

# BÖLÜM 8

## ALKOL MADDE KULLANIM BOZUKLUKLARI VE FİZİKSEL HASTALIK BİRLİKTELİĞİ

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### Giriş

Alkol ve madde kullanım bozuklukları genellikle tıbbi hastalıkları da beraberinde getirir ve erken ölümlerle sonuçlanır. Bu nedenle alkol, tütün ve yasa dışı madde kullanımı, küresel hastalıkların ve ölümlerin önemli bir unsurudur (1). Kitabın bu bölümünde alkol ve madde kullanım bozukluklarına eşlik eden fiziksel hastalıklardan bahsedilecektir.

### Alkol ile İlişkili Fiziksel Hastalıklar

Alkolün, ciddi sağlık problemleri oluşturmasına rağmen, bağımlılık potansiyeli olan maddeler arasında, “uluslararası ve yasal olarak bağlayıcı düzeyde kontrol edilmeyen” tek psikoaktif madde olduğu düşünülmektedir (2).

Bazı bilim adamlarının, az miktarda alkol içmenin diyabet, iskemik kalp hastalığı ve bunama gibi durumların önlenmesine yardımcı olduğunu öne sürmesine rağmen, bu konuda yapılan çalışmaların hiçbiri alkol tüketiminin “en güvenli seviyesini” bildirmemektedir (3). Alkol alımıyla ilgili bir diğer önemli endişe de alkol kullanımıyla ortaya çıkan diğer hastalıkların, özellikle kanserlerin muhtemelen yeterince rapor edilmemesidir (4).

Aşağıda, alkole bağlı fiziksel zararlar üzerine yapılan araştırmalardaki son gelişmelere yer verilmiştir.

### Kanserler

1995’ten beri birçok çalışma, alkol tüketmenin kanser riskini artırabileceğini göstermiştir. Ancak bu çalışmalar, alkolden kaynaklanan kanserojen etkilerin ortaya çıkması için bir eşik belirtmemiş ve kanser riskini önlemenin en iyi yolunun alkol tüketiminden uzak durmak olduğunu öne sürmüştür. (5)

Alkolün gastrointestinal kanser riskini doğrudan ve dolaylı olarak deoksiribonükleik asit (DNA) zincirini değiştirerek, onkogenезin gelişmesine katkıda bulunduğu gösterilmiştir. Ayrıca alkol, diğer kanserojen kimyasal maddelerle sinerjistik etki göstererek, A ve E vitaminleri, çinko, demir, folik asit, tiamin gibi vitaminlerin kan seviyelerini düşürerek, bağışıklık sistemini zayıflatarak kanserin ilerleme riskini artırır (6).

Biyolojik kanıtların yanı sıra, çok sayıda epidemiyolojik çalışma, alkol tüketimi ile akciğer, yemek borusu, mide, karaciğer, rektum ve meme

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Kokainin neden olduğu başka bir fiziksel durum da orta hat yıkıcı lezyonudur. Orta hat yıkıcı lezyonu Anti-nötrofil Sitoplazmik Antikorlar (ANCA) üretmeye yatkın bir hasta alt grubunda, özellikle nötrofil elastaz reaksiyonu ile, kokain kötüye kullanımıyla tetiklenen lokalize bir nazal nekrotizan inflamatuvar doku yanıtı olarak tanımlanır (67).

## Anabolik Androjenik Steroidler ile İlişkili Fiziksel Hastalıklar

Anabolik androjenik steroidlere bağımlı kullanıcıların enjeksiyon yerinde ağrı, testis atrofisi, artan kan basıncı, ödem, stria ve çatlak izleri, jinekromasti, cinsel işlev bozukluğu, anormal lipid paneli ve saç dökülmesi yaşama olasılığı, anabolik androjenik steroidlere bağımlı olmayanlara göre çok daha fazladır (68).

Görülüyor ki, alkol ve madde kullanım bozukluğu olan kişilerde eşlik eden tıbbi durumların yüksek prevalansı, bunun sonucunda fiziksel hastalıklarla geçirilen yıllar ve erken ölüm riski açısından ortaya çıkan yük göz önüne alındığında, olası komorbiditeleri bilmek, önlemeye yönelik tarama, erken teşhis ve tedaviyle ilgili yaklaşımlar önemli olacaktır (69).

