A STUDY OF FAMILIAL ALCOHOLISM

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ABSTRACT

Background: Alcoholism hasn't been a problem just for individuals,but it also has been a problem for families of the affected individuals.In recognizing such a result many studies have been produced to examine the genetic aspect of alcoholism.

Objectives: To determine the importance role of genetic in alcoholism and to study the difference between those with positive and negative family history of alcoholism.

Methods: A cross sectional study that enrolled(61) patients who met the diagnosis of alcoholism according to diagnostic criteria of structural clinical interview for diagnosis and statistical of mental disorder text revision (DSM-IV-TR). The patients who attended the psychiatric unit in Al-Diwaniya Teaching Hospital for the period 1st July, 2008 – 1st June 2010.

Results: This study revealed that (61) alcoholics admitted to hospital for treatment met the diagnosis of alcoholism according to the (DSM-IV-TR) were evaluated. The study revealed that 90% of the patients with positive family history of alcoholism reported antisocial behaviour, while those without family history reported only 16.13% antisocial behaviour. Patients with family history of alcoholism showed more family problems and the reverse regarding psychiatric disorders.

Conclusions: This study proveds that the association of psychiatric disorders as depression, severe anxiety and social phobia may occur with those without family history of alcoholism. We also noticed that patients with positive family history of alcoholism are of younger age of onset, with more symptoms of alcoholic dependence, tended to drink more, run more severe course and reported more antisocial behaviour.

INTRODUCTION

There is no doubt that environmental factors are of major importance in determining the prevalence of alcoholic-related problems in any society .But in recent decades science has advanced that alcoholism run in families,the genetic factor in the aetiology of alcoholism has been evaluated and advanced from many sources including twin studies showing that monozygotic twins were significantly more concordant for alcoholism than dizygotic twins (Goldman et al,1986)[1]. The more severe the alcoholism, the greater the difference, and when one twin was a heavy abuser so was the other in 70% of monozygotic, but only 32% of dizygotic twins (Kaij, 1960)[2].Also there was a difference between monozygotic and dizygotic twins regarding the frequency of drinking and the amount drunk at a session which showed a moderate heritability (Partanen et al, 1966)[3]. Among males, genetic factors were of considerable importance in overall consumption levels, ' social ' drinking and drinking for "escape". (Clifford et al, 1981)[4]. Adoption studies showed that sons of alcoholics were three to four times more likely to be alcoholics

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than sons of non-alcoholic biological parents if they separated from their parents in early life (Goodwin, 1979)[5]. Whether raised by their alcoholic biological parents or by non-alcoholic adoption parents. Susceptibility to alcoholism is transmitted from parent to child irrespective of whether the child is exposed to the alcoholic parent (Cadoret et al, 1978)[6]. Comparison of adopted-away sons of alcoholics with their brothers raised by the alcoholic parent showed similar rates of alcoholism in both (Goodwin et al, 1978)[7]. Among American adoptees separated from their parents at birth, there were more alcoholics when the biological relatives were heavy alcohol drinkers (Cadoret and Gath, 1978)[8]. Alcoholic metabolism studies showed considerable genetic control in both human and animals (Murray and Gurling,2004)[9]. Also that genetics play a role in alcoholic metabolism in different races, in particular the Japanese (Harada et al, 1999)[10]. Psychologically alcoholics show abnormal EEG response to certain stimuli (an abnormal p300) and that this abnormal p300 wave is also present in many of the children of alcoholics before they reach an age to start drinking. It will be interesting to see whether or not it is the children who show such abnormality will go on to become pathological drinkers (Begleiter et al, 1994)[11]. Family studies showed that the rate of alcoholism in the relatives of alcoholics of both sexes seen clinically is high compared to the general population (Winokur et al, 1990)[12]. Twenty-five percent of fathers and brothers of alcoholics are themselves alcoholics (Goodwin, 1989)[13], and male offspring's of an alcoholic father have a four to five times greater rate of alcoholism than the general population (Donovan, 2004)[14]. Hence numerous attempts have been made to subdivide alcoholics into homogenous subgroups, identifying a subgroup of patients with high genetic loading for alcoholism, an early onset of alcoholism, a severe course and coexisting psychiatric problem consisting of aggressive tendencies or criminality (Branchey et al, 1989)[15]. In recent typology proposed by Cloninger on the basis of adoption studies; the subgroup which show high genetic loading, abuse alcohol at a younger age, run through severe course and aggressive tendencies has been classified as type two. Another group without family history of alcoholism was classified as type one, they show less severe course and late onset of symptoms (Cloninger et al, 1981)[16]. About half of hospitalized alcoholics give a family history of alcoholism and other half do not, and comparison of the two groups showed two consistent findings:

