

to the patient with abdominal uterine bleeding for any reason except cancer.

Let me remind Dr. Logambal that there are exciting new techniques in laparoscopic surgery and advances in reproductive endocrinology, which give the gynecologist more options when deciding on treatment plans.

I deliberately submitted this paper as my own view and I am careful not to draw any firm conclusions but rather simply to describe some interesting observations from the surroundings.

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## References

1. Al-Nuaim LA. Hysterectomy - A female gynecologists perspective. *Saudi Medical J* 1999; 20 (6): 408-411.
2. Logambal A. Chapter on Myoma of the uterus in "Clinical Gynecology" - 4th ed. by Bhaskar R, Chowdhury R. NN 1999; 243-251.
3. Logambal A. Chapter on "Management of DUB" in Obstetrics and Gynecology for postgraduates 2nd ed. by Rathnam SS, Ghaskar R, Arul Kumaran KS. 1999; (1): 258-269.

## Drug Addiction

Sir,

I have read very carefully an excellent article by Dr. Bahaa A. Abalkhail, regarding characteristics, nutritional and health status of addicts hospitalized for detoxification.<sup>1</sup> However, I would like to highlight some relevant points: 1. We have reported the sociodemographic variables of patients with dual diagnosis and made certain recommendations including to further study the comorbidity of patients with drug abuse.<sup>2</sup> We have also reported iatrogenic trihexyphenidyl dependence in psychiatric population.<sup>3,4</sup> We have collected the relevant data for analysis of more than 500 patients with addictions who were admitted in Al-Qassim Psychiatric Rehabilitation Center, the fourth center recently established exclusively for the treatment of patients with addiction. It remained intriguing why this

center was not named as Al-Amal Hospital. Unlike this center, Al-Amal Hospitals due to extensive media campaign are known all over the Kingdom as the centers of hope not only for patients with drug addictions but also for their lovely families. 2. The statement "drug addiction problem is still in its infancy in the Kingdom of Saudi Arabia" is not supported by any scientific evidence. Moreover, in this context the lack of epidemiological addictive researches does not confer that the problems of drug addiction are not existing. However, long clinical experience of working in a general psychiatric hospital before and after the establishment of the aforesaid facility guides that addicted patients consulting it probably represent a tip of the iceberg. This may be applicable to 3 Al-Amal Hospitals as well. In fact, the problem of drug abuse and addiction in the community appears to be enormous and largely hidden and until now we have not explored it. In this context, we must learn a lesson from history and the epidemiological researches on drug abuse and addiction conducted in other parts of the world. 3. Finally, beside other limitations of this study, the recommendations and conclusions such as to identify the determinants of drug addiction are not compatible with the design of this research.

In conclusion, drug addiction is a major health problem and now considered as a chronic, relapsing brain disease<sup>5</sup> and therefore, all relevant addictive researches should be encouraged in the Kingdom of Saudi Arabia

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## Reply from the Author

I would like to thank Dr. Qureshi for his comments on our article titled "Characteristics, nutritional and health status of addicts hospitalized for detoxification". For the first issue, I would like to point out that our study was performed on patients hospitalized in one of Al-Amal Hospitals, which explains why we exclusively spoke of these medical settings. Al-Amal Hospital in Jeddah, the site of our study, was established in September 1991 and is well known for its potent integrated prevention, detoxification and post-detoxification program. Its efforts and effective role in management of drug addicts is well recognized. We are sure that the

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recently established Al-Qassim Psychiatric Rehabilitation Center is performing comparable and recognized efforts.

Secondly, we agree that drug addiction is a major health problem but there is no scientific evidence that proves that it is an enormous problem in the Kingdom. However, working in a specialized place and receiving only patients for addiction status, makes judgement biased and over-estimated.

Finally, we would have appreciated, if Dr Qureshi had mentioned the limitations that he observed in our study. Moreover, our recommendations concerning the necessity of more research, to identify determinants of drug addiction and evaluate the detoxification therapy, are drawn from our results that have shown that the problem exists in the community. Also, our study has shown the socio-economic burden of drug addiction on the society in the form of unemployment, cost of therapy, divorce spread of smoking habits and alcohol consumption especially among the productive age group. It has also shown, the health impact of drug addiction including altered nutritional status, spread of infectious diseases (hepatitis B, hepatitis C and tuberculosis) and increased number of relapses. These results have urged us to look for better understanding of the problem in our community. More research, to identify the determinants of drug addiction specific to our society and evaluate the detoxification therapy, is the effective route to prevent the spread of this phenomenon and minimize

the number of relapses. We were very much astonished that Dr Qureshi disagreed on this point, especially, that he finds the problem of addiction enormous in our community and ended his letter recommending the encouragement of all relevant addictive research in the Kingdom.

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## References

1. Abalkhail BA. Characteristics, nutritional and health status of addicts hospitalized for detoxification. *Saudi Medical J* 1999; 20: 536-540.
2. Qureshi NA. Sociodemographic correlates, pattern and comorbidity of drug abuse among psychiatric patients. *Arab Journal Psychiatry* 1992; 3: 98-106.
3. Qureshi NA. Trihexyphenidyl (Artane) abuse among Saudi psychiatric patients. *Annals of Saudi Med* 1992; 12: 391-394.
4. Qureshi NA, Al-Amri AH, Beyari TH, Abdelgadir MH. Trihexyphenidyl Dependence: A controlled investigation between users and misusers. *Annals Saudi Med* 1997; 17: 185-190.
5. Leshner AI. Addiction is a brain disease and it matters. *Science* 1997; 278: 45-47.