

Alcohol Dependence Syndrome and Psychiatric Comorbidities in Patients with Acute Symptomatic Seizures

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Introduction. People with alcohol use disorder are more likely than the general population to have comorbid psychiatric disorders that include anxiety, depression (Pirkolaet et al., 2005; Boschloo et al., 2011). Studies in the general population show that persons with anxiety or depressive disorders have a 2- to 3-fold increased risk of alcohol use disorders (L. Burns & M. Teesson, 2002; de Graaf et al., 2003). Alcohol-related seizures develop in circumstances of chronic alcohol dependence (Rathlevet et al., 2006). Our previous study shows that 75 % of patients who are admitted to hospital due to alcohol-related seizures have depression according to Hamilton depression scale (Suna et al., 2018).

Aim, Materials and Methods. The aim of the study was to analyse the reported frequency of alcohol dependence syndrome and psychiatric comorbidities (organic personality disorders, schizophrenia, psychogenic nonepileptic seizures, somatoform disorder and depression) among patients with acute symptomatic seizures.

A retrospective study design was used. Information was obtained from medical records of patients with acute symptomatic seizures who were treated at the Department of Neurology of Riga East Clinical University Hospital "Gaiļezers" from January 2006 to July 2014. The data were analysed using SPSS software version 22.0.

Results. Medical records of 545 patients with acute symptomatic seizures were included in the study. Of all the patients, 21.4 % (n = 111) were women and 79.6 % (n = 434) were men. Average age was 47.50 (SD 14.39). 96.3 % (n = 525) of all patients were admitted with alcohol-related seizures, in 3.7 % (n = 20) seizures were provoked by other factors (narcotic substance abuse, acute neuroinfection, stroke or metabolic disorders, hyperthermia). Only patients with alcohol-related seizures were included in further analysis. Among these patients, 27.3 % (n = 143/525) were either employed or studying, but 72.7 % (n = 382) were not permanent employees (46.3 % (n = 243/525) were unemployed, and 16.6 % (n = 87) were pensioners, 8.4 % (n = 44) had disability status).

The following alcohol-related comorbidities were found: hepatitis - 39.6 % (n = 208), hepatomegaly - 18.3 % (n = 96), chronic pancreatitis - 15.0 % (n = 79), pancreas lipomatosis - 4.8 % (n = 25), toxic or metabolic encephalopathy - 44.4 % (n = 233). The following psychiatric comorbidities were found: organic personality disorder - 11.6 % (n = 61), schizophrenia - 0.6 % (n = 3), somatoform disorder - 0.4 % (n = 2). The syndrome of alcohol dependence was diagnosed in only 7.6 % (n = 40/525) of patients with alcohol-related seizures. Only ten patients were advised to consult with narcologist. None of the patients were diagnosed with depression. Psychogenic nonepileptic seizures were found in 0.6 % (n = 3) of patients.

Conclusions. In patients with acute symptomatic seizures, the most common provoking factor was alcohol abuse. The most frequent alcohol-related comorbidities were toxic / metabolic encephalopathy, and the most common psychiatric comorbidity was organic personality disorder. Contrary to our expectations, depression was not diagnosed in any patient and alcohol dependence syndrome was severely under-reported.