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Original Research Article

PSYCHIATRIC MORBIDITY AMONG THE CLIENTS ATTENDING OST UNIT OF TERTIARY CARE HOSPITAL

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ABSTRACT

Background: In India about 4 million people use opioids and 1 million people are opioid dependent. Opioids are the most common injecting illicit drugs. Opioid injection causes considerable harm to the users and is a driver of HIV and hepatitis C in the vulnerable population. Opioids dependence is a chronic, relapsing clinical course and abstinence, if achieved, must be sustained for many years to promote continued recovery and reduce likelihood of relapse. The prevalence of comorbid mental disorders is increased among people who seek treatment for substance use and also Mental Disorders are frequently associated with poorer treatment outcomes among people with SUDs. **Aim:** To estimate the prevalence of psychiatric morbidity of the OST client and to assess the pattern of psychiatric morbidity. **Materials and Methods:** The present study will be carried out in OST unit of Department of Psychiatry, JNIMS, Imphal. It will be a hospital-based cross-sectional study for a duration of 6 months. Sample size is 156. Study populations are all clients who attend OST unit, JNIMS, Imphal during the study period will be taken up for the study. Inclusion criteria: All the clients of OST age 13 years to 60 year and Those who are willing to give informed consent. Exclusion criteria are those whose age less than 13 years, age more than 60 years. Those who are having any comorbid illness like chronic liver disease, head injury, heart disease, chronic kidney disease that hindered participation in the study and those who requiring management of medical condition. **Results:** The maximum participants were in age group of 18-29 years (42.9%). Majority are male 138 (88.5%), followed by female 11 (7.1%) and transgender 7(4.5%). Maximum participants were resident of Imphal east 67 (42.9%). Mostly are Hindu religion 112 (71.8%) from lower middle class 133 (85.3%), nuclear family 86(55.1%), married 43.6%, self-employed 50 %. Majority of the participants use opioids 98.7% followed by cannabis only 2 participants 1.3% as a primary substance and about 32.1% use cannabis along with opioids and 62.2 % use BZD along with opioids. Around 4 participants 2.6 % Hep B reactive and 27 participants i.e. 17.3 % Hep C reactive. Around 37.8 % shows multiple relapses and 61.5 % have family support. The prevalence of Mental Disorders among the clients of OST, JNIMS Imphal is 76.3% i.e. out of total 156 participants 119 samples. Maximum participants have generalised anxiety disorder 32.1% followed by Depression 17.3%, Mixed anxiety and depression 10.3%, sleep disorder 7.7%, 4.5 % personality disorder, panic disorder 3.8%, ADHD 1.3%. and 23.1 % have no mental disorders. **Conclusion:** This study concluded that substance use disorder has bidirectional relationship with Mental Disorders. Most of the opioids users developed Generalised anxiety disorder, depression, sleep disorder, panic disorder later in their life. During Opioids Substitution Therapy involvement of family members or close relatives also plays an important role as the lack of family support or due to stigma there are high chances of relapsed.

INTRODUCTION

The term Opioids includes compounds which are obtained from poppy plant (Papaver somniferum) as well as both synthetic and semi-synthetic. Opioids have both analgesic and sedatives effect because of which they are use for medical purpose. But its analgesic and sedatives properties are misused. Their regular non-medical use, prolonged use, misuse and use without medical supervision can lead to opioid dependence and other health problems.

Worldwide, about 296 million people (or 5.8% of the global population aged 15–64 years) used drugs at least once in 2021. In India about 4 million people use opioids and 1 million people are opioid dependent. Opioids are the most common injecting illicit drugs. Opioid injection causes considerable harm to the users and is a driver of HIV and hepatitis C in the vulnerable population.[1] Opioid injection causes considerable harm to the users and is a driver of HIV and hepatitis C in the vulnerable population.[2]

Opioid dependence is a chronic, relapsing clinical course and abstinence, if achieved, must be sustained for many years to promote continued recovery and reduce likelihood of relapse.[3]

One of the most effective treatment for opioid dependence is OST (Opioid substitution therapy).OST is long term maintenance therapy in which the illegal opioids are replaced by legally approved partially agonist opioids like Buprenorphine.

