



Influence of Women Hormones Due to Addictive Behavior

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DESCRIPTION

Compulsive addiction is more common in women than in men. Women, in particular, develop substance use disorders more quickly than men do, moving from initial use to heavy use and then to a full-blown use disorder more quickly. The term for this is the telescoping effect and it appears to apply to alcohol, cannabis, opioids, stimulants, nicotine, and others. Under recognized female hormones, such as estrogen and progesterone, contribute to addictive behavior in women. Female rodents also develop addiction like behaviors more quickly than male rodents in preclinical studies, which are studies conducted in animal models. As hormone levels fluctuate, women's drug induced high, drug use, and relapse risk appear to change throughout their menstrual cycle.

Likely the most grounded clinical information comes from two late examinations in post-pregnancy ladies, where specialists found that progesterone managed for a few months at dosages of 25 mg-200 mg two times every day diminished cocaine use and backslide, and nicotine backslide, with few secondary effects revealed. However, the effectiveness of progesterone in women who are not postpartum or in subgroups of women who experience peri-ovulatory or premenstrual cravings has not been well studied in clinical trials that last for weeks and should be in the meantime, taking into consideration some of the treatments for premenstrual dysphoric disorder might be of assistance to women with SUD who report experiencing intense mood and craving swings throughout their cycles. Keeping the hormone levels in check might be important for these women. Oral contraceptives, which reduce the severity of the precipitous drop in progesterone that occurs before menses and after ovulation, are among these treatments. Premenstrual dysphoric disorder and postpartum depression are both conditions in which selective serotonin reuptake inhibitors are frequently used to treat mood symptoms. They may also be useful for

women with relapse sensitivity or women with SUD and PMDD during specific phases of their cycles. Allopregnanolone, on the other hand, is thought to cause symptoms in PMDD models, not protect against them, unlike in SUD models. Therefore, what works for SUD may not work for PMDD, and vice versa more study is required.

There is a growing body of research that looks at how the menstrual cycle affects female addictive behaviors. Due to cyclical fluctuations in hormones and affect, theories suggest that addictive behaviors may rise during specific phases of the menstrual cycle. By the self-drug hypothesis, we anticipated that habit forming ways of behaving would increment premenstrual and feminine, gradually work set apart by heights in regrettable effect, comparative with the follicular and luteal stages. We likewise guessed, concurring with the remuneration responsiveness hypothesis that habit forming ways of behaving may increment during ovulation, a stage portrayed by expanded positive effect, contrasted with similar stages. The current body of research on the connection between the menstrual cycle phase and addictive behavior as well as the underlying motivations is compiled in this systematic review. Articles about the period stage and habit forming ways of behaving inside the Psych INFO, CINAL, and PubMed information bases were screened to decide qualifications adhering to PRISMA rules. 34 articles inspecting liquor use, pot use, nicotine use, caffeine use, and betting conduct across the period stage met the consideration rules. Steady with self-drug, major areas of strength for the hypothesis demonstrated that nicotine utilizes expanded premenstrual and menstrual. Different variables expanding both nicotine and liquor use premenstrual and menstrual incorporate having a premenstrual dysphoric issue finding or having a premenstrual disorder. Alcohol and nicotine use motivations may also vary depending on the stage of the menstrual cycle. For other addictive behaviors, the results were inconsistent or understudied, so no conclusions can be

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drawn. When conducting addictive behavior research or clinical interventions for reproductive aged females with addictive disorders, it is important to take into account the menstrual cycle phase because it appears to be a female-specific factor that affects some addictive behaviors, particularly nicotine use.