

Alcohol abuse

The term **alcoholism** (excessive consumption of alcohol due to addiction) was first used in 1849, but it was not until a hundred years later that it was considered a **medical problem**. Alcohol is metabolized to acetaldehyde, which is toxic to cells and causes somatic damage that can affect all organs. In psychiatry, we divide problems related to alcohol abuse into two groups:

1. disorders associated with **the direct effect** of alcohol on the CNS,
2. **abuse** -related disorders - *addictive behavior*.

The effect on mental functions is determined by changes in the metabolism of neurotransmitters in the CNS (mainly dopamine and noradrenaline). Alcohol causes depression of dopaminergic, serotonergic and taurinergic activity. The inhibitory effect of GABA is also suppressed. The activity of glutamate, calcium channels and the number of NMDA-receptors increases, thereby overstimulating the noradrenergic, opioid and cholinergic systems.

Classification

We most often use ICD-10: F10 (<https://icd.who.int/browse10/2019/en#/F10.0>). It is also possible to use the typology of alcohol dependence according to **Jellinka**:

- type α – problem drinking, used to suppress and eliminate tension, anxiety or depression, often drinking alone,
- type β – occasional abuse, frequent social drinking,
- type γ – *Anglo-Saxon type* – preference for beer and spirits, drinking control disorders, increase in tolerance, progression of consumption,
- type δ – *Roman type* – prefer wine, chronic consumption, maintain a certain level, without significant signs of drunkenness,
- type ϵ – *episodic abuse* – dipsomania, quarterly drinking, with periods of abstinence.

Acute intoxication

In the case of simple "drunkenness" there is initially stimulation, psychomotor excitation, verbosity, a reduction of inhibitions, etc. Later, a phase of depression, fatigue, somnolence and sleep begins, and in the worst case, unconsciousness and death can occur. Stages of drunkenness:

- up to 2 g/kg: *excitation stage*, light drunkenness,
- followed by: *the hypnotic stage* - moderate intoxication,
- more than 2 g/kg: *narcotic stage*,
- above 3 g/kg: *intoxication*.

Pathological intoxication

It is a sudden allergic reaction to ingested alcohol. It starts soon after drinking even **a small amount of alcohol**. The main symptoms include a qualitative disorder of consciousness, incomprehensible behavior, disorders of emotions (fear), perception and thinking, often severe aggression. It usually ends with sleep. The patient has amnesia.

Harmful use

We are talking about **harmful use** if the consumption of alcohol leads to **damage to health**. This condition usually precedes addiction. If the patient has any of the symptoms listed below, the doctor should think about the patient's possible problem with drinking alcohol:

- often chronic gastrointestinal problems: dysphagia, diarrhea, varicose veins, hepatopathy,
- endocrine system: pseudocushing, pancreatic damage, avitaminosis, hematopoietic disorders, impotence,
- FAS = fetal alcohol syndrome,
- FAE (fetal alcohol effect): intellectual disorders only,
- damage to organs of the cardiovascular system: cardiomyopathy, hypertension,
- nervous system: polyneuropathy, cerebral atrophy, epilepsy,
- thiamine deficiency = Wernicke's encephalopathy: palsy of the oculomotor muscles, balance disorders, ataxia, confusion,
- weakening of immunity,
- laboratory: rises ALT, AST, GMT, CDT.

Alcohol abuse
Alcohol intoxication



To drink or not to drink?

Risk factors tolerance, genetic factors

Classification and references

ICD	acute intoxication, addiction: F10.0 ↗ , intoxication in the sense of poisoning: T51 ↗
MeSH ID	D000435 ↗
MedlinePlus	002644 ↗
Medscape	812411 ↗

ALCOHOL is a DEPRESSANT
↳ **MAKES EVERYTHING SLOWER**
* HEART RATE
* BLOOD PRESSURE
* WAKEFULNESS

the NEXT TIME
the **BRAIN** preemptively **INCREASES FUNCTION** since it knows that once you take the **DRUG** everything will **DECREASE**



Video in English, definition, pathogenesis, symptoms, complications, treatment.

Alcohol addiction

In most cases, the disease transitions into alcohol dependence inconspicuously. Symptoms gradually appear:

- changes in thinking and behavior,
- alcohol defenses: adaptation mechanism, reacts to conflicts by drinking, **rationalizes drinking alcohol**,
- change in tolerance: morning sips,
- windows = *palimpsests* : memory lapses caused by alcohol consumption.

 For more information see *Alcohol addiction treatment*.

Alcohol withdrawal

The alcohol withdrawal state occurs after a few hours or days after stopping consumption, with maximum intensity **the next day**. We observe it in people with long-term and intensive abuse. Typical symptoms include:

- shake hand
- perspiration,
- anxiety,
- psychomotor restlessness,
- hallucinations, illusions,
- nausea, vomiting,
- headache,
- tachycardia,
- sleep disorders.

This condition usually **resolves within 4-5 days**. It can sometimes be complicated by delirium tremens, a serious condition with high mortality, impaired consciousness and cognition, with hallucinations, delusions, disorientation, convulsions, and sleep inversions. The patient may be hypoglycemic and lead to metabolic breakdown. If these complications occur during alcohol excess, we speak of **intoxication delirium**.

Psychotic disorders (alcohol psychoses)

Some psychotic disorders may appear as a result of chronic alcohol abuse :

- alcoholic hallucinosis – permanent presence of hallucinations after reducing the amount of alcohol in the blood,
- amnesic syndrome – chronic deterioration of short-term memory,
- alcoholic dementia,
- Korsakov's psychosis,
- alcoholic epilepsy.

Comorbidities

Dependence on alcohol is often associated with sleep disorders, anxiety - depressive conditions and affective disorder (dual diagnosis).

Course and prognosis

Since it is impossible to achieve controlled use, **abstinence is the basic condition of treatment**.

Links

Related Articles

- The withdrawal state in alcohol dependence and its treatment
- Alcohol addiction treatment
- Alcohol tester
- Alcohol intoxication
- Hepatic encephalopathy

External links

- Alcohol dependence - Internal medicine for practice (<https://www.internimedicina.cz/pdfs/int/2002/10/13.pdf>)

Taken from

- BENEŠ, Jiří. *Study materials* [online]. [feeling. 2009]. < <http://jirben.wz.cz> >.

References

- RABOCH, Jiří and Petr ZVOLSKÝ, et al. *Psychiatry*. first edition. Prague: Galén, 2001. 622 pp. pp. 193–200. ISBN 80-7262-140-8.

