

CASE PRESENTATION

Adolescencia, consumo problemático de alcohol y conducta suicida: A propósito de un caso

Adolescence, problematic alcohol consumption and suicidal behavior: A case report

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RESUMEN

La Organización Mundial de la Salud define la adolescencia como el período de crecimiento y desarrollo humano que se produce después de la niñez y antes de la edad adulta, entre los 10 y los 19 años. En la adolescencia la conjunción de vulnerabilidad social, alcoholismo y riesgo suicida crea un triángulo patogénico de alta complejidad, aún más en contextos de exclusión. Paciente masculino, de 16 años de edad, no estudia ni trabaja, que ha consumido alcohol desde hace un año y que presenta una lesión en el labio y la boca seca. El propósito de este informe es describir un caso de adolescente en situación de vulnerabilidad, que asiste a la Consulta de Estomatología y presenta consumo problemático de alcohol que deriva en una crisis suicida. El caso ilustra de manera paradigmática la compleja interrelación entre los determinantes sociales de la salud y la psicopatología dual en la adolescencia.

Palabras clave: adolescencia, vulnerabilidad, alcoholismo, riesgo suicida

Descriptores: adolescente; vulnerabilidad social; alcoholismo; factores de riesgo; comportamiento de riesgo para la salud; intento suicida

ABSTRACT

The World Health Organization defines adolescence as the period of human growth and development that occurs after childhood and before adulthood, between the ages of 10 and 19. In adolescence, the combination of social vulnerability, alcoholism and suicide risk creates a highly complex pathogenic triangle, even more so in contexts of exclusion. Male patient, 16 years old, does not study or work, who has consumed alcohol for one year and who presents a lesion on the lip and dry mouth. The purpose of this report is to describe a case of an adolescent in a situation of vulnerability, who attends the Dentistry Consultation and presents problematic alcohol consumption that leads to a suicidal crisis. The case paradigmatically illustrates the complex interrelationship between the social determinants of health and dual psychopathology in adolescence.

Keywords: adolescence, vulnerability, alcoholism, suicide risk

Descriptors: adolescent; social vulnerability; alcoholism; risk factors; health risk behaviors; suicide, attempted

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INTRODUCTION

The World Health Organization (WHO by its English initials) defines adolescence as the period of human growth and development that occurs after childhood and before adulthood, between the ages of 10 and 19. This stage is characterized by profound biological, psychological and social changes that shape the individual's identity and mental health.⁽¹⁾ Not all adolescents go through this phase with the same guarantees; those who grow up in situations of vulnerability, understood as the result of social inequality, poverty, family dysfunction, structural violence or lack of access to basic services, face a disproportionate burden of risk factors that compromise their comprehensive development.⁽²⁾

Alcohol consumption in adolescence constitutes a first-order public health problem. According to global data, more than a quarter of young people aged 15 to 19 are regular drinkers, and the age of onset is increasingly earlier.⁽³⁾

Alcohol, due to its accessibility and social acceptance, acts as a "gateway" to other substances and, even more alarmingly, as an enhancer of impulsive behavior and self-destructive ideation.⁽⁴⁾ The adolescent neurobiology, with a still immature prefrontal cortex, makes the brain essentially sensitive to the neurotoxic effects of ethanol, affecting decision-making and impulse control.⁽⁵⁾

Simultaneously, suicide risk in the youth population has experienced a worrying increase over the last decade. Suicide ranks as the fourth leading cause of death among young people aged 15 to 19 worldwide.⁽⁶⁾ Recent literature insists that suicidal ideation does not arise from a single factor, but from the confluence of psychosocial and psychopathological stressors, a social phenomenon of growing prevalence in the world.⁽⁷⁾ In this context, alcohol abuse emerges not only as an independent risk factor, but also as a mediator that amplifies hopelessness and the lethality of suicide attempts.⁽⁸⁾

The combination of social vulnerability, alcoholism and suicide risk creates a highly complex pathogenic triangle. Adolescents in contexts of exclusion are not only more likely to begin early consumption, but also face greater barriers to accessing treatments and support networks.⁽⁹⁾ Poverty, intrafamily violence and the lack of life projects operate as social determinants that chronize both addiction and suicidal

ideation.⁽¹⁰⁾

Understanding this intersection is crucial for health teams; early detection and comprehensive management can radically modify the vital prognosis of these young people.

