



## Repellents in the Control of Vector-Borne Diseases

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### Description

Alcohol is a psychoactive substance with properties known to cause dependence. A cluster of physiological, behavioral, and cognitive manifestations where the use of alcohol takes a much higher priority for an individual is characteristic of dependence. Although, not everyone consuming alcohol is predisposed to developing dependence, it poses a significant problem to both the health care and the society due to the much larger number of people consuming it. The various neurobiological/psychodynamic mechanisms provide us with a useful means of primordial strategies to overcome the pathway to dependence. Thus, the morbid consequences of alcohol addiction/dependence can be prevented.

Externalizing simply refers to the manifestation of one's expressions outwardly and an inability to inhibit socially undesirable or restricted actions. Externalizing disorder is considered to be one of the important factors for developing substance use. Externalization is purported to be mediated by the neurotransmitter dopamine (DA) which is also responsible for the reward pathway (mesolimbic pathway) of alcohol addiction. Studies have also reported that persons with parental history of alcohol use disorders demonstrate higher externalization than individuals without such a history.

It is also reported that the externalization/internalization might represent mediation of intergenerational transmission of alcoholism. Externalization correlates with several other clinical indices of alcohol dependence syndrome such as the age of onset and severity of alcohol abuse. Also, they tend to have high relapse rates.

Internalizing symptoms are more inwardly experienced. Symptoms include a state of being anxious or afraid, worrying about the future, feeling self-conscious, being nervous, or feeling sad. Internalization may sometimes precede and contribute to the development of alcohol-use disorders. Specific treatment improves the treatment outcome of these patients 10. Accordingly, treatment for persons with alcohol Use Disorders may need to include interventions designed to address.

The lack of data from the south Indian population in the domains of internalizing/externalizing with respect to the alcohol dependence and the clinical parameters has necessitated this study. The objective is to assess the prevalence of internalizing and externalizing traits in alcohol dependence syndrome and to assess the sociodemographic and clinical parameters of these patients in alcohol dependence syndrome.

### METHODOLOGY

It is a retrospective cross-sectional study. It was conducted by reviewing the case records in the department of psychiatry, chettinad Hospital and Research Institute between the period 2013-2017. Data was extracted from the records by a trained psychiatry resident who is aware of the confidentiality and process of data maintenance in the department. The study was conducted after getting the approval of the Institute Ethics Committee.

All the files between the five-year periods were retrieved from the department registry. This amounted to 5300 case sheets which were screened for cases of alcohol dependence syndrome which was based on ICD-F10.20 diagnostic criteria. 425 case files bearing the age group 18-59 years were assessed.

The details on the socio demography on the basis of a semi-structured preform were retrieved from the case sheets. The age of the patient at the time of presentation, their sex, educational status, occupation, marital status and the socioeconomic status were charted.

The details about the personality of the subjects were transcribed based on the facets of the externalizing or internalizing spectrum which was already mentioned on the files.

The age of onset of use was grouped as less than 18years, 19 to 25years and greater than 25years. The age of onset of dependence was grouped as less than 25years (early onset) or greater than 25years. The duration of dependence was grouped as less than three years, three to five years, six to ten years and greater than ten years. As for the quantity of alcohol consumed in Units the data was categorized as less than 12 units, 12-24 units and >24 units. The duration of maximum abstinence was noted down and then grouped as: nil, 0.1-0.5, 0.5 to 1month, 1 to 6month, 6 to 12months, greater than 12months. The number of relapses in the subjects was grouped as less than three, three or more relapses.

The details about medical complications due to alcohol use, use of other substances, and family history of alcohol dependence were also noted. The information regarding the treatment undertaken such as medications taken for anti-craving and the other psychiatric medications, number of follow up, duration of treatment taken and compliance whether present or absent were also noted.

In this study, the relationship between the substance use behavior and the internalizing/externalizing traits of the subjects was studied. A sample of 425 case records was extensively reviewed. The externalizing traits account for early onset of use and early onset of dependence which is similar to the findings in the earlier studies. This could be due to the fact that the sensation seeking characteristic of externalizes may have resulted in the earlier onset of use. The impulsivity and immediate gratification tendencies in externalizes may have manifested in the dependence towards alcohol. Individuals with externalizing traits have a higher quantity of alcohol consumption which is in accordance with the previous studies. In contrast to an earlier study, more internalizes displayed shorter periods of abstinence as compared to externalize. This may be due to the fact that among internalizes, a significant proportion had comorbid depression and thereby a low level of motivation to quit alcohol. However, more frequency of relapse was observed in Externalizes, this could be attributed to the trait impulsivity in externalizes. This study yielded

better compliance rates in internalizes which is in stark contrast to the earlier studies.