Firstly familial alcoholics (S.M. Lawrie, 2004[17]; Sadock and Kaplan, 2004)[18]. Secondly familial alcoholics have a more severe form of dependence with a more fulminating course (Louis Appleby, 2004[19]; Maghazaji et al, 1978)[20]. Patients with an onset of alcoholism age before twenty were found to have a significantly higher incidence of paternal alcoholism (Branchy et al, 1989)[15]. In those alcoholics with positive family history 90% have two or more alcoholic relatives, and the younger the alcoholic at time of diagnosis the more likely it is that there will be alcoholism in the family (Sadock and Kaplan, 2004)[18]. Also those with positive family history have been shown to have a younger age of onset (Michael Gelder & Philip Cowen, 2004[21]; Latchman, 1984)[22]. Genetic contribution to drinking and antisocial behavior are independent but when both traits are present they may interact. Both the frequency of heavy drinking and the proportion of heavy drinkers who become alcoholics increases (Murray and McGruffin,2004)[9], and were twice as likely to have been incarcerated for crimes involving physical violence (Saunders, P.A.)[23]. Familial alcoholics are less likely to have other psychiatric illness than non-familial alcoholics and in this sense familial alcoholism is synonymous with "Primary" alcoholism (Cadoret, 1978)[6]. In a previous retrospective study on 498 Iraqi alcoholics in a special centre for treatment of alcoholism in IBN-RUSSID Hospital in Baghdad 20% admitted for treatment gave

a positive family history of alcoholism, and if such history was present father and first son were more likely to be alcoholics than the other members of family (Issa, 1983)[24]. Population and family studies such as those cited above attempt to establish the presence of a broad genetic influence on alcoholism. To investigate specific genes, researchers have employed genetic marker studies. If specific human genes are related to alcoholism, then genes lying close to them on the same chromosome--and the traits they determine--may be inherited at the same time that the risk of alcoholism is inherited. This phenomenon is called linkage. An assortment of genes hypothesized to be linked to alcoholism has been examined (Cook,et al 1990)[25], but none has passed a rigorous test for linkage (Goldman,D.et al 1988)[26]. Still being studied is a marker referred to as the dopamine D2 receptor, which Blum and co-workers at 1990 [27] found to be present more often in alcoholics than in non alcoholics also (Comings,D.E. et al 1991)[28].

METHODS

All patients admitted to the psychiatric unit in Al-Diwania Teaching Hospital for the period 1st July 2008 – 1st June 2010 were evaluated, sixty-one patients who met the diagnosis of alcoholism according to DSM-IV-TR (Diagnostic and statistical manual of Mental Disorders, Ed. Three, revised) were included in this work. They were also evaluated for their family history of alcoholism by a special format which was designed for this purpose. Rating was done by the interviewer based on information obtained from the patients. Identification of those patient with a positive family history of alcoholism, in the father, mother, siblings, uncles, aunts and grandparents, was made. For the purpose of this work a positive family history meant that there was a history of a major problem regarding consumption of a large amount of alcohol that lead to physical, social, financial and work problems. It also meant the relatives had consulted a doctor or sought help on a major complaint leading to the diagnostics of alcoholism with some assurance. The rest of the sample who had no such history were regarded as "family history negative". Comparison was made between the two groups regarding the following points:

A-Alcohol consumption:

1.Age of starting consumption of alcohol.

2. Age of onset of alcoholism.

3.Quantity of alcohol consumed in the last week prior to admission or a week when heavy drinking was reported. Also consumption during a typical week.

4. Place and time of consumption.

B-Abstinence:

1. History of previous trial of abstinence and the reasons of relapses.

C- Job record:

Including type of work, absences, periods of unemployment more than six months, troubles in the work and with the boss, changes of work, (more than 3 times), and alcohol consumption during work.

D- Social and family relations:

Relation with wives and children.