The OST has improve the individual functioning as well as his/her quality of life. It decrease the risk of HIV, hepatitis B, C infection. It also reduces the rate of criminal activities. OST reduced cravings, tolerance withdrawal symptoms and drug overdose. Opioid Substitution Therapy appears effective in terms of delivering harm-reduction outcomes.[4]

High levels of psychiatric comorbidity have been consistently identified in surveys of substance misusers.[5] Opioids users are more prone to develop psychiatric illness like Anxiety, Depression, Psychosis, ADHD. Despite this, OST services often fail to diagnose or treat psychiatric comorbidities, potentially resulting in poorer short-term treatment outcomes.[6]

The prevalence of comorbid mental disorders is elevated among people who seek treatment for substance use and mental disorders are frequently associated with poorer treatment outcomes among people with SUDs.7 Of all SUDs, opioid use disorder (OUD) is the third highest contributor to morbidity and mortality, following tobacco and alcohol.8 People with OUD have ten times the risk of death compared to the general population.9 Most of the people with OUD, those with comorbid mental disorders are more likely to have more severe OUD psycho-social health problems and physical health issues.

MATERIALS AND METHODS

The present study will be carried out in OST unit of Department of Psychiatry, JNIMS, Imphal.

Study design: It will be a hospital-based cross-sectional study.

Data were collected from July 2025 to December 2025. All clients who attend OST unit, JNIMS, Imphal during the study period will be taken up for the study. All the clients of OST age 13 years to 60 years and those who are willing to give informed consent were included. Those whose age less than 13 years, age more than 60 years and who are having any comorbid illness like chronic liver disease, head injury, heart disease, chronic kidney disease that hindered participation in the study and those who requiring management of medical condition are excluded.

Sampling: For the purpose of the study, the required sample size was estimated to be 156 as stated above. Patients undergoing OST on an outpatient basis are interviewed till the required sample size is reached.

Study variables: Psychiatric morbidity such as depression, anxiety, sleep disorder, psychosis, etc. Socio-demographic variables such as age, sex, education, occupation, religion, marital status, socio-economic class.

Assessment Tools and Instruments

1. Semi-structured Proforma: It will include the socio-demographic characteristics like age, sex, marital status, educational level, occupation, family type, religion, place of residence,
2. Mini International Neuropsychiatry Interview version 7.02.
3. BG prasad's SES scale

Data management and statistical analysis

The data collected will be checked, entered, and processed using statistical package for social sciences (SPSS) for Windows statistical computer software version, SPSS 22 or latest version which may be available at the time of analysis of data. Descriptive statistics like mean, standard deviation and percentages will be used for analysis. Chi-square test will be used wherever applicable. The p-values less than 0.05 and 0.01 will be treated as cut-off values of significance and high significance respectively

Ethical Approval

The study will be conducted only after the approval of the Institutional Ethics Committee (IEC), JNIMS, Imphal. Informed consent will be taken from all the participants and confidentiality will be maintained.

RESULTS

In this study a total of 156 participants within the age group of upto 60 years attending OST centre JNIMS, Imphal were included. The maximum study sample was in age group of 18-29 years (42.9%) followed by the age group 30-39 years (32.7%) followed by the age group 40-49 years (10.3%) of participants followed by 13-18 years (9.6%) and 50-60 years

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(4.5%). Most of the participants are male 138 (88.5%), followed by female 11 (7.1%) and transgender 7(4.5%). Most of them were resident of Imphal East 67 (42.9%) followed by Imphal West 39 (25%) followed by Thoubal 26 (16.7%), followed by Ukhrul 9(5.8%) followed by Kakching 8 (5.1%) rest from Bishnupur 7 (4.5%). Most of them are Hindu religion 112 (71.8%) followed by Muslim 32(20.5%) followed by Christian 12 (7.7%). Majority of them belongs to lower middle class 133 (85.3%), followed by middle class 14 (9%) and rest were from upper middle class 9 (5.8%). This is based on BG Prasad's scale. They are mostly from nuclear family 86(55.1%) followed by joint family 70(44.9%). Most of them are graduates 78 (50%) followed by higher secondary 37 (23.7%) followed by secondary 28(17.9%) followed by postgraduate 10 (6.4%) and primary 3(1.9%). The marital status of the population was found that most of the participants are married 68(43.6%) followed by unmarried 65(41.7%) followed by separated 12(7.7%) and divorced 11(7.1%). Most of the participants are self- employed 78 (50 %) followed by student 33(21.2%) followed by government employed 26(16.7%). Majority of the participants use opioids 154 (98.7%) followed by cannabis 2 participants (1.3%) as a primary substance only. About 7 participants i.e. 4.5 % are tested HIV positive followed by 149 participants i.e. (95.5%) are HIV negative and 4 participants i.e. 2.6 % shows Hep B reactive followed by 152 participants i.e. 97.4% are non- reactive and 27 participants i.e.17.3 % are Hep C reactive followed by 129 participants i.e. 82.7 % are non- reactive. About 59 participants i.e. 37.8 % shows multiple relapses followed by 45 participants i.e. 28.8 % no relapse followed by 35 participants i.e. 22.4 % second relapse and 17 participants i.e. 10.9% shows first relapse. Around 96 participants i.e. 61.5 % have family support followed by 60 participants i.e.38.5 % have no family support.

