Psychiatric co-morbidity and suicidality among methamphetamine dependent patients who seek treatment in Malaysia

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Although there has been a marked worldwide increase in methamphetamine (MAMP) dependence, the psychiatric sequelae of MAMP dependence has not been well described compared to amphetamine-related psychiatric disorders. It is only in the past decade has psychiatric related disorders or sequelae in MAMP users started to receive more descriptive attention. The objective of this study is to determine the prevalence of psychiatric co-morbidity among MAMP-dependent Malaysians who seek treatment, and to identify the psychiatric co-morbidity predictors for suicidality among this high-risk group subjects.

Methodology: The study was conducted at University Malaya Medical Centre (UMMC) and Papar drug rehabilitation centre in Malaysia. The study population were those who above 18 years old and meeting the DSM-IV-TR criteria for methamphetamine dependence. Patients were briefed on the study and written consent was obtained. Only patients with the last use of methamphetamine within 30 days were included in the study. A face-to-face interview was conducted using a structured questionnaire to collect data on sociodemography and drug use history. The Mini International Neuropsychiatric Interview (MINI) was administered to screen for major psychiatric disorders including suicidality. The interviews were conducted by a qualified psychiatrist. Subjects were assured that all personal information was strictly confidential. Ethical approval was obtained from Medical Ethics Committee of UMMC.

Results: A total of 305 subjects were enrolled in this study. The mean age of the subjects was 30.5±8.2 years. Almost all were male, with only 3 (1%) female. Mean age at first methamphetamine use was 23.9±8.8 years and mean duration of methamphetamine use was 6.4±4.9 years. 50.2% of the subjects had lifetime psychotic disorder, 32.1% had antisocial personality disorder, 17.7% had Major Depression, 16.4% had Bipolar Disorder (Mania) and 4.6% had Panic Disorder. The prevalence of those categorised as having “high suicidality” was 12.1%. Major Depressive Disorder, Panic Disorder, and Current as well as Lifetime Psychotic Disorders were all significantly associated with suicidality. Poly-substance use, found in 60.3% of the subjects, was also significantly associated with suicidality (OR, 3.1). Multiple logistic regression was then carried out and it was found that, the independent risk factors of suicidality were Major Depression (OR 7.3; 95% C.I.: 3.0, 17.8) and a Lifetime Psychotic Disorder (OR 5.1;95% C.I.: 1.3, 20.3).

Conclusion: The prevalence of psychiatric comorbidity and suicidality is high in this population. We feel that identification and treatment of comorbid psychiatric illnesses in this population is of utmost importance. It is unethical not to screen and treat for psychiatric illnesses in this population, and cause unnecessary suffering, knowing very well the rate of psychiatric illnesses in them is high. Failure to identify comorbid psychiatric illnesses here means an opportunity for treatment is lost in a population that is otherwise difficult to reach in the community.