E- Antisocial behavior:

1. Serious arguments at or outside home.

2. Serious acts or violence at or outside home.

3. Convictions and prison sentences in the last 10 years.

In this study each participant was fully informed of the purpose of the interview and their consent was taken.

RESULTS

Sixty-one alcoholics admitted to the hospital for treatment meeting the diagnosis of alcoholism according to DSM-IV-TR were evaluated. Thirty (49.18%) patients have positive family history of alcoholism and thirty one (50.82%) patients are without such history. As shown in Table(1).

Total number of relatives who were alcoholics in the family of patients with positive family history as in the Table(4)

Tables number (6)and(7) show a difference between those with and without family

history of alcoholism. Also that there are peaks of onset of alcoholism one around the age of 25, clearer in those with a positive family history and another peak around the age of 35 clearer in those with negative family history of alcoholism.

Amount of alcohol:

The average amount of alcohol consumed in the last week before admission to the hospital or a week reported of high amount of alcohol consumption, in those with family history of alcoholism was 10.5 bottles of Arak, while those without family history was 8.3 bottles of Arak. The average amount of alcohol consumed in typical week was 3.5 bottles of Arak in those with family history of alcoholism and 2.5 bottles of Arak in those without family history of alcoholism, and in a single day patients with positive family history consumed around 0.5 bottle in the day and those without family history consumed around 0.3 bottle in a day

Time and Place of Alcohol Consumption:

No marked difference regarding place and time of alcohol consumption between the two groups and as shown in Table(8)

Relations with wife:

Twenty three patients with positive family history of alcoholism are married and 16 (69.56%) of them reported continuous conflicts and problems with their wives. Eleven (47.82%) patients assaults wives physically. Of twenty six who were married and without family history of alcoholism 15 (57.70%) reported good relationships and 11 (42.30%) patients only reported bad relationships and 7 (26.92%) of those 11 assaulted their wives physically.

Relation with children:

Forty-four (72.13%) patients had children. The number of children is shown in Table(10).

Five out of forty nine married patients had no children.

Nineteen patients with positive family history of alcoholism had children, thirteen (68.44%) of them reported good relations, while six(31.56%) assaulted their children, involved them in work and prevented them from continuing their schooling.

Twenty-five patients without family history of alcoholism had children, twenty two(88%) of them reported good relationships with them. Only three(12%) reported bad relations with their children.

Inter-action between alcoholism and marriage:

Five (10.2%) patients reported onset of symptoms of alcoholism before marriage while 44 (89.8%) reported onset of symptoms after marriage. No marked difference was found between those with positive family history of alcoholism and those without such history.

Antisocial Behavior:

Twenty-seven (90%) patients of those with positive family history of alcoholism reported antisocial behavior, while of those without such family history only 5 (16.13%) had antisocial behavior. Their reports on different items is shown in Table(12).

Table(11) Reports of alcoholics on items of antisocial behavior

Table(11) shows significant differences between reports of those with family history of alcoholism and those without such history. Also in the number of items reported by those patients.

Patients reports regarding job records showed marked differences between those with and without family history as explained in the following table(14).

Note: in Table (13) " Frequent" means more than three times periods of unemployment more than 6 months.

Course of Alcoholism:

Relapse Rate:

There was no difference regarding relapse rate between those with positive family history and those without family history of alcoholism as 26 (86.67%) patients with positive family history of alcoholism, and 26 (83.88%) patients without family history of alcoholism had repeated admissions. The rest were either admitted for the first time or were without history of

abstinence. Evaluation of the causes showed that there is a difference regarding those with and those without family history of alcoholism. Eleven (42.30%) patients with positive family history of alcoholism reported job problems as the main cause of their relapse, while in patients with negative family history of physical illnesses caused 8(30.76%) patients to relapse. Other causes of relapses did not show such difference between the two groups such as the social problems, living alone, financial problems and psychiatric illness. The patients whether with or without family history of alcoholism showed a high relapse rate as 52 (85.24%) out of 61 patients were with a history of one or more relaps

Severity of Alcoholism:

Depending on DSM-IV- TR criteria of severity of alcoholism patients with positive family history of alcoholism had more of the severe form, while those with negative family history suffered less of the severe from. As shown previously, those with positive family history reported more on items of criteria of alcoholism according to DSM-IV-TR, but as a whole those patients admitted to the hospital reported more toward the severe form of alcoholism as shown in the Table(15):

Psychiatric disorders:

Reports of patients regarding psychiatric problems showed that those with family history of alcoholism reported less psychiatric problems than those without family history. One third of patients without family history of alcoholism reported a history of depression. One patient with negative family history of alcoholism reported social phobia for which he received treatment and this was the real cause of his drinking also other one had generalized anxiety disorder.