## Kaynakça

1. Peacock A, Leung J, Larney S, et al. Global statistics on alcohol, tobacco and illicit drug use: 2017 status report. *Addiction*. 2018;113(10):1905-1926. Doi: 10.1111/add.14234
2. World Health Organization. *Global status report on alcohol and health 2018*. [Online] [https://www.who.int/substance\\_abuse/publications/global\\_alcohol\\_report/en/](https://www.who.int/substance_abuse/publications/global_alcohol_report/en/) [Accessed: 27 September 2018]
3. Griswold MG, Fullman N, Hawley C, et al. Alcohol use and burden for 195 countries and territories, 1990-2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2018; 392(10152): 1015-35. Doi: 10.1016/S0140-6736(18)31310-2
4. Burton R, Sheron N. No level of alcohol consumption improves health. *Lancet*. 2018;392(10152):987-8. Doi: 10.1016/S0140-6736(18)31571-X
5. Rehm J, Soerjomataram I, Ferreira-Borges C, et al. Does alcohol use affect cancer risk? *Curr Nutr Rep* 2019. Doi: 10.1007/s13668-019-0267-0
6. Department of Health (UK). UK Chief Medical Officers' Alcohol Guidelines Review Summary of the proposed new guidelines [Online]. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489795/summary.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf) [Accessed: January 2016]
7. Connor J. Alcohol consumption as a cause of cancer. *Addiction*. 2017; 112(2): 222-8. Doi: 10.1111/add.13477
8. Simpson RF, Hermon C, Liu B, et al. Alcohol drinking patterns and liver cirrhosis risk: Analysis of the prospective UK Million Women Study. *The Lancet Public Health*. 2019;4(1):e41-e48. Doi: 10.1016/S2468-2667(18)30230-5
9. Hydes T, Gilmore W, Sheron N, et al. Treating alcohol-related liver disease from a public health perspective. *J Hepatol*. 2019;70(2): 223-36. Doi: 10.1016/j.jhep.2018.10.036
10. Pan CS, Ju TR, Lee CC, et al. Alcohol use disorder tied to development of chronic kidney disease: A nationwide database analysis. *PLoS One* 2018; 13(9): e0203410. Doi: 10.1371/journal.pone.0203410
11. World Health Organization. *Alcohol and Health - WHO 2018 infographic*. [Online] <https://alcoholcampaign.org/2018/11/10/alcohol-and-health-who-2018-infographic/> [Accessed: 10 November 2018]
12. Manthey J, Probst C, Rylett M, et al. National, regional and global mortality due to alcoholic cardiomyopathy in 2015. *Heart* 2018;104(20):1663-9. Doi: 10.1136/heartjnl-2017-312384
13. Zhou Y, Zheng J, Li S, et al. Alcoholic beverage consumption and chronic diseases. *Int J Environ Res Public Health* 2016;13(6). Doi: 10.3390/ijerph13060522
14. Fuchs FD, Chambless LE, Whelton PK, et al. Alcohol consumption and the incidence of hypertension: The Atherosclerosis Risk in Communities Study. *Hypertension* 2001;37(5):1242-50. Doi: 10.1161/01.hyp.37.5.1242
15. Toma A, Pare G, Leong DP. Alcohol and cardiovascular disease: How much is too much? *Curr Atheroscler Rep*. 2017;19(3):13. Doi: 10.1007/s11883-017-0647-0
16. Simou E, Britton J, Leonardi-Bee J. Alcohol and the risk of pneumonia: A systematic review and meta-analysis. *BMJ Open*. 2018;8(8):e022344. Doi: 10.1136/bmjopen-2018-022344
17. World Health Organization. *Global tuberculosis report 2018* [Online]. [https://www.who.int/tb/publications/global\\_report/en/](https://www.who.int/tb/publications/global_report/en/) [Online].
18. Imtiaz S, Shield KD, Roerecke M, et al. Alcohol consumption as a risk factor for tuberculosis: Meta-analyses and burden of disease. *Eur Respir J*. 2017;50(1):1700216. Doi: 10.1183/13993003.00216-2017
19. Rachdaoui N, Sarkar DK. Pathophysiology of the Effects of Alcohol Abuse on the Endocrine System. *Alcohol Res*. 2017; 38(2): 255-276.
20. Obad A, Peeran A, Little JI, et al. Alcohol-mediated organ damages: heart and brain. *Front Pharmacol*. 2018;9:81.
21. Planas-Ballvé A, Grau-López L, Morillas RM, et al. Manifestaciones neurológicas del alcoholismo. *Gastroenterología y Hepatología*. 2017;40(10): 709-717. Doi: 10.1016/j.gastrohep.2017.05.011
22. Hammoud N, Shahed JJ. Chronic Neurologic Effects of Alcohol. *Clin Liver Dis*. 2019;23:141-155. Doi: 10.1016/j.cld.2018.09.010