Table 1: Prevalence of Mental Disorders among the clients of OST, JNIMS (N=156)

Mental disorder	Frequency	Percent	
Yes	119	76.3	**0.001****
No	37	23.7	
Total	156	100.0	

From this study, it was found that out of total 156 participants 119 samples i.e. 76.3% had mental disorders and 37 participants i.e.23.7 % had no mental disorders. It was found to be significant relationship between present and absent of mental disorders as manifested by P-value = 0.001. The finding revealed that majority of the participants were having mental problem.

Table 2: Pattern of mental disorder among the participants

Pattern of mental disorder	Frequency	Percent
Generalised Anxiety Disorder	50	32.1
Depression	27	17.3
Sleep Disorder	12	7.7
Personality Disorder	**7**	4.5
Panic Disorder	5	3.8
ADHD	2	1.3
Mixed Anxiety and Depression	16	10.3
Nil	37	23.1
Total	156	100.0

DISCUSSION

In the present study maximum participants was in age group of 18-29 years (42.9%). The maximum participants were resident of Imphal east 67 (42.9%). In this study majority of the participants were Hindu religion 71.8%, followed by Muslim 20.5% and Christian 7.7%. Most of the participants were from lower middle class 85.3%, followed by middleclass 9% and upper middle class (5.8%). This is based on BG Prasad's scale. The maximum of the family are nuclear family 86(55.1%) and most of them are graduates 50%.

The marital status of the population which was found that most of the participants are married 43.6% followed by unmarried 41.7%, separated 7.7% and divorced 7.1%. and mostly they are self-employed 50 % followed by student 21.2%, government employee 16.7%.

The majority of the participants use opioids 98.7% followed by cannabis only 2 participants 1.3% as a primary substance and about 32.1% use cannabis along with opioids. Around 62.2 % use BZD along with opioids followed by 37.8%participants do not use BZD. Around 7 participants i.e. 4.5 % are tested positive followed by 149 participants i.e. 95.5% are HIV negative.

In this study about 4 participants i.e. 2.6 % Hep B reactive and 27 participants i.e. 17.3 % Hep C reactive. This finding is supported by study conducted by Mohopatra S et al 15 where HIV ELISA testing showed positive among 2 (1.67%). Around 37.8 % shows multiple relapses followed by 28.8 % shows no relapse followed by 22.4 % second relapse and 10.9% shows first relapse. In this study 96 participants i.e. 61.5 % have family support followed by 60 participants i.e. 38.5 % have no family support.

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In this study it was found that the prevalence of Mental Disorders among the clients of OST, JNIMS Imphal. Out of total 156 participants 119 samples i.e. 76.3% had mental disorders and 37 participants i.e.23.7 % had no mental disorders. This study is supported by study from Santo T Jr7 prevalence of mental disorders among people with OUD were 6 times higher than general population.

It was also found that out of 156 , maximum participants have generalised anxiety disorder 32.1% followed by Depression 17.3, Mixed anxiety and depression 10.3% ,sleep disorder 7.7% , 4.5 % personality disorder, panic disorder 3.8% , ADHD 1.3%. and 23.1 % have no mental disorder. This finding is supported by an Indian study conducted by Rathi p et al,[12] which also found that depression and anxiety are highest were 52% and 39%, respectively.

CONCLUSION

This study concluded that substance use disorder has bidirectional relationship with mental Disorders. Most of the opioids user developed Generalised anxiety disorder, depression, sleep disorder, panic disorder later in their life. Those patients who have mood disorders or stress in their life also consumed opioids due to lack of coping skills. Most of the opioids users not only consumed heroin but also used other substance like BZDS and cannabis. During Opioids Substitution Therapy involvement of family members or close relatives also plays an important role as the lack of family support or due to stigma there are high chances of relapse. So, patients undergoing OST should always be screened for the comorbid Mental Disorders and should be treated.

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