

The Frequency of Co-occurring Disorders, Childhood Trauma and Self-esteem in the Parents of Substance Dependent Individuals

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Abstract

Background: High levels of childhood traumatic experiences and co-occurring disorders have been observed in people who are dependent on substances. In addition, many studies have shown low levels of self-esteem in substance dependent individuals. But there have not been enough studies of psychiatric disorders among the parents of substance dependent individuals.

Aim: This study aims to research levels of childhood traumatic experiences, self-esteem, and co-occurring disorders in the parents of substance dependent individuals (PSD).

Method: The study group was made up of 40 parents diagnosed according to DSM-IV criteria as substance dependent and treated as inpatients between March 2012 and April 2013 at Balıklı Rum Hospital in İstanbul substance dependency clinic. The control group consisted of 40 healthy individuals matched with the study subjects by sex and age. Additional Axis I diagnoses were identified using the DSM-IV Axis 1 Disorders Clinical Interview (SCID-I). All subjects were also administered a sociodemographic information form, a Childhood Traumatic Experiences Scale (CTES), the Rosenberg Self-Esteem Scale (RSES), the Beck Depression Scale and the Beck Anxiety Scale.

Results: Total points on the parents of substance dependent's Childhood trauma scale scores, Physical Abuse (PA) and Sexual abuse (SA) subscales were significantly elevated. No significant difference was found between the two groups for their emotional abuse/emotional neglect (EA/EN) subscales. The total scores for the Substance Dependent Parent group were found to be significantly higher than those of the control group on the RSS, the BDI and BAI. In the SDP group 13 people (32.5%) showed affective disorders, 4 people (10%) showed generalized anxiety disorders (GAD), 5 people (12.5%) showed an alcohol or substance abuse disorder.

Conclusion: The conclusions of this study are that Parents of Substance Dependent show significant levels of childhood traumatic experiences, and Axis 1 co-occurring disorders and also show low levels of self esteem.

Keywords: Substance dependence; Parents; Trauma; Co-occurring disorders.

Introduction

It has been demonstrated that childhood traumas are a risk factor for psychiatric disorders [1-3]. Studies have shown that childhood emotional and physical abuse, sexual abuse, substance abuse, and low self esteem contribute to sexual and interpersonal relationship problems [4-6]. Substance dependent people frequently show a history of significant childhood trauma [7-9]. There are also many epidemiological studies that show high rates of psychiatric disorders co-occurring with substance dependency disorders [10,11]. During the treatment of dependent individuals, our observations that families of dependent patients are more likely to have co-occurring psychiatric diagnosis and complaints about childhood traumas in family interviews is motivated us to make this study. Despite all the studies that show high rates of childhood traumas and co-occurring disorders, parents of substance dependent have not been well studied. We believe that this is a gap in the literature that should be remedied.

The Goals of the Study

1. To research the incidence of childhood traumas and self-esteem problems in parents of substance dependent individuals.
2. To find the frequency of Axis 1 disorders among parents of individuals with substance dependency.

Method

Samples

The study group was made up of the parents of 40 individuals who

presented to the Private Balıklı Rum Hospital in İstanbul and were diagnosed according to DSMIV-TR criteria as substance dependent. All could read and write and agreed to participate in the study. A control group of 40 people was matched with the study group by sex and age, showed no Axis 1 diagnosis, and agreed to participate in the study. Those who did not agree to participate, who could not read or write, or who showed a psychotic disorder or a mental disability were excluded from the study. Local ethics committee approval was obtained. All subjects were interviewed face to face by a clinician (S.E.).

Measurement instruments

PSD individuals and the control group were both administered a sociodemographic information form, a Beck Depression Inventory (BDI), a Beck Anxiety Inventory (BAI), Childhood Trauma Questionnaire (CTQ) and The Rosenberg Self-Esteem Scale RSS.