23. Wiczorek M, Gwinnutt JM, Ransay-Colle M, et al. Smoking, alcohol consumption and disease-specific outcomes in rheumatic and musculoskeletal diseases (RMDs): systematic reviews informing the 2021 EULAR recommendations for lifestyle improvements in people with RMDs. *RDM open*;2020;8(1),e002170. Doi: 10.1136/rmdopen-2021-002170
24. Mangla G, Garg N, Bansal D, et al. Peripheral Blood and Bone Marrow Findings in Chronic Alcoholics with Special Reference to Acquired Sideroblastic Anemia. *Indian J Hematol Blood Transfus.* 2020;36(3):559- 564. Doi: 10.1007/s12288-019-01188-5
25. Shi X, DeLucia AL, Bao J, et al. Alcohol abuse and disorder of granulopoiesis. *Pharmacol Ther.* 2019;198:206-219. Doi: 10.1016/j.pharmthera.2019.03.001
26. Bujanda L. The Effects of Alcohol Consumption Upon the Gastrointestinal. Tract. *Am J Gastroenterol* 2000;95: 3374–3382. Doi: 10.1111/j.1572-0241.2000.03347.x
27. Jain NP, Shao K, Stewart C, et al. The effects of alcohol and illicit drug use on the skin. *Clin Dermatol.* 2021;39(5):772-783. Doi: 10.1016/j.clindermatol.2021.05.005
28. Wolverson SE, Wu JJ. Comprehensive dermatologic drug therapy. Elsevier Health Sciences. 2019
29. Kelly Y, Iacovou M, Quigley MA, et al. Light drinking versus abstinence in pregnancy - behavioural and cognitive outcomes in 7-year-old children: a longitudinal cohort study. *BJOG* 2013; 120(11): 1340-7. Doi: 10.1111/1471-0528.12246
30. Mamluk L, Edwards HB, Savović J, et al. Effects of low alcohol consumption on pregnancy and childhood outcomes: A systematic review and meta-analysis. *The Lancet* 2016; 388: S14. Doi: 10.1136/bmjopen-2016-015410
31. Kahila H, Halmesmaki E, Baldacchino A, et al. EBCOG position paper on alcohol and pregnancy. *Eur J Obstet Gynecol Reprod Biol* 2016; 202: 99-100. Doi: 10.1016/j.ejogrb.2016.04.020
32. Centers for Disease Control and Prevention (CDC). *An alcohol-free pregnancy is the best choice for your baby.* [Online] [https://www.cdc.gov/ncbddd/fasd/documents/fasdbrochure\\_final.pdf](https://www.cdc.gov/ncbddd/fasd/documents/fasdbrochure_final.pdf) [Accessed: 20 May 2016]
33. Tsang TW, Elliott EJ. High global prevalence of alcohol use during pregnancy and fetal alcohol syndrome indicates need for urgent action. *Lancet Glob Health* 2017; 5(3): e232-e233. Doi: 10.1016/S2214-109X(17)30008-6
34. Santoroa A, Tominob C, Prinzia G, et al. Tobacco Smoking: Risk to Develop Addiction, Chronic Obstructive Pulmonary Disease and Lung Cancer. *Recent Patents on Anti-Cancer Drug Discovery.* 2019;14:39-52. Doi: 10.2174/1574892814666190102122848
35. Münzel, T, Hahad O, Kuntic M, et al. Effects of tobacco cigarettes, e-cigarettes, and waterpipe smoking on endothelial function and clinical outcomes. *European heart journal.* 2020;41(41): 4057–4070. Doi: 10.1093/eurheartj/ehaa460
