

## HIGHLIGHTING CONSIDERATIONS ABOUT PREDISPOSING FACTORS IN THE DYNAMICS OF ETHANOLIC DEPENDENCE SYNDROME

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HIGHLIGHTING CONSIDERATIONS ABOUT PREDISPOSING FACTORS IN THE DYNAMICS OF ETHANOLIC DEPENDENCE SYNDROME (Abstract): **Aims:** This research aims to highlight the involvement of behavioral disorders as predisposing vulnerable factors in the pathology of patients with ethane deficiency, compared to healthy subjects. **Material and methods:** For 120 patients included in the study a statistical and mathematical representation of the factors of personality and temperament was made: impulsivity, socialization, social desirability, somatic anxiety, social-cognitive anxiety and muscle tension, in relation to the dynamics of the ethanolic challenge syndrome. **Results:** The "Karolinska Scales of Personality - KPS" was used to evaluate the representation. For the statistical analysis was used *SPSS version 17.0* and for the charts and tables was used Microsoft Excel. **Conclusions:** Blood tests were performed (OGT, PGT, TG-gamma) to determine the degree of severity and the predisposition to develop subsequent ethanolic complications. **Keywords:** PREDISPOSING FACTORS, ETHANOL DEPENDENCE SYNDROME, STATISTICAL AND MATHEMATICAL REPRESENTATION.

The term to alcoholism was first medical developed by Magnus Huss (1849) and considered by the WHO (1967) "the fourth public health problem" as a set of physical and mental disorders caused by the consumption of alcoholic beverages" (1) with somatic and psychological effects and serious consequences on work capacity and interpersonal relationships.

Chronic alcoholism and psychiatric complications represent 5.5% of the psychiatric pathology in the country's population and have major consequences, causing: temporary inability to work, accidents at work and significant financial costs for

medical care (2).

According to Sher and Trull, (3) in the sense of Deshaies and in developmental theories and vulnerability to the onset of alcoholism (4), personality factors, especially those of temperament, are classified as vulnerability and risk factors.

### MATERIAL AND METHODS

The study included a group of 60 subjects selected by age, gender, social status, professional training and domicile, between 30 and 65 years of age, assisted in the Department of Occupational Medicine of the Arad County Emergency Hospital in 2016

and 2017, diagnosed with alcoholic addiction syndrome.

In comparison, the study uses 60 homogeneous control batch consisting of healthy subjects as a first batch and another batch, identical, but without alcoholic addiction syndrome over a two-year period.

The "Karolinska Scales of Personality - KSP" questionnaire (6), which contains 135 items in 15 scales, grouped in 5 categories, was used to evaluate the representation. Item capitalization was done on the Likert scale with 4 anchors (1-4) (7).

For the statistical analysis we used *SPSS version 17.0* and for the charts and tables we used *Microsoft Excel*.

Blood test were performed (OGT, PGT, TG-gamma) to determine the degree of

severity and the predisposition to develop subsequent ethanolic complications.

## RESULTS

The main idea of this study was to establish is there are any significant differences between our two groups. For this we run a Wilcoxon sum - rank test to compare and quantify the responses given by our patients in all 135 questions. We obtained that in most of our questions 132 (97.7 %) out of 135 there are extremely significant differences ( $p < 0.001$ ). The only three exceptions are question number 25, 36 and 69, here there are no significant differences between our groups ( $p > 0.05$ ). In each case the healthy sample had significantly better results (tab. I, II, fig. 1, 2):

TABLE I  
Comparative analysis between pathologies diagnosed in the study groups

Pathological disorders	Healthy group (N1=60) (%)	Diseased group (N2=60) (%)
Depression	15%	90%
Somatic anxiety	22%	93%
Impulsivity	27%	60%
Psychopathic personality	5%	74%
Avoiding monotony	41%	87%
Nervousness and suffering	19%	89%
Muscular tension	8%	76%
Social cognitive anxiety	21%	67%
Psychic anxiety	12%	81%
Psychic asthenia	4%	56%
Inhibiting aggressiveness	82%	24%

TABLE II  
The distribution of level of OGT, PGT and TG-gamma in 120 subjects

OGT-less than 50mg./dL = 1		OGT over 50mg./dL = 2	
No	42	No	78
%	35	%	65
PGT-less than 50mg./dL = 1		PGT over 50mg./dL = 2	
No	26	No	94
%	22	%	78
TG-gamma = 1		TG-gamma = 2	
No	36	No	84
%	30	%	70