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Sociodemographic Data Questionnaire: The researchers prepared and administered a questionnaire to determine each subject's age, gender, education level, marital status, substances used, age at first substance use, and history of suicidal thoughts and attempts.

The Childhood Traumatic Experiences Questionnaire (CTEQ) : Bernstein et al. developed this instrument to measure traumatic experiences before the age of 18 [12]. This 40 item scale scored on a 5 point likert scale. It has three subscales: Emotional Abuse and Emotional Neglect (EA, EN) Physical Abuse (PA), Sexual Abuse (SA), The subscales are made up of EA/EN-19 items, PA 16 items, and SA 5 items. The Turkish version was found valid and reliable by Aslan and Alparslan [13]. The total points can vary from 40 to 200 points. A high score indicates frequent childhood traumatic experiences.

The Rosenberg Self-Esteem Scale (RSS): RSS was developed by Rosenberg [14]. It is made up of 63 items with 12 subscales. Each subscale is made up of 10 items, the first subscale measures self esteem. This study used the self esteem subscale. On this subscale 0-1 points are considered high, 2-4 points are considered average, and 5-6 points are considered low. The validity and reliability study of the Turkish version was conducted by Çuhadaroğlu [15].

Beck Depression Inventory (BDI): The Beck Depression Inventory was developed to measure adult risk for depression, the level of depression symptoms and their severity [16]. The Turkish validity and reliability study was done by Hisli [17] who identified the cut off point as [17].

Beck Anxiety Inventory (BAI): Beck et al. developed this self report scale to measure the frequency of Anxiety symptoms [18]. The scale is made up of 21 items scored on a 0-3 point likert scale. The Turkish version's validity and reliability has been confirmed by Ulusoy et al. [19].

Statistical Analysis

The data were analyzed using the SPSS 13.0 package program for Windows. A chi-square test was used to evaluate the differences between categories. A t-test was used to evaluate the differences between the means of the two groups. A pearson correlation analysis was used to analyze the differences between the directions and levels of the relationships. The value of statistical significance established for all the data was $p < 0.05$.

Findings

No statistically significant differences were identified between the control and the Parents of Substance Dependent individuals (PSD) groups in terms of age, gender, education level and marital status ($p > 0.005$) (Table 1).

In the PSD group at least 20 individuals were identified with Axis 1 diagnoses, (50%) In 4 individuals (10%) alcohol abuse disorder, 1 person (2.5%) substance dependency was found (Table 2). When the scores of the two groups were compared the PSD group's BDI and BAI scores were higher and this difference was statistically significant. ($p < 0.001$) (Table 3) When childhood traumatic experiences scores were compared the PSD group's CTE total points and their physical and sexual abuse scale points were high at a statistically significant level ($p < 0.05$). Emotional Abuse/Emotional Neglect scale scores did not show a significant difference between the two groups ($p > 0.05$) (Table 3).

There were 5 individuals in this study who were identified as having an alcohol or substance abuse disorder. When the 35 individuals

without alcohol and substance abuse disorders scores on the childhood trauma scales were compared with the control group, a statistically significant difference between the two groups was found on the sexual abuse and physical abuse subscales. (in order $t = 2.342$, $p = 0.022$, $t = 2.351$, $p = 0.021$, $t = 2.426$, $p = 0.018$). On the EA and EN subscales no significant differences were found ($t = 1.222$, $p = 0.226$).

In the PSD group statistically significant low levels of self esteem were identified ($p < 0.001$) (Table 3).

Discussion

Our study examined the childhood traumatic experiences, the self esteem and the Axis 1 co-occurring disorders of Parents of individuals with Substance dependency. High rates of physical and sexual abuse

Significance	PDS (n:40)		CG (n: 40)
Age (mean±sd)	50.23 ± 7.10	47.78 ± 6.98	t=1.55
p=0.124			t=1.55
Gender (man/woman)	(23/17)	(23/17)	χ ² =
0.000 p=1			
Education level	8.50 ± 3.41	8.88 ± 3.69	t=-
0.471 p=0.83			
Employment status; working	22	27	χ ² =
1.317 p=0.251			
not working	18	13	
Marital status	married	32	36
χ ² =1.569 p=0.21	divorced	8	4

Sd: standart deviation

Table 1: Parents of Substance Dependent and Control Groups compared according to Sociodemographic and Clinical variables.