DISCUSSION

Most of the earlier findings of alcoholics with family history of alcoholism are confirmed in this study. They reported a younger age of onset of alcoholism, more symptoms of alcohol dependence, tended to drink more, run a more severe course and reported more antisocial behavior[16]. They had less diagnosis of psychiatric illnesses, but in this study they also reported earlier age of starting alcohol consumption. Nearly half of patients had a family history of alcoholism which is higher of what was found in most previous studies. The study shows that there are two peaks of age of onset of alcoholism. One at early age around 25 years, and most patients who reported such an onset are of positive family history. Another peak occurred around the age of 35 years, and most patients reported such an onset are of negative family history. A previous study done in the IBN-RUSSID Hospital found also two peaks of age, but in that study they didn't mention the relation to the family history of alcoholism and the age of onset. In that study 46% of patients age was between 30-31 years and 30% of patients age was between 15-29 year (Issa 1983)[24]. This point needs more clarification if it is a consistent finding regarding the natural history of alcoholism in Iraq. It becomes important as a predicting factor of the prognosis of the illness in those patients.

As expected, alcoholics reported high interfamilial disharmony, unstable relationship, frequent conflicts and troubles. From this study, high number of patients with positive family history of alcoholism reported poor relations with their wives(69.56%), reaching physical assaults in(47.82%). This raises the point that their wives play a role in the causation and in the relapses of their illness. This point should be kept in mind when manage and treating any alcoholic. Though this may be a sequel of the disease itself. Patients relations with their children were good in about 80%. This point is of importance and the therapist may use it in planning the management of those patients. Job record shows that patients with positive family history had high percent of unemployment 23.33% than those of negative family history 6.45% this result is consistent with (Theodor E. A Stern,

2007)[29] had mention. Half of the patient were self-employed and manual worker and any future plan for prevention of alcoholism should pay attention to this group of people. Regarding problems at work, those with positive family history of alcoholism reported more troubles on different items, and this may be explained as a result of their antisocial behavior which was reported to be more, this goes with what(Schukit.eta,2003)([30] concluded. One should clarify the relation between problems at work as a cause or a result of alcoholism in those patients with a positive family history; as 12% of them reported problems at work as one important cause of a relapse and alcoholism itself may, of course create more problems at work. So that patients will enter a vicious circle which need to be broken, and this should be clarified to any alcoholic patient when a plan for management is made. Also a previous study in the IBN- RUSSID Hospital showed that 40% of alcoholic patients showed job decline and financial loss with subsequent effect on their families' standard of living (Maghazaji et al, 1978)[20], but that study does not explain the relationship of this fact to family history. More than eighty percent of patients in the present study, whether with or without family history of alcoholism had one or more relapses and no marked difference between the two groups was found regarding this point.

One could not confirm from the present study the prognosis of our patients which seems bad, though the study shows that the causes of relapses between the two groups are different. Physical and psychiatric illnesses were seen as the major causes of relapse in more than 1/3 of those without a family history of alcoholism which is not reported by any of those with positive family history, and as mentioned above, job problem were one important cause of relapse in those with a positive family history. Depression was the main and most frequent psychiatric diagnosis in our patients, which was the same as in a previous study done in IBN-RUSSID Hospital when depressive manifestations were the most frequent psychiatric disorder seen in more than one third of patients (Maghazaji et al, 1978)[20]. In our study, those without family history of alcoholism reported more diagnosis of depression and received treatment for it than alcoholics with positive family history. Half of the depressed patients in the previous study mentioned above had a prominent component of anxiety. This not reported in the present study though some seemed anxious but it was not a prominent component, only one patient was labeled as a case of generalized anxiety disorder and another one had social phobia. Before we interpret the above findings, we should note the following point:

