

Discussion

The Use of Psychoactive Substances in Germany—Findings From the Epidemiological Survey of Substance Abuse 2021

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Clear Definitions Exist

Rauschert et al. in their article (1) report on problematic versus non-problematic consumption of alcohol and tobacco.

Addiction medicine has clear definitions in this context. In somatic medicine, however, the borderline between problematic and non-problematic alcohol consumption is not supported by a generally accepted definition. Often, a dose–response relation exists between the volume consumed and the probability of disease (2).

In addition to genetic predisposition, risk factors such as overweight, diabetes, an unbalanced diet, and chronic infections can determine the timing and extent of the somatic pathologies caused by alcohol or tobacco (2, 3). As regards the alcohol related risk of breast cancer, no threshold exists—even very small amounts of alcohol can increase the risk of breast cancer in women.

Synergies between several risk factors can also result in even tiny amounts of alcohol increasing the disease risk. In patients with diabetes, even modest alcohol consumption increases the risk for cancers of the bile duct (4).

The risks of smoking tobacco are not adequately defined in somatic medicine by means of existing or lacking tobacco dependence.

In Germany, some 11% of adults are exposed to passive tobacco smoke. 40% of children up to age 17 have a parent who smokes, and in 14% of adolescents, both parents smoke.

In Reply:

Epidemiological studies have satisfactorily confirmed a dose–response relation between the consumed amount of tobacco or alcohol and the risk of illness. Research has shown that no safe threshold exists regarding tobacco consumption, but that only complete abstinence is considered as safe regarding health (1). Even moderate amounts of alcohol can increase the risk for a range of severe disease (2).

The problematic consumption (indication of dependence) of tobacco and alcohol as an independent diagnosis requiring treatment needs to be distinguished from the risk of subsequent disease because of one's own substance consumption or external extraneous exposure (for example, passive smoking). Furthermore, the criteria for diagnosing problematic consumption of tobacco or alcohol (misuse or dependence) are not based on the amount consumed but on the somatic, psychological, and negative social consequences of substance use.

Passive smoking in childhood is associated with an increased risk of cancer (of the pancreas and the lung) in adulthood.

In somatic medicine, a clear demarcation between problematic and non-problematic consumption of alcohol or tobacco is therefore difficult.

Regardless of the terminology, however, preventive tumor medicine and addiction medicine are in pursuit of the same objective: to restrict exposure to alcohol and tobacco, especially in children, adolescents, and young adults.

Persons with tobacco and/or alcohol dependence have a significantly increased risk for cancers and should therefore participate regularly in screening.

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Using amounts consumed as diagnostic criteria is still the subject of controversial discussion (3). Among others, using amounts consumed would have the advantage of a continuous measure.

For the diagnosis, differentiating between problematic and non-problematic consumption is highly relevant as the modality of further treatment is based crucially on whether and which diagnosis exists. The treatment plan for a person with signs of alcohol dependence differs from that of a person with increased disease risk who does not show any signs of dependence.

Independently of the definition of problematic or non-problematic consumption—or dependence or otherwise—the implementation of preventive measures aiming to reduce consumption is of great importance, so as to reduce the hazards and risk of tobacco and alcohol consumption in as sustained a manner as possible.

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CLINICAL SNAPSHOT

Lateral Tongue Bite Confirmed on MRI

A 31-year-old female patient presented for neurological evaluation at 17 weeks of gestation with a suspected first-ever generalized epileptic seizure. The course of pregnancy, like a previous pregnancy, was unremarkable. The husband described a bilateral tonic-clonic seizure in the early hours of the morning; there were no provoking factors. The clinical neurological examination was normal; a right lateral tongue bite could be identified only with uncertainty. Emergency magnetic resonance imaging (MRI) of the skull did not reveal an epileptogenic focus, but impressively showed the suspected tongue bite in the form of circumscribed lingual edema as a primary incidental finding. The EEG performed as a complementary investigation showed focal findings with bitemporal slow wave complexes. We initiated seizure-suppressing medication with levetiracetam. The differential diagnosis of eclampsia, which was important in this case, was excluded and the pregnancy subsequently followed a normal course. The incidence of epilepsy in this age group is 20–25/100 000 person-years. The tongue edema detected on magnetic resonance imaging in this case may be able to contribute, as an indirect sign of seizure, to the diagnosis of epileptic seizures in patients with a macroscopically invisible tongue bite and limited medical history.

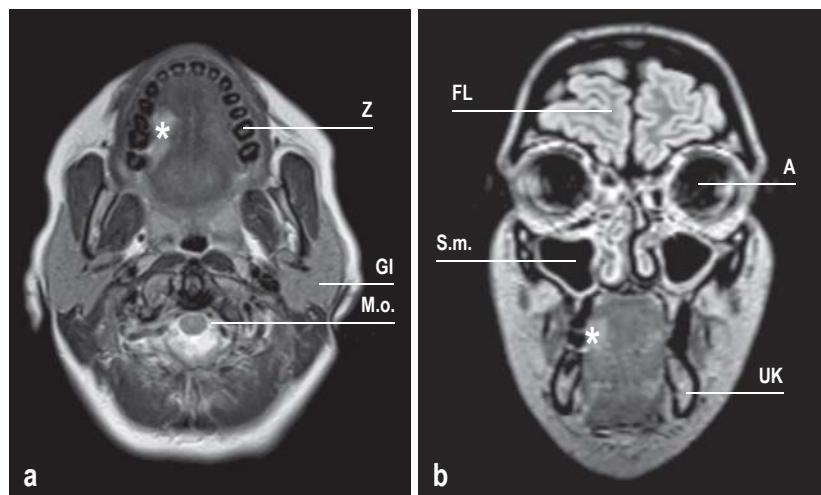


Figure: MRI of the skull. a) Transverse T2 turbo spin-echo (TSE) sequence. * Indicates the tongue edema. Guiding structures: maxillary dentition, parotid gland, medulla oblongata. b) Coronal secondary reconstruction 3D T2 fluid attenuated inversion recovery (FLAIR) sequence. * Indicates the tongue edema. Guiding structures: frontal lobe, eye, maxillary sinus, mandible

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