	PSD (n:40)
M. Depression	9 (%22.5)
Dysthymic Disorder	4(%10)
GAD	4(%10)
OCD	1 (%2.5)
PTSD	2 (%5)
Alcohol abuse	2 (%5)
Alcohol dependency	2 (%5)
Substance dependency	1 (%2.5)

Table 2: PSD groups Axis 1 co-occurring disorders.

	PSD group	Control group	Significance
Beck Depression Inventory	18.50 ± 13.17	5.48 ± 3.04	t=6.09
p<0.001			
Beck Anxiety Inventory		17.08 ± 14.27	3.84 ± 2.25
t=4.50 p<0.001			
Emtional abuse and emotional neglect	36.78 ± 10.10	33.65 ± 6.53	t=1.64
0.10*			
Physical abuse			
p=0.023	28.35 ± 7.84	24.90 ± 5.21	t=2.31
Sexual abuse			
p=0.009	8.73 ± 3.13	7.15 ± 1.98	t=2.68
Childhood traumatic expereinces scale total scores	74.28 ± 19.45	65.25 ± 10.58	t=2.57
P=0.012			
Rosenberg self-esteem scale	1.31 ± 0.80	65.25 ± 10.58	t=5.21
P=<0.001			

* = $p > 0.05$

Table 3: Comparison of the points of the two groups.

but not for emotional abuse and neglect were found among these PSD's. Others have also found frequent substance dependence, and childhood abuse among substance dependent individuals [3,20-22]. We were not able to compare this with studies of PSD because they have not been studied. In this study there were 5 individuals with alcohol and substance use disorders. When compared with 35 controls without alcohol and substance abuse disorders we found that the results did not vary. In the PSD group we identified 32.5% affective disorders; 22.5% Major Depression and 10% dysthymic disorders. When Lubman et al. studied individuals with substance abuse disorders they identified a 27% rate of MD [23]. In inpatient studies, Hovens et al. identified 48% of substance dependent people showed dysthymic and other depressive disorders [24]. Deykin et al. identified 25% as having MD [25]. In our study we found a high rate of co-occurring affective disorders.

In a study conducted by Yüncü et al. of the frequency of co-occurring disorders among the parents of adults with Substance Abuse Disorders, at least 51.1% of them showed at least 1 additional Axis 1 diagnosis, 33% showed an affective disorder, 11.4% showed an alcohol or substance abuse disorder. In our study, in accord with previous studies, of the PSD group 32.5% showed an affective disorder, 12.5% showed an alcohol or substance abuse disorder. In our study we identified 3 people (7.5%) with GAD, which is a higher rate than in previous studies of substance dependent individuals and parents of substance abuse disorder individuals [23-26]. It is possible that this is due to the composition of our study group.

There are some limits of our study. We examined patients of inpatients. It is possible that a retrospective self-evaluation of childhood traumatic experiences could be seen as a limit. In order to overcome this limit it would be necessary to do prospective longitudinal studies.

Conclusion

In our study of parents of substance dependent individuals we found high rates of childhood sexual and physical abuse, co-occurring Axis 1 diagnoses and low levels of self-esteem. It is necessary to repeat these measurements with larger sized study groups. In this study, it is revealed that families of substance-dependent patients have high incidence of childhood traumas even without dependency. In the treatment of dependent patients, we suggested that it is required to consider there might be high rates of co-occurring psychiatric diagnosis and childhood traumas in families of these patients and therapeutic interventions would be needed.

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