



Effects of the Covid-19 Pandemic on the Frequency of Alcohol Abuse and Clinical and Psychopathological Features

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ABSTRACT

Many scientists have predicted that the COVID-19 pandemic could have a major impact on the mental health of the population and their behavior on alcohol abuse. There are preliminary data on the effects of the COVID-19 pandemic on anxiety, depression, sleep disorders, alcohol consumption, and mental health. In a pandemic, alcohol consumption can be used to overcome the difficulties caused by the associated abnormal conditions. The comorbidity between alcohol consumption and mood or anxiety is explained by self-medication. Research Verification Method: Alcohol Use Disorders Identification Test, (AUDIT). Conclusion: The main reason for the increase in alcohol consumption in patients with alcoholism is the presence of young children in the family, the need to stay at home and work at home, the loss of income.

Keywords:

COVID-19 pandemic, alcohol abuse, anxiety and depression.

Introduction. On January 30, 2020, the World Health Organization (WHO) declared an international emergency as COVID-19 infection continues to spread around the world. Since COVID-19 emerged as a global pandemic, governments around the world have imposed restrictions on human mobility to prevent the spread of the disease [5]. These restrictions include laws or regulations on staying in the home, known as “quarantine” [6]. On March 15, 2020, it was announced that the first case of COVID-19 virus in Uzbekistan had been identified. Due to the pandemic, Uzbekistan first decided to introduce an enhanced quarantine regime on March 24. In addition to reducing the prevalence of COVID-19, social segregation measures also had unintended consequences in the community.

The COVID-19 pandemic has led to a number of restrictive measures on individuals, including

quarantine, social distance, and voluntary isolation [2]. Staying home during the COVID-19 pandemic can have a major impact on mental health and psychoactive substance use behaviors among the population. Preliminary studies on the effects of the COVID-19 pandemic and alcohol restriction have shown that changes in alcohol abuse occurred during the pandemic, but did not lead to an overall increase in consumption [3].

Natural or environmental disasters are often associated with mental and behavioral disorders such as depression, anxiety, and psychoactive substance use [10, 13]. Recent literature, especially among young people, has reported that anxiety, depression, sleep disorders, alcohol consumption, and mental well-being are lower than normal [8, 9]. Changes in physiological stress increase the risk of alcohol consumption [7, 12].

The literature on psychoactive substance consumption emphasizes the importance of controlling alcohol consumption during quarantine and notes two possible theories: increased consumption due to distress or decreased due to low substance intake [14, 15]. Extensive quarantine-related conditions or mental health vulnerabilities can affect changes in alcohol consumption, especially as pandemic-related abnormal conditions can cause alcohol consumption to overcome difficulties. Indeed, a combination between mood or concerns with alcohol consumption is common [6]. In the field of pandemic, the whole of the population may have different effects depending on living conditions and psychological conditions.

The COVID-19 pandemic is affected by a variety of stress factors (e.g., exposure to infection), psycho-social effects (e.g., depression, anxiety, drug use), and physical or psychological factors. Therefore, this study focused on identifying significant changes in alcohol consumption, especially frequency, amount, and consumption during quarantine.

The purpose of the study. To evaluate the impact of the COVID-19 pandemic period on the frequency of alcohol abuse and to study its clinical and psychopathological features.

Materials and methods of research. The study was conducted on the basis of the Samarkand Regional Narcology Dispensary and the Samarkand City Multidisciplinary Polyclinic on the basis of a survey of 140 participants based on anamnestic data after the period of the pandemic COVID-19 in 2020-2021. The subjects were studied in two groups. The Samarkand Regional Narcological Dispensary (ICD-10) selected 80 patients who were and are being treated for stage 2 diagnosis of alcoholism F10.2. The control group was selected from the anamnesis of 60 individuals who consumed (epizootically) alcoholic beverages during holidays and weddings. The mean age of participants aged 24 to 52 years was 33.67 ± 5.35 years. Research methods include socio-demographic (marital status), occupational status during quarantine (work at home, regular workplace and unemployed), and loss of financial income. The frequency and amount of

alcohol consumption was assessed using a customized version of the Alcohol Use Disorders Identification Test (AUDIT) items, scoring 1 (never) to 5 (daily) for frequency; quantity (min = 1; maximum = 5). Hamilton's depressive scale was tested using HDRS-17 to detect depressive disorder. Participants were asked whether they consumed alcohol during quarantine alone, with a partner, with online friends, or with friends outdoors, and because they had more time to spend almost time with friends due to boredom, because of stress, or for recreation and other surveys.