1.Those patients evaluated in the present study were inpatients who represent in our society the severely ill. As an Islamic community that prohibits drinking of alcohol also admission to hospital will stigmatize the patient and when he needs admission it means that alcohol drinking has reached a state of becoming a major problem. It means also that management and dealing with a patient at home became impossible so that he must be admitted to hospital. So that, we conclude that the present study raise the following points:

2.Data obtained in this study shows the importance of the interaction of genetic and environmental factors in the causation of the illness.The presence and absence of family history of alcoholism which has main effect on age of onset of alcoholism with its effect on course and outcome of illness will not resolve the problem of the aetiology and cannot distinguish between the relative effects of genetics and environment. Father or older family member who drinks may prompt earlier drinking in the son or younger members with the result on outcome and course (Gurling and Murray, 2004)[9]. Equally the data could support a genetic factor in the transmission between fathers and sons (Goodwin, 1979) [5]. A genetic loading for the disorder precipitate earlier onset and greater severity, so the problem is still

there and further research in the aetiology of alcoholism is still required.

3.Does the presence of family history of alcoholism affect the management of alcoholism? Those with positive family history of alcoholism need care, attention, supervision and follow up, with the prediction of severe course and poor prognosis. In those without family history of alcoholism the therapist should look after other psychiatric illnesses.

4.The present study suggest that 'Familial Alcoholism' is a term which should be retained to include those alcoholics with family history of alcoholism who differ in some important aspects from those without such history.

5. On the other hand, the term "secondary alcoholism" seems rather misleading. It suggests that "alcoholism" is not a disease as such. Also it is of little value in clinical evaluation, as it is always very difficult to establish that a certain diagnosed psychiatric abnormality had started before the onset of heavy alcohol consumption. In this study a total of 19 patients (almost 1/4 of the sample) had psychiatric disorders. Only one patient thought with assertion that his drinking started because of his social phobia.

The increased psychiatric morbidity among alcoholics is an established fact. In a recent longitudinal community study done in Liverpool it was shown that: "Men with a history of heavy drinking for 5 years or more at sometimes in their lives were found to have greater than fivefold risk of suffering from a psychiatric disorders at the time of the interview." (Branchey et al ,1989)[15]. From this study, the following points were relevant for prevention of alcoholism :

1-The target age for primary prevention is 13-15 years, as more than 1/4 of patients started drinking at that age and 60% started between the ages of the 16 and 20 years.

2-Even when considering secondary prevention young people are still the target since a total of 40% show signs of alcoholism between the ages of 21- 25 years. If we consider those with positive family history only, then we find that 70% start to have symptoms at the above early age.

3-The amount of alcohol consumed by patients per week was at least 2.5 bottles of arak. Therefore, those who consider themselves as "social" drinkers should drink much less than this quantity.

4-Two thirds of patients had an alcoholics father or sibling. More than 80% of patients were married and more than 42% drank at home. These facts illustrate the importance of the home atmosphere, both for the extended family and for the nuclear family in alcoholism prevention in Iraq.

5-wife's have a major role to play as 90% of married patients reported symptoms after their marriage.

6-A total of 68% of alcoholics reported serious acts or violence and 28% reported convictions and prison sentences. This clearly shows the importance of looking into the problem of alcohol drinking in delinquents and their families.

7-In industrial relationships and in dealing with absences from work, people concerned should also look into the problem of alcoholism in their employees since up to 80% of alcoholics have frequent absences and problems at work and with the boss.

CONCLUSIONS

1-Most of the affected are of young age and this highlight the importance of this problem.

2-Despite the fact that every study ever conducted to find the genetic aspects of alcoholism had failed or had too many flaws to determine anything, alcoholism is still considered inheritable.

3-Based on our current understanding, it is probable that environmental influences will be at least as important, and possibly more important, than genetic influences.

