosis is rarely observed, in two cases it happened as a result of combined consumption of drugs and alcohol, and another case was connected with the consumption of cannabis. HIV is the most common comorbid pathology with the studied group, 28 patients (32.6%).Viral hepatitis B and C were diagnosed in 32 patients (37.2%). Cardiovascular disease was observed in 2 patients, somatoneurological cases were few in number. 18 patients do not have comorbid pathology (21.43%).

Discussion and conclusions. The present study of clinical and social characteristics of women who are at a dispensary for mental and behavioral disorders due to drug use suggest that the vast majority of patients are of working age, they have incomplete secondary or high school education, their experience of regular consumption of narcotic substances lasts for more than six years. More than half of the studied group of women was prosecuted. The most common comorbid pathology in women with mental and behavioral disorders as a result of narcotic substance use are HIV and hepatitis C.

Identification of clinical and social characteristics of patients on the dispensary for mental and behavioral disorders due to drug use, affect the structural and dynamic characteristics of social adaptation of people and determine directions of treatment and rehabilitation measures in terms of outpatient drug treatment. Given that most women first gained access to the use of narcotic substances in adolescent age, it is important to focus efforts on prevention of these disorders in order to create adequate and visual representation of harmful effects of drug use. Due to the fact that the vast majority of female patients have incomplete secondary school education and secondary school education, psychosocial rehabilitation vector should focus on educational and training programs. In addition, female patients need maintaining support psychological therapy, normalization of relations and family-style social skills training. They need employment assistance, formation and maintenance of healthy relationships in order to maintain the circle of people with whom they have relationships to support the needs of women in communicating with other people.

There should be a comprehensive assessment covering issues such especially important for women as relationship between people, pregnancy, mental health problems including suicidal behavior.

Due to the fact that women with drug dependence are often in conflict with the law, it is important to keep a constant and close cooperation of narcological dispensaries with law enforcement authorities. It is significant raising legal awareness of patients in terms of the tasks of prevention, social support, and involvement in the therapeutic community. Comorbid pathology is known to increase the weight for asthenic, affective and behavioral disorders underlying the disease [8]. The prevalence of injecting drug users with HIV comorbid pathology, viral hepatitis B and C, makes relevant employing intensive medical and psychotherapeutic correction in therapy of these patients [9-10].

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ЕСІРТКІ ЗАТТАРДЫ ҚОЛДАНУ САЛДАРЫНАН ПСИХИКАЛЫҚ ЖӘНЕ МІНЕЗ -ҚҰЛЫҚТЫҚ БҰЗЫЛЫСТАРЫМЕН ДИСПАНСЕРЛІК ЕСЕПТЕ ТҰРАТЫН ӘЙЕЛДЕРДІҢ КЕЙБІР КЛИНИКАЛЫҚ ЖӘНЕ ӘЛЕУМЕТТІК СИПАТТАМАЛАРЫ

Түйін: Мақалада наркотикалық тәуелділіктің салдарынан психикалық және мінез -құлықтық бұзылыстарымен диспансерлік есепте тұратын әйелдердің кейбір клиникалық және әлеуметтік сипаттамалары анықталған. Олардың әлеуметтік адаптацияның құрылымдық динамикалық сипаттамасына науқастардың клиникалық және әлеуметтік ерекшеліктерінің әсері анықталған. Амбулаторлық наркологиялық көмек жағдайында емдеу және қалыпқа келтірудің түрлі шаралары көрсетілген. **Түйінді сөздер:** наркотикалық тәуелділік, диспансерлік есеп, әйелдер, клиникалық-әлеуметтік сипаттамалары.

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Резюме: В работе выявлены некоторые клинико-социальные характеристики женщин, состоящих на диспансерном учете по поводу психических и поведенческих расстройств, связанных с наркотической зависимостью. Отмечено влияние клинических и социальных особенностей больных на структурно-динамические характеристики их социальной адаптации. Указаны разнообразные меры лечебно-реабилитационного характера в условиях амбулаторной наркологической помощи. Ключевые слова: наркотическая зависимость, диспансерный учет, женщины, клинико-социальные особенности.