The purpose of this report is to describe a case of an adolescent in a situation of vulnerability, who attends the Dentistry Consultation and presents problematic alcohol consumption that leads to a suicidal crisis.

CASE PRESENTATION

Patient Information

Male patient, 16 years old, black skin color, with personal and family history of alcoholism, who does not study or work, does not have a balanced diet, comes from a rural area, lives in a dysfunctional family with separated parents, the mother works all day and his older brother has problematic alcohol consumption. He has never attended consultations, is not receiving treatment and is attending the dentist for the first time.

Reason for consultation: "I have had a dry mouth for months and a lesion on my lip".

Personal and family history

-Personal history: alcohol consumption for one year (initiated by peer pressure). Reports consumption of distilled beverages on weekends and occasionally on weekdays. Denies consumption of other drugs.

-Family history: mother with long working hours, absent father, older brother with a history of problematic alcohol consumption. Family climate characterized by poor communication and occasional intrafamily violence.

-Social environment: associates with a group of consuming peers, none of whom study or work. He wanders the streets for most of the day.

Clinical findings

Oral physical examination

-Lips: bilateral angular cheilitis, lip dehydration.

-Oral mucosa: marked xerostomia, pale and thin mucosa.

-Tongue: coated, atrophy of filiform papillae.

-Gums: moderate generalized gingivitis, bleeding on brushing, halitosis.

-Teeth: dental erosion on palatal surfaces of upper incisors, multiple caries (including rampant lesions). Other: ecchymosis on the soft palate and incipient pseudomembranous candidiasis.

Identified risk factors

Individual:

- Active alcohol consumption during the critical neurodevelopmental stage.
- Low self-esteem, reports that: "I'm good for nothing".
- Absence of a life project, does not study or work.

Family:

- Severe family dysfunction (communication is absent, violence and parental neglect are present).
- He has a consumption role model in his older brother.

Social:

- Group pressure toward consumption.
- Social exclusion due to being out of school.

Oral Health:

- Progressive deterioration of oral health, without access to treatment.

Suicide Risk:

Present factors: hopelessness, isolation, substance use such as alcohol, dysfunctional family, low self-esteem, absence of support networks, impulsivity typical of the age. Upon inquiry, he reports, "sometimes I think it would be better not to be here, but I wouldn't do anything".

An adolescent in whom the mouth becomes a gateway to address complex problems; the Dentistry Consultation is the space for early detection and intervention. The patient has a moderate risk of suicidal ideation; immediate intervention, follow-up and intersectoral coordination are necessary.

Comprehensive action plan

During the dentistry consultation, remineralization and control of active caries are performed, as well as educational activity for proper oral hygiene, related to correct brushing of the mouth and alcohol-free mouthwashes. Weekly follow-up is indicated to establish a therapeutic bond with the oral health team.

Individual interventions: he is incorporated into the "Una Sonrisa Saludable" (A Healthy Smile) project, with the participation of the dentist, family doctor, nurse, social worker, psychologist and dentistry student, with the design of counseling for alcohol consumption, motivational interviewing for self-esteem and a life project with five sessions.

Interconsultation is made with the Psychiatry

specialty with immediate incorporation into alcohol detoxification treatment at the Crisanto Betancourt Hernández Teaching Psychiatric Hospital and his evaluation of suicide risk.

