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Occupational stress and alcohol use: A study of two nationwide samples of operational ambulance personnel and police in norway

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Background and aims: Police and ambulance personnel are widely believed to have a high prevalence of excessive alcohol consumption. However, the empirical basis for this assumption is scant or non-existent. We assessed the association of alcohol use with burnout and job stress, with 'drinking to cope' and neuroticism as two possibly moderating factors in two occupations, the police- and ambulance services.

Methods: A comprehensive nationwide questionnaire survey of police (n = 2665) and ambulance personnel (n = 1180) in operational duty. The questionnaire encompassed the Alcohol Use Disorders Identification Test (AUDIT), the Maslach Burnout Inventory, the Job Stress Survey, and the Basic Character Inventory (BCI). A series of multiple linear regression analyses were conducted to examine relationships among the variables.

Results: With a modified AUDIT score of 6 or more, the prevalence for men was 17.7% (police) vs. 16.6% (ambulance personnel). The prevalence for women was 9.1% vs. 7.4%, respectively. Personnel who were male, younger, and with higher levels of neuroticism reported higher levels of alcohol problems. 'Drinking to cope' was most strongly associated with higher levels of alcohol problems (standardized beta = 0.29, $p < 0.001$), and was found to moderate the effect of depersonalization and gender.

Conclusion: The prevalence of hazardous drinking was moderate in both groups. However, among those personnel who drank to reduce stress, males and those experiencing higher levels of depersonalization may be at increased risk of developing alcohol-related problems.

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Alcohol dependence ambulatory clinic in Hospital de São João

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It is unquestionable the importance of a consultation turned on the treatment of the most frequent substance dependence existing in our country, culturally ''intoxicated'' by the myths and traditions about alcohol intake.

In alcohol-dependent patients that have no severe signs of withdrawal, detoxication can be safely and effectively undertaken in ambulatory setting.

In this study, the authors intended to evaluate the socio-demographic and clinical characteristics of 115 individuals followed in Alcohol Dependence Clinic, in the past four years. Data were collected from their clinical registries.

Patients were referred to this consultation exclusively for alcohol detoxication program, in their majority (81,4%).

Most remarkable characteristics that define a socio-demographic profile of the studied population are: masculine gender (80,9%), mean age of 46,15 ± 10,6, without permanent occupation (57,7%) and from low socio-economical level (Classes III and IV of Graffar modified Score: 93,5%). Alcohol consumption pattern was most frequently the Cloninger's type II (53,2%), the most consumed beverage was wine (85,0%), with 52,1% of patients having the first consumptions during adolescence. In 69,2%, there was a positive familiar history of alcohol dependence.

On the topic of psychopharmacological treatment, there was the obvious use of benzodiazepines, being the tiapride the second most prescribed medicine (71,7%).

After a six moths follow-up, most patients presented reduction in consumptions of alcohol (54,7%).

This investigation may contribute to a qualitative improvement of care to alcohol-dependent patients witch seek treatment and, eventually, to the future design of guidelines for referral and management of this individuals.

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Different psychiatric profile for the alcohol and paramiloidosis transplant groups

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There is a lot of evidence about the importance of the psychiatric evaluation of liver transplant candidates, particularly the ones with history of alcoholism.

We studied 53 sequential liver transplantation candidates of a Liver Transplantation Unit integrated in a Public General Hospital (20,7% Paramiloidosis, 16,9% Alcoholic Cirrhosis, 11,2% Hepatitis C, 3,7% Liver Cancer, 47,7% other diagnosis and mixed diagnosis).

We aimed to study the psychiatric profile of this population by means of a psychiatric interview, DSM-IV diagnosis, TAS (Taylor 1991), Neo FFI (Costa 1992), HADS (Zigmond 1963), PACT (Olbrisch 1989) and HRARS (Booth, 1993).

Out of our patients (70% males, 56% married, 32% active), 18,9% had had at least one episode of depression, 3,8% an anxiety disorder, 5,7% alcohol abuse disorder, 17% alcohol dependence disorder, 3,6% dependence or abuse of other substances and 24,6% mixed psychiatric diagnosis.

The actual psychiatric diagnosis was in 26,4% Major Depressive Disorder, 20,8% Generalized Anxiety Disorder, 5,7% adaptive disorder, 1,9% dependence/abuse of other substances than alcohol, 1,9% dementia, and 3,7% mixed diagnostics.

We found that 17% were alexithymic, 28% had moderate-high scores for HADS-anxiety, and 14% for HADS-depression. The mean score for neuroticism, extraversion, and conscientiousness was high for this population, the social suport was good in 62,3% and within the alcohol group, the risk of alcohol relapse was moderated in 42,1% and high in 36,8%.

There were significant differences in psychiatric profile for the Alcohol and Paramiloidosis groups showing they require specific strategies of psychiatric aproach.

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Impact of quetiapine in the treatment of insomnia associated with addictive pathologies: a retrospective study

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Sleep disturbances are often present in addictive disorders. The atypical antipsychotic quetiapine has a favourable tolerability profile,

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