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Case Report Open Access

Conduct Disorder Related to Poly Substance Abuse in Adolescence

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Abstract

Background: In adolescents psychiatric disorders bring forth by substances are moving forward.

Objective: To inspect the substance related psychiatric disorder in adolescence

Results: The current study describes the connection of substance abuse and psychiatric disorders in teenagers.

Discussion: This study illuminates that addictive substances and drugs such as benzodiazepines, cannabis and opioids may induce severe psychiatric disorders such as conduct disorder in adolescents. Therefore, these findings might add new data to the literature.

Conclusions: It could be concluded that opioids, cannabis and benzodiazepines might induce severe psychiatric disorders in the youths.

Keywords: Adolescence; Substance; Psychiatric disorder

Introduction

Poly substance abuse is a common problem in teenagers. Adolescents usually begin with substances like tobacco, marijuana, or alcohol [1]. In the east countries like Iran, teenagers usually begin smoking of substance with tobacco and opium, and sometimes with marijuana. Opium has been used for many centuries and has a long history of medical and social acceptance in some parts of the world, especially in the opium-producing countries of Asia such as Afghanistan [2,3].

Health problems especially mental problems have a long background and have been ascending in the world [4-12]. In mental health diseases, substance induced and connected disorders, especially opioids and stimulants associated disorders have been considered as moving forward problems. Today, stimulants and opioids induced psychiatric presentations to outpatient centers and hospitals are going ahead problems [13-28].

We are describing a longitudinal observational study of a14-year old patient with psychiatric disorder linked to poly substance abuse. To our knowledge, there are not enough published studies on this subject, so this report could manifest a significant finding.

Patient Revelation

Our patient was a single, 14 years old student. He lived with his parents in Yasooj city of Kohkilouyeh and Bouyerahmad province in southern Iran. MS started smoking tobacco, marijuana and hashish at age of 12. Then after one year, began smoking opium and heroin. Since 6 months prior to referring to our outpatient clinic, he started abusing a high dose of benzodiazepines. He did not affirm history of IV drug injection. He gave history of several suicidal attempts and many physical fighting with knife. He was arrested several times by the police.

Since 7 months prior to referring to our clinic, he gradually developed anxiety, depressed mood, hopelessness, anxiety, agitation, irritability, suicidal behavior, homicidal character and aggressive character.

His symptoms aggravated since one month prior to admission to our clinic. There were not any early signs of a psychiatric illness or abuse that led to the drug abuse. Tests of serology for viral markers (HIV, HCV and HB Ag) were normal. Urine drug screening tests were positive for morphine, THC and benzodiazepine.

In comprehensive psychiatric interview with the patient and his relatives and also precise examinations he was hopeless, depressed, restless, aggressive, suicidal, homicidal impulsive, and irritable. In physical and neurological examinations we could not find any abnormal findings.

Based on the medical, psychiatric, and substance use history, he was diagnosed as "poly substance induced conduct disorder with severe use disorder. We administered valproate 500 mg/d, olanzapine 10 mg/d and 25 mg injection of fluphenazine decanoate. During follows- up for several weeks, he was taking the prescribed medications, and stopped abusing substances. In addition, he did not report symptoms of conduct disorder.

Discussion

In Iran drug policy states that if adolescents are found to be using unlawful and illicit drugs or substances, such as marijuana, hashish, opium, heroin, morphine, alcohol, methamphetamine, cocaine and hallucinogens (tobacco products are legal), they must be directed to addiction treatment centers, outpatient clinics, private centers or psychiatric hospitals to be managed with appropriate medications and counseling.

This case brightens that different substances and drugs such as benzodiazepines, cannabis and opioids can induce severe psychiatric disorders such as conduct disorder in teenagers. So, this information might add novel findings to the literature.

Conclusions

It may be supposed that addictive substances such as opioids, cannabis and benzodiazepines can induce severe psychiatric disorders in adolescents.

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