36. Lin CC, Chiu CC, Lee PY, et al. The Adverse Effects of Air Pollution on the Eye: A Review. *International journal of environmental research and public health.* 2022;19(3):1186. Doi: 10.3390/ijerph19031186
37. Juliano LM, Griffiths RR. A critical review of caffeine withdrawal: empirical validation of symptoms and signs, incidence, severity, and associated features. *Psychopharmacology.* 2004;176:1-29. Doi: 10.1007/s00213-004-2000-x
38. Grosso G, Micek A, Godos J, et al. Long-term coffee consumption is associated with decreased incidence of newonset hypertension: a dose-response metaanalysis. *Nutrients.* 2017;9:890. Doi: 10.3390/nu9080890
39. Jee SH, He J, Appel LJ, et al. Coffee consumption and serum lipids: a meta-analysis of randomized controlled clinical trials. *Am J Epidemiol.* 2001;153:353-62. Doi: 10.1093/aje/153.4.353
40. Sözlü S, Yılmaz B, Acar Tek N, et al. Kahve Tüketimi ve Bazı Hastalıklarla İlişkisi. *SdÜ Sağlık Bilimleri Enstitüsü Dergisi.* 2017;8(2):33-39. Doi: 10.22312/sdusbed.273937
41. Cnattingius S, Signorello LB, Annerén G, et al. Caffeine intake and the risk of first-trimester spontaneous abortion. *N. Engl. J. Med.* 2000;343:1839–1845. Doi: 10.1056/NEJM200012213432503
42. Lyngso J, Ramlau-Hansen CH, Bay B, et al. Association between coffee or caffeine consumption and fecundity and fertility: a systematic review and dose-response meta-analysis. *Clin. Epidemiol.* 2017;9:699–719. Doi: 10.2147/CLEPS146496
43. Tait R, Caldicott D, Mountain D, et al. A systematic review of adverse events arising from the use of synthetic cannabinoids and their associated treatment. *Clin Toxicol (Phila).* 2016;54(1):1–13. Doi: 10.3109/15563650.2015.1110590
44. Brezing CA, Levin FR. The Current State of Pharmacological Treatments for Cannabis Use Disorder and Withdrawal *Neuropsychopharmacology Reviews.* 2018;43:173–194. Doi: 10.1038/npp.2017.212
45. Scocard A, Benyamina A, Coscas S, et al. Cannabinoïdes de synthase: une nouvelle matrice des addictions. *Presse Med.* 2017;46(1):11–22. Doi: 10.1016/j.lpm.2016.11.014
46. Labay L, Caruso JL, Gilson T, et al. Synthetic cannabinoid drug use as a cause or contributory cause of death. *Forensic Sci int.* 2016;260:31–39. Doi: 10.1016/j.forsciint.2015.12.046
47. Hardaway R, Schweitzer J, Suzuki J. Hallucinogen Use Disorders. Child and Adolescent Psychiatric. *Clinics of North America.* 2016;25: 489-496. Doi: 10.1016/j.chc.2016.03.006
48. Wright NE, Strong JA, Gilbert ER, et al. 5-HTTLPR genotype moderates the effects of past ecstasy use on verbal memory performance in adolescent and emerging adults: a pilot study. *PLoS One* 2015;10(7):e0134708. Doi: 10.1371/journal.pone.0134708