4-Success in uncovering the genes involved in a vulnerability to alcoholism will help us to recognize the potential for alcoholism in high-risk individuals, to intervene at an early stage, and to develop new treatments for alcohol-related problems. This is a productive area of

research that will continue to yield important answers to the basic questions of what causes alcoholism and how we can prevent and treat it

Tables

Table No(1) Family history of alcoholism

Family history of alcoholism	No. of patients	Percentage
Positive family history	30	49.18%
Negative family history	31	50.82%
Total	61	100%

Table(2) Age, sex, education, religion and socio-economic status of patients

Age	21-30	31-40	41-50	51-60	61-70
No. of patients	4	23	21	10	3
Sex	Males		Females		
No. patients	60		1		
Education	Primary school		High school		University
No. of patients	31		22		8
Religion	Muslim		Christian		Sabin
No. of patients	55		5		1
Socio-economic	Low		Middle		High
No. of patients	24		34		3

Table(3) Relatives who were alcoholics

Relationship	Father	Mother	Sibs.	Uncles	Grand parents	Father & sibs.
No. of patients	7	0	16	22	1	20
Percentage	23.33	0.00	53.34	73.34	3.34	66.67

Table(4) Total number of relatives who were alcoholics

No. of relatives	One	Two	three	Four	Five	Six
No. patients	3	13	9	2	1	2
Percentage	10.00	34.33	30.00	6.66	3.34	6.66

Table(5) Diagnosis of patients corresponding to DSM-IV-TR

Type of Criteria	A-1	A-2	A-3	A-4	A-5	A-6	A-7	A-8	A-9
Positive family history n=30	30 100%	24 80%	14 46.6%	20 66.6%	20 66.6%	20 66.6%	28 93.3%	29 96.6%	22 73.3%
Negative family history n=31	31 100%	25 80.6%	16 51.6%	16 51.6%	12 38.6%	20 64.5%	28 90.3%	22 70.9%	18 58.1%
Total	61 100%	49 80.3%	30 49.2%	36 59.1%	32 52.5%	40 65.5%	56 91.8%	51 83.6%	40 65.5%

Table(6) Age of starting consumption of alcohol

Age	<15 y	16-20	21-25	26-30	31-35	36-40
Positive family history n=30	8 26.66%	18 60%	3 10%	1 3.33%	0 0.00%	0 0.00%
Negative family history n= 31	2 6.45%	11 35.48%	8 25.80%	7 22.58%	2 6.45%	1 3.22%
Total	10 16.39%	29 47.54%	11 18.03%	8 13.11%	2 3.27%	1 1.63%

Table(7) Age of onset of alcoholism

Age	21-25 Years	26-30 Years	31-35 Years	36-40 Years	41-45 Years	46-50 Years	51-55 Years
Positive family history n=30	21 70%	4 13.33%	2 6.66%	1 3.33%	2 6.66%	0 0.00%	0 0.00%
Negative family history n=31	2 6.45%	4 12.90%	13 41.93%	7 22.58%	2 6.45%	2 6.45%	1 3.22%
Total	23 37.70%	8 13.11%	15 24.59%	8 13.11%	4 6.55%	2 3.27%	1 1.67%

Table(8) patients reports of place and time of consumption

Place & time of consum.	Home	Home and work	Outside home	Home and outside	Work only	Day and night	Night only	Day only
Positive history	13 43.3%	23 76.6%	0 0.0%	7 23.5%	0 0.0%	29 96.7%	1 3.3%	0 0.0%
Negative history	13 41.9%	14 45.1%	4 12.9%	5 16.1%	0 0.0%	28 90.3%	3 9.7%	0 0.0%
Total	26 42.6%	37 60.6%	4 6.5	12 19.6%	0 0.0%	57 93.5%	4 6.6	0 0.0

Table(9) Marital Status of Parents

Marital status	Married	Single	Divorced	Widowed
No. of patients	49	6	4	2
Percentage	80.2	9.9	6.6	3.3

Tabl2(10)

No. of patients	No. of children
3	1
7	2
7	3
10	4
17	≥5

Table(11)

Items of antisocial behavior	Serious argument at or outside home	Serious act or violence at or outside home	Convictions and prison sentences
Positive family history with antisocial behavior n=27	25 92.66%	20 74.07%	8 29.62%
Negative family history with antisocial behavior n=5	5 100%	2 40%	1 20%
Total	30 93.75%	22 68.00%	9 28.12%

Table(12) Type of works performed by alcoholics

Type of work	Self-employed and manual work	Civil servant	Retired	Unemployed
Positive family history n=30	13 43.32%	6 20.00%	4 13.23%	7 23.33
Negative family history n=31	16 51.61%	7 22.58%	6 19.35%	2 6.45%
Total	29 47.54%	13 21.31%	10 16.39%	9 14.75%

