

CHAPTER II

REVIEW OF RELATED LITERATURES

The prevalence of alcohol use disorders, abuse and dependence or alcoholism in the western countries are varied in many studies from 8-36% depend on the target population, the diagnostic criteria and technique (Mc Lelian, 1980; Allen et al, 1988; Ariff and Westermeyer, 1988; Weissman, 1978). The diagnosis of alcohol use disorders has an uncertain border between social drinking and alcohol addiction and some survey instruments lack precision. Many instruments have been developed and the most known are the MAST (Michigan Alcoholism Screening Test), BMAST (Brief Michigan Alcoholism Screening Test) and CAGE (Selzer, 1971; Selzer, Vinokur, Van Rooijin, 1975; Ewing, 1984; Umbricht Schneiter et al, 1991; Bush et al, 1987; Chick, 1980; Criteria Committee, 1976; Clottler and Keating, 1990; Morse and Hurt, 1979; Babar et al, 1990; Woodruff et al, 1976). However, the definitions for alcoholism or addiction used in all of these instruments were not up to date to present diagnostic criteria of alcohol use disorders. Rounsaville et al, 1987 proposed criteria for diagnosis of psychoactive substance use disorders in the revision of DSM-3 (Diagnostic and Statistical Manual of Mental Disorders, third edition) as DSM-3 R and compared them with DSM-3 criteria in a treated group of 83 patients. They found a high level of

agreement between the diagnostic systems in rates of diagnosis and in the individuals receiving the diagnosis into abuse and dependence, so DSM-3 R is now used as a diagnostic criteria. Hasin et al, 1990 has developed an instrument by using 26 questions that represented items included in the DSM-3 R criteria. They can detect alcohol abuse validly differentiated from alcohol dependence.

There are papers studied about alcohol use and epidemiological assessments of alcohol dependence indicate that the demographic variables associated with alcohol use are gender (male more than female), age (adult is most common) and other psychosocial factors (Arif and Westermeyer, 1988; Goodwin, 1986; Bulletin WHO, 1981; Meyer, 1986). Some reported etiologic factors are listed below.

Host factors: Goodwin, 1986 and others, Goldstein and Linden, 1969; Hesselbrock et al, 1985; Jones, 1968; Weissman and Myers, 1980 found that genetics, neurotransmitters and enzymes, psychological factors such as personality profile and underlying psychiatric or emotional problems may play major roles.

Agent factors: availability, cost, law and regulations involved much. Environmental factors: culture, family influence, peers and secondary reinforcers (learning condition) influence on drug consumptions (Ariff and Westermeyer, 1988; Bulletin WHO, 1981; World Health Forum, 1990; Mayer, 1986).

About consequences and related problems:

In general, excessive use of alcohol is associated with : increase risk of high blood pressure, weight increase, accidents, stroke, cirrhosis of liver, brain, pancrease and heart damage, various types of cancers and psychosocial problems.

Many studies have examined about these topics and found that alcohol drinking were associated with health problems; medical, physical and psychosocial, familial problems, legal, criminal and violence and accidents (Mc Lelian et al, 1980; Arif and Westermeyer, 1988; Edward and Gross, 1976; Larson, 1991; Nathan and Titler, 1970; Meyer, 1986; Stanley et al, 1990).

In Thailand, there are not many epidemiological assessment studies on alcohol use. Just a few studies have been conducted.

Vajarajote P et al, 1985 conducted a survey of admitted alcoholics in 6 government hospitals in Bangkok. They found that among these patients had male: female ratio 30:1, an average age of 40 years, low education, low socioeconomic status and married. Most of them had familial history of alcohol drinking, familial problems and a statistically significant relationship between alcohol consumption and strength of personality.

Kriangsakpichit A, 1984 conducted a survey of alcoholism and psychiatric syndrome in 215 polices in Petchburi found that the polices that lost their efficiency are 79.07% among these members were chronic alcoholism 60%, psychiatric disorders 68.84%.

Tanchaiswad W, 1988 studied the diagnostic screening test for detecting alcoholism : MAST by testing with male patients at out patient clinic of Songklanakarin Hospital compared to clinical interview by psychiatrist and found that sensitivity and specificity of the test are 93.94 and 79.13%.

Otrakul A et al, 1988 identified alcoholism among 150 BMA bus drivers by using MAST and detected a 32% prevalence of alcoholism but there was no statistical significant differences in demographic variables among the alcoholic and non alcoholic.

Vasoontara S, 1988 studied general psychiatric disorders in patients of the Police General Hospital between 1985-86 and demonstrated of 250 patients who needs psychiatric consultations, 30% had drug abuse problems, 20.8% had suicidal attempts and 16.8% were chronic alcoholism.

Kriangsakpichit A et al, 1988 studied alcoholism, drug used, misconduct and their adverse effect in the police officers found that among 1, 659 police trainers 44.66% were alcohol and other substance addiction and also found that there were statistical significant difference between behavior of those who were alcohol or substance addiction and non addiction.

In 1990, Tanchaiswad W studied prevalence of alcoholism in 300 out patients, male, over 20 years of age by using MAST and clinical interview found the prevalence of alcoholism were 25 and 19%. however all of these studies were conducted in hospital settings or in special groups of population. There is no studies concerning the prevalence and epidemiological data of alcohol use disorders in the community.