49. Tormoehlen LM, Tekulve KJ, Nanagas KA. Hydrocarbon toxicity: A review, *Clinical Toxicology*. 2014;52:479-489. Doi: 10.3109/15563650.2014.923904
50. Scott EB. Two Serious and Challenging Medical Complications Associated with Volatile Substance Misuse: Sudden Sniffing Death and Fetal Solvent Syndrome. *Substance Use & Misuse*. 2011;46(1):68-72. Doi: 10.3109/10826084.2011.580220
51. Van Valen E, van Thriel C, Akila R, et al. Chronic solvent-induced encephalopathy: European consensus of neuropsychological characteristics, assessment, and guidelines for diagnostics. *Neurotoxicology*. 2012;33:710 – 726. Doi: 10.1016/j.neuro.2012.03.010
52. Kopec KT, Brent J, Banner W, et al. Management of cardiac dysrhythmias following hydrocarbon abuse: clinical toxicology teaching case from NACCT acute and intensive care symposium. *J Toxicol Clin Toxicol* 2014;52:141 – 145. Doi: 10.3109/15563650.2014.882001
53. Mazzeo PA, Renny M, Osterhoudt KC. A toddler with curiosity and a cough. *Pediatr Emerg Care*. 2010;26:232–235. Doi: 10.1097/PEC.0b013e3181d5297e
54. Streicher HZ, Gabow PA, Moss AH, et al. Syndromes of toluene sniffing in adults. *Ann Intern Med*. 1981; 94:758 –762. Doi: 10.7326/0003-4819-94-6-758
55. Mravčík V, Sebaková H, Kania A. Seroprevalence of viral hepatitis A, B and C in intravenous drug users. *Epidemiol Mikrobiol Immunol*. 2000;49(1):19-23
56. Chambers HF. Skin and Soft Tissue Infections in Persons Who Inject Drugs. *Infect Dis Clin North Am*. 2021 Mar;35(1):169-181. doi: 10.1016/j.idc.2020.10.006. Epub 2020 Dec 7. PMID: 33303334. Doi: 10.1016/j.idc.2020.10.006
57. Ji Y, Kujtan L, Kershner D. Acute endocarditis in intravenous drug users: a case report and literature review. *Journal of community hospital internal medicine perspectives*. 2012;2(1),1-4. Doi: 10.3402/jchimp.v2i1.11513
58. Smink BE, Egberts AC, Lusthof KJ, et al. The relationship between benzodiazepine use and traffic accidents: a systematic literature review. *CNS Drugs*. 2010;24:639-53. Doi: 10.2165/11533170-000000000-00000
59. Berryman SN, Jennings J, Ragsdale S, et al. Beers criteria for potentially inappropriate medication use in older adults. *Medsurg Nurs*. 2012;21:129-32.
60. Pariente A, de Gage SB, Moore N, et al. The benzodiazepine-dementia disorders link: current state of knowledge. *CNS Drugs*. 2016;30:1-7. Doi: 10.1007/s40263-015-0305-4
61. Horsfall JT, Sprague JE. The Pharmacology and Toxicology of the 'Holy Trinity'. *Basic Clin Pharmacol Toxicol*. 2017;120(2):115-119. Doi: 10.1111/bcpt.12655
62. Dugo, E, Barison A, Todiere G, et al. Cardiac magnetic resonance in cocaine-induced myocardial damage: cocaine, heart, and magnetic resonance. *Heart Fail Rev*. 2022;27:111–118. Doi: 10.1007/s10741-020-09983-3
63. Tseng W, Sutter ME, Albertson TE. Stimulants and the lung. *Clin Rev Allergy Immunol*. 2014;46(1):82–100. Doi: 10.1007/s12016-013-8376-9
64. Fernandez WG, Hung O, Bruno GR, et al. Factors predictive of acute renal failure and need for hemodialysis among ED patients with rhabdomyolysis. *Am J Emerg Med*. 2005;23(1):1–7. Doi: 10.1016/j.ajem.2004.09.025
65. Toosi S, Hess CP, Hills NK, et al. Neurovascular complications of cocaine use at a tertiary stroke center. *J Stroke Cerebrovasc Dis*. 2010;19(4):273–8. Doi: 10.1016/j.jstrokecerebrovasdis.2009.05.002
66. Neiman J, Haapaniemi HM, Hillbom M. Neurological complications of drug abuse: pathophysiological mechanisms. *Eur J Neurol*. 2000;7(6):595–606. Doi: 10.1046/j.1468-1331.2000.00045.x
67. Trimarchi M, Bussi M, Sinico RA, et al. Cocaine-induced midline destructive lesions – an autoimmune disease? *Autoimmun Rev*. 2013;12:496–500. Doi: 10.1016/j.autrev.2012.08.009
68. Ip JE, Lu DH, Barnett MJ, et al. Psychological and Physical Impact of Anabolic-Androgenic Steroid Dependence. *Pharmacotherapy*. 2012;32(10):910–919. Doi: 10.1002/j.1875-9114.2012.01123
69. Walker ER, Druss BG. Mental and Addictive Disorders and Medical Comorbidities. *Current Psychiatry Reports*. 2018;20:10–11. Doi: 10.1007/s11920-018-0956-1