



Letter to the Editor

Laryngeal cancer, Laryngectomy, and quality of life

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Dear editor

In the July edition of the Australian Medical Journal (AMJ) Jayasuriya et al publish an article entitled: "The quality of life of laryngectomised patients". In this article the authors evaluated the quality of life of patients after laryngectomy. (1) They concluded that patients experience a lower quality of life after laryngectomy. However problems in physical, social and psychological domains may result from chronic disease before operation.

It has previously been demonstrated that many chronic diseases such as stroke, hypertension, depression, osteoarthritis of knee and other articular diseases can impact on quality of life. (2) It has been shown for patients with early diagnosis and treatment with radiotherapy and endoscopic surgery, without laryngectomy. (3) Intuitively for cancer patients one might anticipate no impact on quality of life from laryngectomy. (4) Evaluating the quality of life before and after the operation may be a more reliable way to explore the impact of laryngectomy on such patients.

Sincerely,

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Substance abuse among people living in slums in a district of Northern India

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Dear Editor,

Substance abuse is a chronic, relapsing condition where the substance user compulsively spends time



looking for and using an illegal substance.¹ It is one of the major areas of concern in young people's behaviour. Estimates indicate that around 190 million people all over the world consume one illegal substance or the other and there are three million substance abusers in India.² However, there is a wide regional as well as rural-urban variation in term of the prevalence of the substance abuse across India. Problem of substance abuse is rapidly increasing because of rapid urbanization and maximally effects people living in urban slums.² Alcohol and opiates (consumed in different forms i.e. cough syrup, charas, ganga etc.) are known to be associated with several social problems. Hence, the present study was designed to know the status of substance abuse regarding alcohol and cough syrup, among urban slums in Rohtak city. It was a cross sectional, interview based (using semi-structured, pre-tested schedule), study carried by house-to-house survey. Total of 956 individuals aged more than 15 years were enrolled in the study.

A criterion used for labeling substance abuser was 'anyone who consumed the substance/substances of abuse for an average of at least three days per week during the last six months and compulsively spent time in looking for that substance'. The criterion fixed for amount of cough syrup was 100ml or more a day, on an average of more than three occasions per week, in the last six months and for alcohol usage was 200ml or more a day, on an average of more than three occasions per week, in the last six months. The confidentiality of the respondents was ensured. The data was analyzed using unpaired T test and chi-square test, wherever applicable. 485 males and 471 females were studied. The prevalence of substance abuse was 19.66% in the study. None of the females gave positive history for substance abuse while in 188 i.e. 38.76% males, substance abuse was present. Tobacco was the most common substance of abuse, followed by alcohol and cough syrup.

In a study conducted in rural community in Bihar prevalence of alcohol/substance abuse was found to be 28.8%.³ In our study too alcohol was found to be the important type of substance abuse, as being found in 45.7% of substance abusers and prevalence of alcohol abuse in males came out to be 14.5%.

Cough syrup though not so common but was found in 6 individuals i.e. 3.2% of substance abusers. There are not many studies on cough syrup as substance abuse. It may

be region specific, as it is taken as a substance of abuse in many parts of Haryana.

Nearly 20% of the subjects who were having substance abuse were addicted to multiple substances. Around 10 % initiated substance abuse before 15 years of age, while 57 % initiated substance abuse between 15 to 25 years of age. The mean age of initiation of alcohol was 22.9 years followed by of cough syrup 25.3years and others (i.e. bhang, charas, sulfa) 25.7 years. Social problems were observed in 74 (39.3%) of the substance abusers and domestic violence was the most common followed by gambling, fight with neighbours and stealing in i.e. in 48, 44, 22 and 4 abusers respectively. Health problems were observed in 58 (30.8%) of the substance abusers. Chronic cough was complained by 44 substance abusers followed by constipation, itching and tremors i.e. in 18, 8 and 6 abusers respectively. Around 12% visited de-addiction clinic but it was successful in only 1% of the substance abusers. This may be because the level of motivation needed for them was much less than what may be provided, so we need to strengthen our rehabilitation facilities.

Substance abuse can be addressed at the individual level, local level (society, national etc) and cross-national level. At the individual level, there has to be a synthesis of biological understanding with the exploration of background socio-cultural factors. Along with these services the voluntary organizations and community based treatment programmes operated in different regions of the country should focus on strengthening the ties of substance abusers to their family and community and get the community to cooperate in the rehabilitation process.

The government has taken action to promote healthy lifestyles through sports, health education. For rehabilitation of substance abusers state level hospitals, a network of de-addiction centres should employ various systems of medicine such as allopathy, homeopathy, ayurveda, naturopathy and yoga coupled with a range of psychotherapies.

Sincerely,

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TABLES

Table1. Distribution of different type of substances among substance abusers (n=188).

Type of substance	Frequency	Percentages
Alcohol	86	45.7
Cough syrup	6	3.2
Others [†]	96	51.1

[†] Others include smoking, bhang, charas, sulfa

Table2. Mean age of initiation of different types of substances of abuse.

Type of substance	Age of initiation (Mean ± S.D)		P value (unpaired t test)		
			Vs alcohol	Vs cough syrup	Vs others
Alcohol	22.94	5.88	1.00	0.324	0.196
Cough syrup	25.33	2.08	0.324	1.00	0.866
Others	25.75	6.07	0.196	0.866	1.00

*p value shows difference is statistically significant i.e. less than 0.05

Table3. Social problems among substance abusers (n=188).

Social problems*	Frequency	Percentages
Domestic violence	48	25.13
Gambling [†]	44	23.40
Fight with neighbours	22	11.70
Stealing	4	2.13

*subjects have multiple responses
[†] include different forms of gambling (playing cards, betting etc).