

### PATTERNS OF ALCOHOL USE AND SOCIODEMOGRAPHIC VARIABLES IN GENERAL POPULATION

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Presently the population based studies are considered the best method to establish the patterns of use of alcoholic drink and their determining factors.

The study of these patterns of use and associated factors is necessary in order to start planify in the community a program of prevention and control of the alcohol related disorders.

**Objective-** To establish an approximation to the prevalence of alcoholism in the general population of La Rioja (Spain). To analyze which sectors of the population show the highest intake of alcohol, and to relate the intake of alcohol with other sociodemographic variables.

**Material and method-** A survey of alcohol use habits was done taking into consideration the use of alcohol in working days, in week-ends (friday, saturday, sunday), and average daily use.

**Design-** Transversal nominative, with stratified representative aleatory sampling regarding age, sex and habitat. Population studied: The autonomy of La Rioja (Spain). Subjects analyzed: 793, reliability of the sample 95%, error 0.03%.

**Results-** 60% of the population regularly uses alcohol, 75% of the men and 43% of the women. 8.8% of the men and 0.8% of the women drink more than 100 cc of alcohol/24 h. The period of life in which the highest concentration of excessive drinkers concentrate is 45–65 y.o.

**Conclusions-** The variables highly related with excessive intake of alcohol are: male sex, rural milieu, and age between 45 and 65.

### A CASE OF SYSTEMIC LUPUS ERYTHEMATOSUS PRESENTING WITH PSYCHIATRIC SYMPTOMS

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**Introduction:** Systemic Lupus Erythematosus (SLE) is a progressive autoimmune connective tissue disease that involves many organs and systems. The etiology of SLE still remains unclear. The involvement of Central Nervous System is a common and most important complication of SLE. Neuro-psychiatric (NP) symptoms occur between 13% and 75%. The patients having SLE and presenting with psychiatric symptoms are very rare and diagnosing such cases is difficult. In this report, a case with SLE presenting with symptoms of Bipolar II Disorder was presented.

**Case report:** MU, 25 years old, university student, female. In November 1993, she began to complain of appetite loss, insomnia and loss of interest in daily activities. Her complaints were relieved by maprotiline 75 mg/d in one month. After a three-month period with no therapy, she began to display excessive talking, insomnia, started spending money excessively and running away from home. Her symptoms resolved spontaneously in 2–3 months. In July 1994, she suffered from hand and feet pain. In October 1994, she became introverted and didn't talk, sleep, eat and drink, later gaita and urinary incontinence started. The patient was admitted to our clinic with a diagnosis of Bipolar II Disorder (depression with psychotic features). She displayed mutism, negativism, visual hallucinations and disorganized speech. A few days later, she was found to be in a catatonic posture in her bed. On her neurological examination, she was found to be apathic, with increased muscle tonus in all extremities. There were pain and restriction of the movement in her

joints. Her blood examination was normal. The erythrocyte sedimentation rate was 80 mm/h. CSF analysis, EEG and MRI findings were normal. In her rheumatological investigations the result were; ANA(+++), RF(-), Anti DNA(+), AntiSM(-), Anti RNP + SM(+), Anti SSA(-), AntiSSB(-). The skin biopsy was in accordance with SLE and the lupus band test was positive. There were accumulations of IgA, G and M at the epidermal-dermal junction. Because of the positivity of ANA and AntiDNA, the existence psychological symptoms, photosensitivity, arthritis and the positivity lupus band test. She was diagnosed with SLE according to the criteria of ARA, 1982-R. The prednisolone therapy was started. After the steroid therapy, Improvement in the psychological state of patient has been observed.

**Conclusion:** The diagnosis of affective disorder could be made readily according to the history and mental examination. However systemic disease such as SLE should also be considered in patients presenting with such psychiatric symptoms.

### COMORBIDITY OF SOCIAL PHOBIA, GENERALIZED ANXIETY DISORDER AND ALCOHOL: AN EPIDEMIOLOGIC STUDY IN ALCOHOL-DEPENDENT PATIENTS

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The relationship between alcoholism and anxiety disorders is complex and there is considerable variability in the estimates of comorbidity according to the authors.

**Objective:** The present study examined the comorbidity of social phobia and generalized anxiety disorder among alcohol-dependent patients, excluding withdrawal period and compared their alcohol behaviour.

**Method:** This cross-sectional study included 249 patients recruited in 14 french centers. All the patients were assessed by the DSM IV criteria for substance dependence, Short Michigan Alcoholism Screening Test and CAGE inventory about alcohol-dependence and anxiety disorders were evaluated using the HAMILTON Anxiety Scale and the LIEBOWITZ Social Anxiety Scale.

**Results:** There are not significant difference in alcohol behaviour according to the various anxiety disorders, and the results confirm the estimates published by SCHUCKIT and HESSELBROCK in their critical review of the literature describing since 1975 the relationship between alcoholism and anxiety disorders.

On the other hand, this study in patients excluding withdrawal period, invalidate their hypothesis that the high rates of comorbidity can be explained by the presence of symptoms of temporary substance-induced anxiety, related to the withdrawal anxiety.

### PSYCHIATRIC COMORBIDITY IN INTRAVENOUS DRUG USERS WITH HIV DISEASE

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The problem of psychiatric comorbidity in opioid intravenous drug users (IVDUs) has been the subject of considerable attention but to date little is known of the implications of psychiatric comorbidity with regard to HIV infection and disease stage. The aim of our study was to investigate the prevalence of psychiatric comorbidity in IVDUs with asymptomatic HIV infection. A total of 365 CDC group II & III IVDUs with HIV infection and a control group of HIV seronegative subjects attending three different outpatient services