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[Comorbidity in 207 cannabis users in a specific outpatient setting.]

[Article in French]

Guillem E¹, Arbabzadeh-Bouchez S², Vorspan F³, Bellivier F³.

Author information

Abstract

BACKGROUND: Health care seeking for a problematic use of cannabis is in progress in France.

OBJECTIVES: The aim is to assess the addictive and psychiatric comorbidity in cannabis users seen in the specific setting at the Lariboisière hospital.

METHOD: Two hundred and seven cannabis users were included from January 2004 to December 2009. Twelve-month and lifetime diagnosis of abuse and dependence (cannabis, alcohol, cocaine/crack) (DSM-IV), current and lifetime mood disorders, anxiety disorders, eating disorders and psychotic disorders were assessed (Mini-International Neuropsychiatric Interview). Logistic regression analyses identified adjusted odds ratios associated with the gender and the health care seeking ($P = 0.01$).

RESULTS: One hundred and forty-seven men (71%) and 60 women (29%), 29.3 ± 8.6 years ($15.2-51.6$ years). Most of the outpatients ask for health care themselves (59.7%), whereas 19.4% are asked to seek health care by relatives (19.4%) or because of an academic, health or justice injunction (20.4%). In total, 49.3% of the outpatients are single, 35.7% are cohabitating, 9.3% are married and 6.3% are separated/divorced. About 20.4% of the outpatients are students, 35.7% have a professional activity, 19% are jobless, 2.4% are impaired, 0.5% are retired, at home and 12.1% do not have an official income. Twelve-month and lifetime prevalence of abuse/dependence are: cannabis (10.1/82.1% and 8.7/88.4%), alcohol (9.7/8.7% and 19.3/18.8%), cocaine/crack (2.4/3.4% and 4.8/11.6%). The mean duration of cannabis dependence for the current dependent users is 8.4 ± 5.8 years. The mean number of "joints" during the last 6 months is 6 ± 4.3 , the mean amount of cannabis per week is 12.5 ± 11.3 g. About 51.3% of the dependent users report externalized and/or internalized disorders at school during childhood and adolescence. In total, 19.4% of the dependent users have a suicide attempt history and 18.9% have a psychiatric hospitalisation history, more frequently women ($P < 0.01$ and $P = 0.02$). About 73.8% have a psychologist or psychiatrist care history. In total, 38.1% of users have at least one current mood disorder, females more frequently than males ($P < 0.001$). Current and lifetime prevalence of mood disorders are: major depressive disorder (MDD) (29.1% and 57.1%); current dysthymia (20.3%); hypomania (1.9 and 6.7%); mania (2.9 and 12.8%). Females have more frequently than males current and lifetime MDD ($P < 0.001$). About 53.2% of

users have at least one current anxiety disorder, females more frequently than males ($P < 0.001$). Current and lifetime prevalence of anxiety disorders are: panic disorder (10 and 16.4%); agoraphobia (13.9 and 17.4%); social phobia (26.9 and 32.8%); obsessive-compulsive disorder (9.5 and 12.9%); post-traumatic stress disorder (PTSD) (6.5 and 16.4%); current generalized anxiety disorder (26.8%). Females have more frequently current and lifetime: agoraphobia ($P = 0.01$ and $P < 0.001$); PTSD ($P < 0.001$); current social phobia ($P = 0.049$). Current and lifetime eating disorders prevalence are: anorexia (0 and 1.5%); bulimia (4 and 8%); females more frequently have bulimia ($P = 0.02$ and $P < 0.001$). In total, 4.8% have a psychotic disorder. Adjusted odds ratios of associated variables to gender (women/men) are lifetime MDD OR = 4.71 [2.1-10.61] ($P < 0.001$) and later age of onset of cannabis abuse OR = 1.1 [1.04-1.17] ($P = 0.002$). Adjusted odds ratios associated with personal health care seeking compared to a non personal motivated health care seeking are the numbers of criteria of 12-month cannabis dependence OR = 1.26 [1.06-1.51] ($P = 0.009$) and age OR = 1.07 [1.03-1.12] ($P = 0.002$).

CONCLUSION: Our survey confirms the high mood and anxiety disorders comorbidity in cannabis dependent users seen in a specific setting and underlines the need to evaluate those disorders.

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KEYWORDS: Abus; Abuse; Cannabis; Comorbidité; Consultation spécialisée; Demande de soins; Dependence; Dual diagnosis; Dépendance; Specific setting; Treatment seeking

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