



Psychoactive substance use on individuals with hyperlipidemia and its effects on mental health

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Objectives

Hyperlipidemia and psychotropic substance intake are two relatively common clinical practice occurrences. We explore what effect psychotropic substance use have among those with hyperlipidemia.

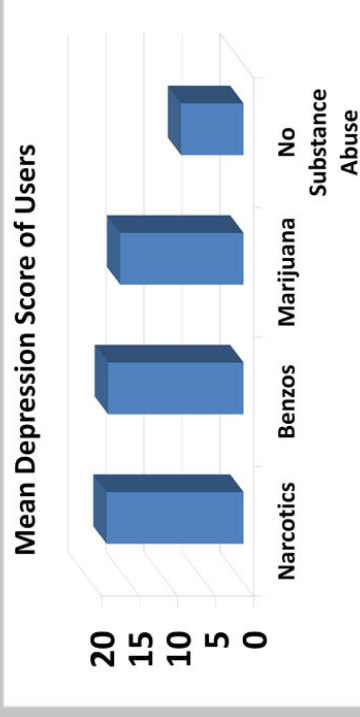
Methods

The study accessed 4 years of data, n=5003, of unique individuals that took the Depression and Anxiety Assessment Test (registration TX 7-398-022). That test assessed depression levels, emotional intelligence (EQ), demographics and asked about various psychoactive substance usage at least once a week as well as cholesterol levels. The depression was classified according to the DSM-5 [The Diagnostic and Statistical Manual of Mental Disorders Volume 5] into 4 categories as none (0-6), mild (7-10), moderate (11-19) or severe (20 or more). EQ can greatly impact work life and career and has been linked to better social intercourse and success in life. The 5 components that EQ measures are knowing their emotions, managing their emotions, recognizing emotions in others, managing relationships with others and motivating themselves to achieve their goals.

Results

From n=5003 individuals that took the test, n=845 had high cholesterol that group mean age was 56, ST 14 and 67% were females. From the n=845 with high cholesterol, n=45 reported using narcotics at least once a week; that group had a mean depression score of 17.3, a st dev of 6.2, and a median of 18 and regarding EQ, they had a mean of 95, a st dev of 13, and a median of 96. n=22 reported using marijuana at least once a week, that group had a mean depression score of 16, st dev of 7.2, a median of 16.5 and regarding EQ, they had a mean of 90, a st dev of 13, and a median of 91.

n=88 reported using benzodiazepines at least once a week, that group had a mean depression score of 17.8, st dev of 6.3, and median of 19, regarding EQ, they had a mean of 90, a st dev of 13, and a median of 88. n=506 that were not using narcotics, benzodiazepines or marijuana they had a mean depression score of 8.2, a st dev of 7.1, and a median of 7 and regarding EQ, they had a mean of 113, a st dev of 16, and a median of 114.



Conclusions

Narcotics and benzodiazepines have the worst effect on depression level but regarding EQ, marijuana and benzodiazepines had the worst effect. The group is being followed up to see the long-term effect.



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