

# \$IBOHFT PG 4PNF #MPPE \$PVOU 7BSJBCMFT JO \$ "MDPIPM "CVTF

Esmeralda Thoma <sup>1\*</sup>, Sonila Bitri <sup>2</sup>, Klodeta Mucaj <sup>1</sup>, Andrin Tahiri <sup>3</sup> and Irida Pano <sup>1</sup>

<sup>1</sup>University of Medicine of Tirana, Tirana, Albania

<sup>2</sup>American Hospital of Tirana, Tirana, Albania

<sup>3</sup>UHC Mother Teresa-Tirana, Tirana, Albania

## Abstract

Introdh8

**Keywords:** Alcohol abuse; Complete blood count (CBC); Time of alcohol abuse

## Introduction

The use of alcoholic beverages dates from the beginning of civilization in ancient Egypt. As far as we know the first alcoholic drink was used at least in 6000 BC and people have been drinking alcohol all over the world ever since [1].

The use of alcohol is already a phenomenon of many societies. It is estimated that the total number of the population classified as alcohol consumers in the world goes up to 2 billion, while 76.3 million people develop alcohol use disorder [2,3]. The effects of alcohol depend on the amount of ethanol consumed per kg body weight. Levels from 0:02 to 0:03 g / dl are achieved after consumption of one or two standard drinks [4]. Complete blood count is one of the most requested blood test from physicians. Alcohol is the most commonly used drug, whose consequences include changes of CBC [5]. Due to the fact, that alcohol use, especially in heavy drinkers, can cause different metabolic derangements, it is necessary, to investigate the changes of complete blood count [5]. Another reason that makes CBC necessary to use, is to reveal several damages that alcohol can cause, for example to reveal liver damage [5]. Alcohol consuming can cause different adverse effects on blood cells, therefore even in their functions. The main causes leading to changes of CBC (complete blood count) are: myelosuppression that is accompanying with slight reduction in all blood cells, blood loss from gastrointestinal tract, malnutrition etc [6].

## Methods

This is a retrospective cohort study with homogeneity, which was conducted during the period of January 2012- January 2013 in two clinics which treat alcohol use disorders: Center of Addictology and Clinical Toxicology and the Center of Alcohol Dependence at UHC "Mother Teresa". The data were collected from clinical records of patients admitted over this period in these clinics (Table 1).

• "22. ± Å ¥³ Á §¶³ Á  
œ||j •"¥§ -¼ ½¾³¼ - ±±³ Á Á ,½ Å À ¼ -°



As it is shown in Graphic 1 age is presented in the category of 10 years. A total of 39 patients or 11.9 % of the cases were 30 years old, a total of 110 cases or 33.5 % of them were 31-40 years old, 93 cases or 28.4 % of them were 41-50 years old, a total of 64 cases or 19.5 % of them were 51 -60 years old, 22 patients or 6.7 % of them were 61 years old. The results show predominance of the cases in age groups 31-40 years and 41-50 years old, with a statistically significant difference with other age groups (  $\chi^2$  Goodness of fit = 81.2  $p < 0:01$  ).

### Discussions

Alcohol abuse is a common phenomenon in Albania, especially among men. Till the '00, alcohol abuse among female was very uncommon, but nowadays it is becoming a problem even for female, especially young.

Age is not subject of normal distribution  $KS=0.009$

In Albania it was never performed such a study, so till now we didn't know how alcohol abuse affected blood cells in alcohol abusers.

Employment status of these patientsAs of the employment status shown here, a considerable number of patients in the study were unemployed -157 patients or 47.9 %, 144 or 43.9 % were employed, 15 or 4.6 % of the cases were pensioners, 8 or 2.4 % of cases were disabled and 4 or 1.2 % of the cases were students. The difference is statistically significant (  $\chi^2$  Goodness of fit = 368  $p < 0:01$  ) (Graph 2).

Since, complete blood count is readily available laboratory test, and alcohol affects blood cells, it is very helpful to use this test to better determine and to evaluate problems caused from alcohol abuse. Another

Time of alcohol abuse: the average time of alcohol abuse was  $14.9 \pm 8.7$  years. The shorter time was 1 year and the longest was 45 years. Median was 13 years (Table 3).

As we can see from the Graph 3 the obvious results are as follows:

- There is a weak negative correlation, which is statistically significant between WBC and the time of alcohol consumption. As the time of alcohol consumption increases WBC are lowered. (Rho = -0.17, 95% CI = -0.2-0.06,  $p < 0:01$ )
- There is a weak negative correlation, which is statistically significant between RBC and the time of alcohol consumption. As the time of alcohol consumption increases RBC are lowered. (Rho = -0.24, 95% CI = -0.34-0.13,  $p < 0:01$ )
- There is a weak negative correlation, which is statistically significant between Hgb and the time of alcohol consumption. As the time of alcohol consumption increases Hgb is lowered. (Rho = -0.21, 95% CI = -0.31-0.10,  $p < 0:01$ )
- There is a weak negative correlation, which is statistically significant between HCT and the time of alcohol consumption. As the time of alcohol consumption increases HCT is lowered. (Rho = -0.20, 95% CI = -0.30-0.09,  $p < 0:01$ )
- There is a weak positive correlation, which is statistically significant between MCV, MCH and the time of alcohol consumption. As the time of alcohol consumption increases the level of MCV and MCH increases (Rho = 0.12, 95% CI = 0:01 to 0:23,  $p = 0:02$ ; Rho = 0.11, 95% CI = 0.007-0.2,  $p = 0:03$ )
- There is a weak negative correlation, which is statistically insignificant between MCHC, RDW and PLT and the time of alcohol consumption (respectively Rho = -0.05, 95% CI = -0.15-