Table(13). Job Record of Patients

Job records	Frequent absences	Frequent problems	Periods of unemployment	Frequent problems with the boss	Frequent changes of work	Alcohol consumption during work	Total number in one or more items
Positive family history n=30	21 70%	20 60.67%	22 73.33%	20 60.00%	18 60.00%	23 76.67%	27 90.00%
Negative family history n=31	9 20.03%	9 29.03%	7 22.58%	9 29.03%	8 25.89%	14 45.16%	17 54.84%

Table(14) Main Causes of Relapse

The main causes of relapse	Living alone	Social problems	Job problems	Financial problems	Physical problems	Psychiatric illnesses
Positive family history n=26	3 11.53%	10 38.46%	11 12.30%	2 7.69%	0 0.0%	0 0.0%
Negative family history n=26	3 11.53%	10 38.46%	3 11.53%	0 0.0%	8 30.76%	2 7.69%
Total	6 11.53%	20 38.46%	11 26.32%	2 3.84%	8 15.38%	2 3.84%

Table(15) severity of Alcoholism

Severity of alcoholism	Mild	Moderate	Severe
Positive family history n=30	0 0.0%	4 13.34%	26 86.66%
Negative family history n=31	8 25.80%	7 22.58%	16 51.61%
Total	8 13.11%	11 18.03%	42 68.86%

Table(16) Psychiatric disorders

Psychiatric disorder	Depression	Generalized Anxiety disorder	Social phobia	Total
Positive family history n=30	7 23.37%	0 0.00%	0 0.005	7 23.37%
Negative family history n=31	10 32.25%	1 3.22%	1 3.22	12 38.70%
Total	17 27.86%	1 1.63%	1 1.63	19 31.14%

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ألخلاصه

خلفيه الموضوع:إن مشكله الإدمان على الكحول ليست مشكله أشخاص محددين بل هي مشكله عوائل بأكملها .إن معرفه هذه الحقيقة جعلت الكثير من الدراسات تسلط الضوء على الجانب الوراثي لمشكله الإدمان الكحولي

الأهداف:لتقيم أهميه الوراثة ودورها في مشكله الإدمان وكذلك لدراسة الفرو قات بين المدمنين الذين لديهم تاريخ عائلي موجب مع اؤلئك الذين لديهم تأريخ سالب

الطرق: هذه دراسة مقطعية شملت(٦١) مريضاً يعانون من اضطراب الإدمان الكحولي عند مراجعتهم الوحدة النفسية في مستشفى الديوانية التعليمي خلا المدة من الأول من تموز ٢٠٠٨ –الأول من حزيران٢٠١٠. تم تشخيص اضطراب الإدمان الكحولي طبقاً لخصائص و معايير المقابلة السريرية الهيكلية للتشخيص و الدليل الإحصائي من (الاضطراب العقلي ٤ المنقح).

النتائج: تكشف هذه الدراسة أن (٦١) من المدمنين على الكحول الذين صُرحَ لهم بدخول المستشفى لغرض العلاج قد انطبق عليهم تشخيص الإدمان الكحولي. و أظهرت الدراسة أن ٩٠% من المرضى الذين لديهم تأريخ عائلي كحولي موجب قد أظهر سلوكاً معادياً للمجتمع، في حين إن الذين ليس لديهم تأريخ عائلي للكحول أبدوا سلوكاً معادياً للمجتمع بنسبة ١٦،١٣% فقط. أظهر المرضى ذوو التأريخ العائلي الكحولي مشكلات عائليه أكثر من أولئك الذين ليس لديهم تأريخ عائلي كحولي بالمقابل أظهرت الدراسة عكس ذلك مما يخص المعاناة النفسية.

الاستنتاج:أثبتت هذه الدراسة أن ارتباط الاضطرابات النفسية كالكآبة، القلق ، الرهاب الاجتماعي هي أكثر حدوثاً في أولئك الذين ليس لديهم تأريخ عائلي كحولي. كما بينت الدراسة أن المدمنين على الكحول من ذوي التأريخ العائلي الكحولي الموجب لديهم بداية مبكرة على تناول الكحول، و أعراضاً أكثر على الإدمان عليه، و الميل إلى الإفراط في شربه، و حياةً أكثر تدهوراً، و سجلت سلوكاً أكثر عدائية تجاه المجتمع.

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