Summary

The present study aimed to screen acute and chronic cannabis users effect on human cognition. The mean age of acute cannabis addicted and chronic cannabis were 23.63±4.06 and 22.93±5.29 respectively. It is clear from the table that there is no significant difference among two groups, regarding their age. Marital status of the subjects has been taken into account. It has been observed that 80% Acute Cannabis Group (ACG) were married, 20% of the patients were unmarried. Respectively 33% of the Chronic Cannabis Group (CCG) was unmarried and 67 % of patients were married. When education of the subjects have been taken into consideration. It has been observed that in acute cannabis users 75% of patients were educated up to higher secondary level 25 percent patients were educated up to higher secondary level In the group of chronic users 86% of the patients were educated up to higher secondary level rest 14% educated up to above than higher secondary level. When occupation of the subjects has been taken into account, it has been observed that higher representation was from semi skill both group. Lower representation from chronic group was due to enduring illness, frequent hospitalizations, which might have affected their stability in working area. When domicile of the patients have been taken into consideration it has been observed that 63% of the patients were urban group rest 37% rural background in ACG. In the group of CCG 70% of the patients were belonging to urban area and 30% of patient was from rural area. Cut off points for Total Dysfunction Scores is 20. Score above 20
suggests the cognitive dysfunction. The chronic cannabis group significant high cumulative score as compared to acute cannabis group (p<.001). Statistically significant differences were observed in raw scores obtained in remote memory, recent memory, attention and concentration, delayed recall, immediate recall, verbal retention for similarity pairs verbal retention for dissimilar pairs and visual retention (p<.0.001). Statistically significant difference was observed in test score, test quotient and performance quotient in Koh’s and Pass-a-Long test among study groups. (p<0.001). No difference was observed in final quotient of Bhatia’s Battery of Brain Dysfunction. (p=.694). Significant differences were observed in raw score for information test, digit span test, arithmetic test, comprehension test and test quotient of verbal adult intelligence test among study groups. There is no difference observed among study groups on Nahor Benson Test which is suggestive of no organic brain pathology. No difference was observed among groups on Bender Visual Gestalt Test. Comparison of ACG and CCG scores on bender gestalt test in chronic cannabis group scores of bender gestalt test were significantly lower (p<.001) than acute cannabis group.

There was a marked difference between acute and chronic cannabis patients. Hence the chronic patients need more care and need to be admitted in rehabilitation centers, and de-addiction center. The size sample of the study was small. The PGIBBD is a valid test has been used with Indian population for assessing cognitive functioning. The study was limited to acute and chronic cannabis patients.