

ABSTRACT

BACKGROUND – The area of addictological care, which focuses on children and adolescents, has moved forward considerably in recent years, yet this target group is still insufficiently described in comparison with, for example, the adult population. The presented thesis deals with the issue of dual diagnoses in patients of the Outpatient Addiction Treatment Clinic for Children and Adolescents.

AIMS – The aim of the diploma thesis is a more detailed view of the types of diagnoses occurring among patients of the Outpatient Addiction Treatment Clinic for Children and Adolescent and the search for the possible regularity of the occurrence of the same pattern of these diagnoses (psychiatric diagnoses of patients associated with the use of addictive substances or non-substance dependence). Furthermore, the thesis focuses on the number of patient visits, i.e. the number of visits to the facility achieved by patients with different diagnoses.

METHODS – The obtained data were processed using correlation analysis and descriptive statistics. The research included all patients who visited the outpatient clinic in 2015-2021.

RESULTS – The most common major diagnoses in ADDA patients are pathological gambling (F63.0) and cannabinoid dependence (F12.2), the most common associated diagnoses are behavioral disorders, namely F90.1 hyperkinetic conduct disorder and F91.1 unsocialized conduct disorder. More than one diagnosis has 213 patients out of 450. In 96 patients diagnosed with F63.0, 36 patients have comorbidities – most often F90.0. 64 patients out of 94 with diagnosis of F12.2 have comorbidity – most often F91.1. Patients with multiple substance dependence without comorbidity achieve an average of 14.8 visits, with comorbidity 21. For diagnosis F19.1, the average attendance of patients with comorbidity is 4.6, without it 11.6 visits. For F12.1, the average attendance of patients with comorbidity is 6.8, without it 17.6. In dependence on stimulants (F15.2) without comorbidity, patients achieve an average of 34 visits, with comorbidity only 6.6. For other frequently occurring diagnoses, the differences are not very significant, and we are talking about a range of 10-15 visits.

CONCLUSIONS – The research could complement the current knowledge of children and adolescents using addiction services, especially in terms of psychiatric comorbidities and the need for child psychiatry in this field.

KEY WORDS - adolescents, addiction, dual diagnosis, addictive substances, addictological care