

THE COURSE OF THE DISEASE DURING THE COVID-19 PANDEMIC IN PATIENTS WITH ALCOHOLISM

Turaev Bobur Temirpulotovich

Assistant of the Department of Psychiatry, Medical Psychology and Narcology of Samarkand State Medical University

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Abstract. *The COVID-19 pandemic provides preliminary data on the impact of anxiety, depression, sleep disturbances, alcohol use and mental health. In a pandemic, alcohol consumption can be used to overcome the difficulties caused by associated abnormal conditions. Comorbidity between alcohol use and mood or anxiety has been attributed to self-medication. Comorbidity between alcohol use and mood or anxiety has been attributed to self-medication. Study verification method: Alcohol Use Disorders Identification Test, (AUDIT). Conclusion: the main reason for the increase in alcohol consumption by alcoholics is the presence of young children in the family, the need to stay at home and work at home, loss of income.*

Keywords: *COVID-19 pandemic, alcohol abuse, anxiety and depression.*

ТЕЧЕНИЕ ЗАБОЛЕВАНИЯ ВО ВРЕМЯ ПАНДЕМИИ COVID-19 У БОЛЬНЫХ АЛКОГОЛИЗМОМ

Аннотация. *Пандемия COVID-19 предоставляет предварительные данные о влиянии тревоги, депрессии, нарушений сна, употребления алкоголя и психического здоровья. В условиях пандемии потребление алкоголя может быть использовано для преодоления трудностей, вызванных сопутствующими аномальными состояниями. Коморбидность между употреблением алкоголя и настроением или тревогой объясняется самолечением. Коморбидность между употреблением алкоголя и настроением или тревогой объясняется самолечением. Метод проверки исследования: тест на выявление расстройств, связанных с употреблением алкоголя (AUDIT). Вывод: основной причиной увеличения потребления алкоголя алкоголиками является наличие в семье малолетних детей, необходимость сидеть дома и работать на дому, потеря дохода.*

Ключевые слова: *пандемия COVID-19, злоупотребление алкоголем, тревога и депрессия.*

INTRODUCTION

Since COVID-19 was paid for as a global pandemic, governments around the world have imposed restrictions on people's mobility to prevent the spread of the disease [1, 5]. These restrictions include laws or regulations for staying at home, known as quarantine. On July 15, 2020, due to the pandemic in Uzbekistan, Uzbekistan for the first time decided to lift the enhanced quarantine on March 24.[4] In addition to reducing the prevalence of COVID-19, social stigmatization measures also had unintended consequences in society. The COVID-19 pandemic has led to a number of restrictive measures against individuals, including quarantine, social distance and voluntary isolation [2, 18, 21]. Staying at home during the COVID-19 pandemic can have a serious impact on the mental health and behavior of the population associated with the use of psychoactive substances. Preliminary studies of the effects of the COVID-19 pandemic and alcohol restriction have shown that changes in alcohol abuse occurred during the pandemic, but did not lead to an overall increase in consumption [3, 20]. Natural or

environmental disasters are often associated with mental and behavioral disorders, such as depression, anxiety and substance use [10, 13]. Recent literature, especially among young people, has reported that anxiety, depression, sleep disorders, alcohol consumption and mental well-being are below normal [8, 9]. Changes in physiological stress increase the risk of alcohol consumption [7, 12, 17]. The literature on the use of psychoactive substances emphasizes the importance of controlling alcohol consumption during quarantine and notes two possible theories: increased consumption due to stress or a decrease due to low substance consumption [14, 15, 19].

Extensive quarantine-related conditions or mental health vulnerabilities can affect changes in alcohol consumption, especially since abnormal conditions associated with a pandemic can lead to alcohol consumption helping to overcome difficulties. Indeed, comorbidity between alcohol consumption and mood or anxiety is often found [6, 11, 16]. In a pandemic, the entire population may be affected in different ways, depending on living conditions and psychological state. The COVID-19 pandemic is affected by various stress factors (e.g. exposure to infection), psychosocial effects (e.g. depression, anxiety, drug use), as well as physical or psychological factors. Therefore, this study focused on identifying significant changes in alcohol consumption, especially in frequency, quantity and consumption during quarantine.

Purpose of the study: To study the problems associated with alcohol consumption in patients with alcoholism during the COVID-19 pandemic.

MATERIALS AND METHODS

The study was conducted on the basis of the Samarkand regional Narcological dispensary and the Samarkand city Multidisciplinary polyclinic based on a survey of 140 participants. The subjects were studied in two groups. In the Samarkand Regional Narcological Dispensary (ICD-10), 80 patients were selected who were and are being treated for alcoholism F10.2 stage 2. The control group was selected from the anamnesis of 60 people who consumed (epizootically) alcoholic beverages during holidays and weddings. The average age of participants aged 24 to 52 years was 33.67 ± 5.35 years. Research methods include socio-demographic (marital status), professional status during quarantine (work at home, permanent work and unemployed), as well as loss of financial income. The frequency and quantity of alcohol consumption were assessed using an adapted version of the test for the detection of alcohol use disorders (AUDIT), with scores from 1 (never) to 5 (daily) for frequency; quantity (minimum = 1; maximum = 5). The Hamilton Depression Scale was tested using HDRS-17 to detect depressive disorder.