Research results: The main group of respondents had 20% with higher education or 60% with secondary special education, 20% with secondary education. In the control group, 70% have higher education, 20% have secondary special education, and 10% have secondary education. When the occupational situation (work at home and unemployment) was examined during quarantine, the following indicators were observed in the groups. In the main group, 20% of the subjects were forced to work from home. 20% of the usual work schedule remained unchanged (these are those engaged in agriculture and animal husbandry). 60% of patients reported being separated from work or source of income. Examination of the control group revealed the following changes. 40% are forced to work from home, 30% are routinely employed, and 30% are separated from work or a source of income. 10% of the main group of examinees were unmarried during their lifetime, 20% were divorced or did not live together, and 70% were married. In the control group, 10% were unmarried, 5% were divorced, and 85% were married.

In the main group, the amount of drinking did not change in 30% but the frequency changed, in 60% the amount and frequency increased in parallel, decreased by 10% (due to financial difficulties). According to the frequency of drinking in the main group 20% once a week, 30% at least 2-4 times a week, 40% almost every day, 30% every day. When the method of use was studied, 10% consumed alcohol with their partner, 60% alone and 30% with friends outdoors (in violation of quarantine rules).

In the control group, 50% of the drinking volume did not change but the frequency changed, increased by 30%, decreased by 20%. According to the frequency of drinking, 30% have never consumed alcohol, 30% have been found to consume alcohol once a week, and 40% have consumed alcohol 2-4 times a week. Alcohol users consumed 20% with their partner, 30% with friends online, 40% alone, and 10% with outdoor friends when using the method of use.

In the main group, 50% of those who believed that alcohol consumption increased during quarantine explained that they drank alcohol to relax, 40% drank more time than before, and 10% to spend time with friends. Since the control group had 50% more time than before, 30% were bored and 20% were worried about the pandemic.

Those who believed that individuals working at home during quarantine caused an increase in alcohol consumption accounted for 80% in the main group and 60% in the control group.

During the COVID-19 pandemic, the presence of children under the age of 18 at home was found to increase alcohol consumption by 60% and 50%, respectively, in both groups.

Pandemic income losses affected both groups differently. Loss of income source in the main group of investigators led to increased anxiety and depression, resulting in increased alcohol consumption (due to borrowing). Loss of source of income in the control group was shown to be the main reason for the decrease in alcohol consumption.

In the preoperative period before the Covid-19 pandemic, the prevalence of depression in the main group of patients was 20% with mild depressive disorder, 35% with moderate depression, 30% with severe depression, and 15% with severe depressive disorder.

These patients were observed in 100% of patients with severe and very severe depression during the intensified quarantine period. The main causes of depressive disorders are separation from a source of income, inability to be around friends, having young children at home, and not having restaurants open. 40% of these patients consulted a narcologist and the remaining 60% tried to overcome depression

by consuming alcohol. Tolerance to alcohol, antidepressants, and psychotherapy did not increase in those who referred to a narcologist, remission developed, and depressive disorders decreased. Tolerance, alcohol consumption time, and severe depressive disorders were observed in patients who did not seek narcology.

In the control group, depressive disorders accounted for 15% in the pre-pandemic period. The remaining subjects were found to have no symptoms of depressive disorder. During the enhanced quarantine period, mild depressive disorder was detected in 80% of the subjects and moderate depressive disorder in 20%.

The main causes of these depressive disorders are separation from the source of income, doing work remotely, spending main time at home, and various restrictions. In these reviewers, Coll reported that when counseling through the centers (does alcohol consumption prevent coronavirus infection?), Depressive disorders decreased and the desire to consume alcohol remained. Tolerance did not increase in those who consumed beverages without resorting to Coll Centers, but the time to take alcohol increased.

Conclusions. In summary, the socioeconomic challenges and changes observed in the COVID-19 pandemic had a significant impact on alcohol consumption levels. The main reason for the increase in alcohol consumption in the main group of subjects, ie patients with alcoholism, was the presence of young children in the family, the need to stay at home and work, rest, loss of income. Alcohol consumption also increased significantly in the control group. The main reasons for this are changes in work schedules, ie working at home, the presence of children under 18 years of age, and boredom, increased anxiety during the pandemic.

Patients with alcoholism had depressive disorders in the pre-pandemic period, and these disorders were exacerbated during the intensified quarantine period. As a result, most patients were forced to increase their alcohol intake, leading to a high level of tolerance. Mild to moderate depression was observed during the intensified quarantine period in those who

consumed alcohol epizootically. These sought the help of Coll Centers to get rid of depressive disorders, and the depressive disorder was eliminated. Alcohol consumption was also observed in the control group but did not increase tolerance.

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