

CASE REPORT

INHALANT DEPENDENCE: IS THERE A ROLE OF ACHIEVING ABSTINENT THROUGH SUPPORTED EMPLOYMENT? A CASE REPORT

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Abstract

Objective: This case report highlights the success of community services and supported employment program that may be of help to a woman with chronic inhalant use to achieve a complete abstinence. **Methods:** We report the case of a 45 year old lady who chronically abused glue, presented after 10 years with substance induced psychosis and comorbid mood disorder. **Results:** Abstinent from inhalant dependence was achieved after series of home treatment services and supported employment program. **Conclusion:** Provision of acute community service and incorporating this patient in supported employment program contribute to her successful journey in achieving abstinence from inhalant dependence. *ASEAN Journal of Psychiatry, Vol. 16 (2): July – December 2015: XX XX.*

Keywords: Inhalant Dependence, Abstinent, Supported Employment

Introduction

Inhalants are being abused by large group of people across the globe particularly children and adolescents [1,2]. Although their use among adults and females are less common, the recent report by Substance Abuse and Mental Health Services Administration (SAMHSA) showed an increased prevalence of inhalant use among the adult admission especially for inhalant treatment compared to younger age group [3]. Among the most commonly abused substances are the aromatic hydrocarbons, aliphatic hydrocarbons, alkyl halides, and nitrites.

Managing inhalant dependence cases pose a great challenge to the psychiatrists all over the world, especially in the presence of comorbid psychiatric illness [4]. Despite the wide range of harmful consequences, morbidity and mortality in inhalant abuser, there was limited effective pharmacological or psychosocial

intervention available for inhalant dependence [2,3,5].

Supported employment is a well-defined service with multiple components, aimed to facilitate individuals with mental illness alone and dual diagnosis disorders to obtain and maintain competitive employment [6]. It is estimated that up to 70% of adults with mental illness would like to work and approximately 60% can be successful at working when using supported employment services. We report a case of a chronic female inhalant abuser who successfully attained abstinence following her enrolment in supported employment program.

Case Report

Mrs H was a 45 year-old nulliparous lady, homemaker who had underlying chronic low mood since her marriage 23 years ago. She started abusing glue for its euphoric effect, at

the age of 35, when she was working at a furniture factory, to overcome with her feeling of boredom and loneliness. She became dependent on the drug and could not stand a day without it, hence her occupational functioning, social activities and daily roles became impaired. Her husband also suffered from psychiatric illness and had other medical comorbidities namely diabetes, hypertension complicated with untreated erectile dysfunction which worsened his relationship with the patient.

She had her first major depressive episode at the age of 44 which required hospitalization in the psychiatric ward. The episode was associated with suicidal attempt when she overdosed herself with sleeping pills from her husband's supply following a heated argument with him. There were no psychosis or manic symptoms. She was discharged with Tablet Escitalopram 10mg nocte and gradually titrated up to 20mg nocte during outpatient visits.

8 months later, she was readmitted to the ward due to inhalant intoxication and acutely psychotic, believed that someone wanted to rape her and wanted to turn her to a transvestite, thus she was found carrying 'parang' around the neighbourhood. According to DSM V, she fulfilled the criteria for major depressive episode as well. She was discharged well with Tablet Escitalopram 20mg daily and Tablet Haloperidol 3mg BD. Acute Home Care Treatment team was involved in the management, upon her discharge, in view of her recent psychiatric crisis and to provide intensive care at home.

During the team's first home visit, she greeted them at the front door with the glue can in her hand and remnants of glue traces on her entire face. She was always alone in her house at daytime as her husband went to work and spent her time sniffed a few cans of glue every day. She was no more psychotic and her mood improved gradually. The acute patient was attended daily, and she was engaged in motivational interviewing, psychoeducation on illness management and relapse prevention. Her medication was optimised and she had stopped taking glue after 1 week of regular visits.

Subsequently she was incorporated in the supported employment program, after minimal assessment and job interview. She was allocated to help with the hospital catering service division (also a social enterprise program) and given daily allowance for her work. She managed to maintain abstinence since then, in addition to her remission of mood symptoms. Mrs H had attained educational level up to secondary school and subsequently started working odd jobs due to poverty. Occasionally she will do part time jobs as home tutor, shop assistant and bakery. She also had experienced working in a furniture factory during her 30's where she first started sniffing glue. Her younger brother also had mood disorder but not on any treatment.

Discussion

This case report showed how provision of community services and supported employment program can help manage a dually diagnosed, chronic inhalant dependence to achieve abstinence. Female inhalant users are more likely than their male counterparts to experience multiple psychiatric illnesses which include mood and anxiety disorder. They tend to have socioeconomic disadvantages and higher social challenges such as interpersonal or marital conflict [7].

The high occurrence of mood disorder and substance use disorder can be explained by 4 reasons; the pathological effect of either disorder which increased risk for the other, the kindling theory, genetic similarity contributing to the risk of both illnesses and the diagnostic confounding of mood disorder and transient symptom related to acute abuse and withdrawal [8]. Kindling theory states that in vulnerable individual, the presence of overlapping neurobiological tendency to sensitization process may promote both substance use and mood disorder. On the other hand, the success of this case can be attributed to a few important factors. Firstly, adequate treatment for her underlying chronic mood disorder which possibly had precipitated and perpetuated her inhalant dependence.

Secondly, the instatement of Acute Mental Health Home Treatment team following her

discharge was vital in the continuity of treatment and care in her own home. The team also helped her by engaging in psychoeducation, treatment adherent, social support, motivational interviewing and relapse prevention plans. Evidence based advantages for acute home treatment and crisis intervention team include intensive monitoring and supervision, addressing social problems and stigma, average reduction of 50% in hospital admissions, better service retention and high service user and family satisfaction [9].

This is followed by involving her in supported employment program which complete her journey in maintaining abstinence, aided by her good premorbid vocational functioning and motivation to work. The provision of work for dually diagnosed individual, as in this case, was beneficial in managing substance dependence in terms of occupying the persons' time and providing structure to their life [7]. Working also helps to enhance the sense of self mastery, self-esteem, and self-efficacy which cumulatively contribute in improving the quality of life. While employment sometimes also become a stressor to mental health problems or relapse, generally it provide chances for social connection and socializing with non-drug user who may become good role model [7].

Silverman et al [10] in his study concluded that employment-based abstinence reinforcement strategy can be an effective intervention for persistent drug users who poorly responded to conventional treatment approaches. However this approach might be difficult to apply in inhalant type of dependence as there is no available objective screening or measurement (for example, urine toxicology or serum level) to indicate inhalant use [10].

Wan Kasim SH et al [11] in their study had identified that good past history of working and getting a preferred job as the 2 significant predictors to a successful competitive employment in patients with severe mental illness. As in this case, Mrs H had previous history of working and also obtained her preferred job which is in bakery and catering line.

In conclusion, though there is no employment based abstinence reinforcement contingency available to offer for inhalant dependence population, providing work for them through supported employment program may play a role in assisting their journey to abstinence.

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