## Highlighting considerations about predisposing factors in the dynamics of ethanolic dependence syndrome

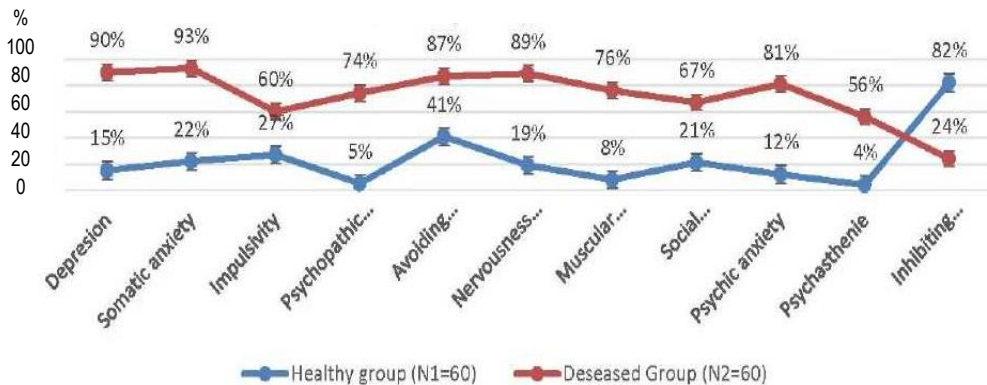


Fig. 1. Predisposing factors

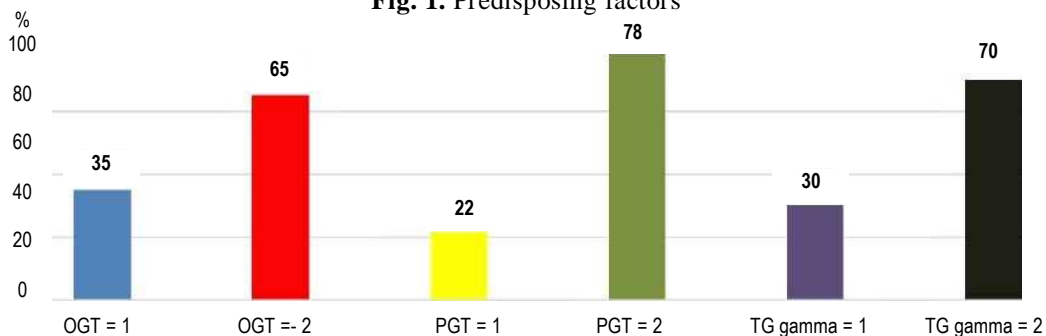


Fig. 2. The distribution of the subjects according to their medical tests

## DISCUSSION

Psychopathic personality of patients with ethanolic dependence is recognized with the healthy group through a significant difference (1, 2, 3). Many study highlights the high percentage of factors involved in the occurrence of ethanolic addiction syndrome: low work potential, low skills, low power of attention and concentration, increased impulsivity, low socialization, nervous and muscular tension, social-cognitive anxiety, indirect aggression and irritability (8, 9, 10).

Alcoholism is multifactorial disorder both environmental and biologic factors contribute (10, 11).

Because many drinkers occasionally imbibe to excess, temporary alcohol-related

pathology is common in nonalcoholic.

The period of heaviest drinking is usually in late teens to the late twenties. This is also a time of high risk for temporary alcohol-related social, occupational or driving difficulties.

The phenomena are often isolated events or self-limited, but when repeated problems in multiple life areas develop, the person is likely to meet criteria for alcohol abuse or dependence (12, 13).

In the absence of alcohol dependence, an individual can be given a diagnosis of alcohol abuse if he or she demonstrates repetitive problems with alcohol in any one of four life areas: an inability to fulfill major obligations, use in hazardous situa-

tions such as driving, legal problems, or use despite social or interpersonal difficulties (14, 15, 16).

## CONCLUSIONS

In our study was demonstrated like the

subjects selected for the study show an increased level of neuroticism, a lower degree of socialization, and a tendency of increased impulsivity in interpersonal relationships, compared to those subjects in the healthy group.

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