Family interventions: an initial family dynamics session is held to present the adolescent's findings and risks, the incorporation of his mother into effective communication therapy for establishing limits and detecting warning signs regarding her children's alcoholism and the adolescent's suicide risk; as well as the referral of the older brother to evaluation and treatment by the Psychiatry specialty, due to problematic alcohol consumption.

Community interventions: incorporation of the adolescent and his brother into the monthly meeting group of Alcoholics Anonymous at the Presbyterian Church, as well as incorporation into other sports and cultural activities in the locality. Two community mental health agents are attached for the care of this family, to follow up on the adolescent's suicide risk.

Follow-up and results

Over a period of six months, following the initial consultation, weekly follow-up is maintained for the family and the patient in particular; a reduction in the frequency of alcohol consumption is identified, not only in the adolescent but also in his brother; in addition, the adolescent is successfully reincorporated into school and his brother into the workforce. Through the Dentistry follow-up, improvement in the patient's oral hygiene is verified, along with the changes that are beginning to occur in the family environment.

In an interview conducted, his mother's satisfaction with the actions carried out is confirmed; she emphasizes her gratitude for the support she has received from community factors and health personnel, and expresses her level of responsibility in the care of her children.

Ethical Considerations

The research is conducted in accordance with the principles of medical ethics and the Declaration of Helsinki. The data are obtained solely for research purposes.

DISCUSSION

The case presented paradigmatically illustrates the complex interrelationship between the social determinants of health and dual psychopathology in adolescence. First, it is necessary to emphasize that the context of vulnerability does not act as a mere backdrop, but as an ac-

tive etiological factor.

Recent studies^(11,12) confirm that exposure to adversities in childhood, such as domestic violence or neglect, increases by up to 300 % the likelihood of developing substance use disorders and suicidal behavior in late adolescence. In this patient, the lack of family containment and the unstable socioeconomic environment have functioned as triggering factors for consumption and as inhibitors of help-seeking. With a representative sample of 6 531 adolescents, sexual abuse and peer victimization are identified as the strongest predictors of suicidal ideation and attempts.

In relation to alcoholism, current evidence indicates that the pattern of heavy episodic drinking, so prevalent among young people, doubles the risk of suicidal ideation and attempts in adolescents.⁽¹³⁾ Furthermore, alcohol generates neuroinflammatory changes and serotonergic dysfunction that maintain a vicious circle of craving and emotional distress.⁽⁵⁾ It is relevant to note that, in vulnerable populations, the ability to acquire alcohol at low cost and high proof potentiates these risks.⁽³⁾

Suicide risk in these patients must be evaluated dynamically and not as an isolated event. Suicidal ideation in adolescent consumers tends to be fluctuating and influenced by the interpersonal context and the level of intoxication.⁽⁸⁾

Current clinical guidelines recommend that, in a case such as the one described, to carry out a risk assessment that includes not only the lethality of the plan, but also the presence of protective factors such as social networks and a life project, which tend to be severely eroded in contexts of vulnerability.⁽¹⁴⁾ The intervention cannot be limited to the pharmacological management of depression or alcohol detoxification; it must necessarily include a social and family approach.

Systemic family therapy and multidimensional intervention programs such as Multisystemic Therapy (MST) have shown the greatest efficacy in these cases, by working simultaneously on the individual, the family, the school and the community. They address comorbidities such as suicidal ideation and alcohol consumption in adolescents, integrating systemic approaches with crisis management.⁽¹⁵⁾ However, the implementation of these therapies in resource-limited settings is still a challenge today. The case evidences the need to strengthen coordination among mental health, social ser-

vices and education in order to build effective support networks.

To conclude, it is emphasized the importance of universal prevention: intervening in social vulnerability from childhood is the most cost-effective strategy to reduce the incidence of the pathological duality exposed here.^(2,10)

The case presented paradigmatically illustrates the complex interrelationship between the social determinants of health and dual psychopathology in adolescence.

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Conflict of Interest.

The authors declare that there are no conflicts of interest regarding the publication of this article.

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