

Abstract

Background: Many patients and clients visiting addiction treatment facilities suffer from other psychiatric illnesses in addition to addiction. The treatment and especially the prognosis of these patients are all the more complicated to decide on. And they require more time and effort being put in them. It is also necessary to educate the staff about the pitfalls of said clients. Psychiatric comorbidity prolongs treatment time and increases the chance of patient relapsing.

Aim: Aim of this work was to determine and map the prevalence of comorbidities of patients in the Addiction Clinic.

Methods: A retrospective study was conducted from already collected data on patients who visited the Addiction Clinic at least once in 2021. The following information was provided about patients: Age, sex, region, date of visits, established diagnosis according to ICD-10. These data were subsequently adjusted clients with non-substance addiction and clients without a diagnosis of addiction or problematic use were removed.

Results: The research file contains 201 clients, of which 111 are men and 90 are women. The average age of clients is 44 years. The most preferred substance is alcohol (61 %), followed by sedatives and hypnotics (13 %). 48 % of all patients in the Addiction Clinic have one or more comorbidities. The highest presence of comorbidities is among women using tobacco or sedatives and hypnotics (in both cases 83,3 %). There is also a high proportion of comorbidities amongst cannabinoid users (75,0 %). Smokers have the most frequent psychiatric comorbidities amongst men (83,3 %). Compared to women men have a higher proportion of comorbidities in opioid users (specifically 58,4 %) while the proportion in users of sedatives and hypnotics is lower (55,5 %).

Conclusion: Psychiatric comorbidity is an important phenomenon that affects the course of treatment and the patient's prognosis. Well-timed and primarily correct patients diagnosis shows us direction of how to work with them and how to approach them. It is necessary to be aware that the presence of psychiatric comorbidities may change during treatment some comorbidities will subside with the client's abstinence therefore it is necessary to revise the diagnoses regularly thereby preventing among other things stigmatization of the client.

Key words: Psychiatric comorbidity, addiction clinic, addictive substances