Participants were asked if they consumed alcohol alone during quarantine, with a partner, online friends, or with friends on the street, and also because they had more time to spend almost time with friends due to boredom, due to stress, or for recreation and other surveys.

RESULTS

In the main group of respondents there were 20% with higher education or 60% with secondary specialized education, 20% with secondary education. In the control group, 70% have higher education, 20% have specialized secondary education, and 10% have secondary education. When examining the professional situation (work at home and unemployment) during quarantine, the following indicators were observed in the groups. In the main group, 20% of the subjects were forced to work from home. 20% of the usual work schedule remained unchanged (these are those who are engaged in agriculture and animal husbandry). 60% of patients reported that they were separated from work or source of income. During the examination of the control

group, the following changes were revealed. 40% are forced to work from home, 30% work full-time, and 30% have no job or source of income. 10% of the main group of subjects were not married during their lifetime, 20% were divorced or did not live together, 70% were married. In the control group, 10% were unmarried, 5% were divorced and 85% were married. In the main group, the amount of alcohol consumed did not change in 30%, but the frequency changed, in 60% the amount and frequency of alcohol consumed increased in parallel, in 10% decreased (due to financial difficulties). According to the frequency of alcohol consumption in the main group, 20% once a week, 30% at least 2-4 times a week, 40% almost every day, 30% every day. When studying the method of consumption, 10% consumed alcohol with their partner, 60% alone and 30% with friends in nature (in violation of quarantine rules).

In the control group, 50% of the drinking volume did not change, but the frequency changed, increased by 30%, decreased by 20%. According to the frequency of alcohol consumption, 30% have never consumed alcohol, 30% have consumed alcohol once a week, 40% have consumed alcohol 2-4 times a week. Those who consumed alcohol consumed 20% with their partner, 30% with friends online, 40% alone and 10% with friends on the street when the method of consumption was studied.

In the main group, 50% of those who believed that alcohol consumption increased during quarantine explained this by drinking alcohol to relax, 40% drank more than before, and 10% — to spend time with friends. Because 50% of the control group had more time than before, 30% were bored, and 20% were worried about the pandemic. Those who believed that people working at home during quarantine caused an increase in alcohol consumption were 80% in the main group and 60% in the control group.

It was found that during the COVID-19 pandemic, the presence of children under the age of 18 at home increases alcohol consumption by 60% and 50%, respectively, in both groups.

The loss of income due to the pandemic affected both groups differently. The loss of a source of income in the main group of researchers led to increased anxiety and depression, which resulted in an increase in alcohol consumption (due to borrowing). The loss of a source of income in the control group was named as the main reason for the decrease in alcohol consumption.

The prevalence of depression in the preoperative period before the Covid-19 pandemic in the main group of patients was 20% for mild depressive disorder, 35% for moderate depression, 30% for severe depression and 15% for severe depressive disorder.

DISCUSSION

These patients were observed in 100% of patients with severe and very severe depression during the period of enhanced quarantine. The main causes of depressive disorders are separation from a source of income, inability to be near friends, having small children at home and lack of open restaurants. 40% of these patients went to a narcologist, and the remaining 60% tried to overcome depression by drinking alcohol. Tolerance to alcohol, antidepressants and psychotherapy did not increase among those who turned to a narcologist, remission developed, depressive disorders decreased. Tolerance, alcohol consumption time, severe depressive disorders were observed in patients who did not seek drug treatment. In the control group, depressive disorders in the pre-pandemic period were 15%. The remaining subjects showed no symptoms of depressive disorder. During the period of enhanced quarantine, mild depressive disorder was detected in 80% of the subjects, moderate depressive disorder - in 20%.

The main causes of these depressive disorders are separation from the source of income, remote work, spending most of the time at home and various restrictions. In these reviews, Sall reported that when consulting through the centers (does alcohol consumption prevent coronavirus infection?) depressive disorders decreased, but the desire to drink alcohol remained. Tolerance did not increase among those who consumed drinks without contacting the Sales Centers, but the time of alcohol intake increased.

CONCLUSIONS

Thus, the socio-economic problems and changes observed during the COVID-19 pandemic had a significant impact on the level of alcohol consumption. The main reason for the increase in alcohol consumption in the main group of subjects, i.e. patients with alcoholism, was the presence of young children in the family, the need to stay at home and work at home, rest, loss of income. Alcohol consumption also increased significantly in the control group. The main reasons for this are changes in the work schedule, i.e. work at home, having children under 18, as well as boredom, increased anxiety during the pandemic.

Patients with alcoholism in the pre-pandemic period had depressive disorders, which worsened during the period of enhanced quarantine. As a result, most patients were forced to increase their alcohol consumption, which led to a high level of tolerance. Mild and moderate depression was observed during the period of enhanced quarantine in people who consumed alcohol epizootically. They had alcohol consumption, but tolerance did not increase.

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