DEPRESSION:
PREVALENCE IN PATIENTS PRESENTING WITH
ALCOHOL AND DRUG ADDICTION

ABSTRACT... Objective: Prevalence of Depression in patients presenting with Alcohol and Drug addiction. Place & duration of study: The study was conducted in the Department of Psychiatry & Behavioural Sciences, Bahawal Victoria Hospital & Quaid-e-Azam Medical College, Bahawalpur from March, 2009 to May, 2009. Subjects & methods: The sample consisted of 50 in-patients (Male 46, Female 4) with Alcohol & Drug addiction. They were interviewed and results were analysed from the entries in a Performa and Hamilton Rating Scale for Depression. Results: Majority of the patients were male (92%), age group majority (74%) were between 21-40 years. Depression was found in 23(46%) patients, 14(28%) had severe depression and 9(18%) had mild to moderate depression. Conclusions: Significant numbers of patients of alcohol and drug addiction have depression as co-morbidity, which can have important implications in the etiology and prognosis. So every patient seeking treatment for alcohol and drug addiction should be assessed for depression and we should develop a protocol to treat depression in these patients.

INTRODUCTION
The prevalence of other psychiatric disorder in patients with alcohol and other drug problems is of concern to both clinicians and researchers. The relationship of psychopathology to substance abuse is complex but important for treatment and prevention. Mapping the concurrent epidemiology of alcohol and other drug problems and other psychiatric disorders is an essential step in determining the degree to which psychopathology can modify the course of such problems, their prognosis and response to treatment.

Co-morbidity is often associated with rates of continued substance use, greater psychosocial impairment and increased utilization of services. Similarly the intervention for coexisting psychiatric morbidity may improve the outcome for the drug dependents.

Recent studies have shown high rates of psychiatric disorder among opiate addicts, alcoholics in United States urban community, treated alcoholics and skidrow men. Affective disorders (Mainly Depression) is reportedly widespread among persons who abuse alcohol or opiates.

Most of the cited studies referred to U.S or British population. To our knowledge only one previous study conducted in Pakistan have examined the prevalence of psychiatric disorders among the opioids dependents but not in other drugs and alcohol abusing populations.

The present article addresses and study’s main objective, the determination of the prevalence of depression in patients seeking treatment for alcohol and/or other drug problems.

MATERIAL AND METHODS
The study was carried out in the Drug Treatment and Rehabilitation Centre of Psychiatry unit, Department of Psychiatry & Behavioural Sciences, Bahawal Victoria Hospital, Pakistan. The hospital is a teaching facility for with Quaid-e-Azam Medical College, Bahawalpur and is a tertiary referral centre of the southern Punjab. The Hospital’s catchment area extends well beyond southern...
Punjab to parts of Sindh and Blochistan province.

All the patients admitted from March, 2009 to May, 2009, meeting the DSM-IV criteria for substance abuse were included in the study. Both male and female patients were included in the study. Patients above 60 years and below 11 years of age group were excluded in study. Patients having psychotic symptoms e.g. Cannabis abusers with psychotic symptoms were excluded. Patients suffering from serious medical illness, having organic brain disease except withdrawal delirium were also excluded. All patients were diagnosed for mood disorder, according to the criteria of Diagnostic and Statistical Manual (DSM-IV) 21 laid down by American Psychiatric Association 1994, two weeks after detoxification in the centre. All the information was collected on the proforma (Demographic sheet) by structured interview. A close relative was also interviewed to gain further information about pattern and frequency of substance abuse. For prevalence of depression, we assessed the patients with the help of Hamilton Depression Rating Scale (HDRS)\(^22\).

**RESULTS**

The study was conducted from March to May, 2009. During this period 72 patients of drug and alcohol abuse were admitted in the unit. Eleven patients were excluded due to concurrent physical disorder (Pulmonary Tuberculosis and Hepatitis B & C) while five patients were outside the age limit defined for study. Six patients of Cannabis abuse were excluded due to the presence of psychotic symptoms. Majority of the patients were male (92%). Regarding of age group majority (74%) were between 21 to 40 years. Out of 50 patients 10 (20%) were skilled labourer, 9(18%) were farmer and 9(18%) were unemployed. As for as education is concerned, 18(36%) were uneducated ad 9(18%) were educated up to primary. Details of Demographic features are given in Table-I.

Depression was found in 46% of patients, 14(28%) had severe depression and 9(18%) had mild to moderate depression. Score of Hamilton Rating Scale for Depression are given in Table. II
In the study by Ahmed et al., 30% of the patients of opioid addiction were having co-morbidity of major depression. Although in our study co-morbidity of depression is on a higher side, but this difference may be due to the fact that Ahmed's study included only opioid dependents and we included alcohol and other substances also. Co-morbidity of depression may be more common in alcohol, benzodiazepines and cannabis dependents. While Rounsaville et al., reported a high figure of around 48% with major depression in their samples. Although Musharaf and Rehman reported a much lower figure of less than 2% in their study. It has to be noted that this was a retrospective study based on case notes which could have inherent problems. Findings of this study along with those of other studies indicate that some what less than 50% of patients suffering from alcohol and substance abuse have additional depressive illness. These findings seem to lend support to the hypothesis of a relatively high prevalence of depression among alcohol and substance dependents seeking treatment.

In the whole sample, 14% were using multiple substances i.e. along with heroin, they were using Cannabis, alcohol and benzodiazepines while 24% was on narcotic analgesic injections I.V, 18% were on oral opium, 14% were using heroin by sniffing method. Types of addiction are given in Table. III

<table>
<thead>
<tr>
<th>Types</th>
<th>No. of patients</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple addiction</td>
<td>07</td>
<td>14%</td>
</tr>
<tr>
<td>Heroin</td>
<td>07</td>
<td>14%</td>
</tr>
<tr>
<td>Opium</td>
<td>09</td>
<td>18%</td>
</tr>
<tr>
<td>Inj Narcotic Analgesic</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>03</td>
<td>06%</td>
</tr>
<tr>
<td>Benzodiazepine</td>
<td>08</td>
<td>16%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>04</td>
<td>08%</td>
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Duration of abuse of substance varied from one year to 30 years with 56% of the patients abusing substances for 7 or more years.

DISCUSSION
The study has revealed pattern of depression as co-morbidity in patients with alcohol and substance abuse. It has to be noted that the sample size was small. Population of the study, from a tertiary care centre may not be truly representative of alcohol and substance dependents in general and there was no control group to compare the co-morbidity of depression. Despite these limitations this study is an attempt to investigate the co-morbidity of depression in patients of alcohol and substance abuse in this area of southern Punjab.

This study highlights the high prevalence of depression in patients with alcohol and substance dependence and its implications. This has important implications for prevention and management of substance dependence. It appears that in clinical practice most of these cases go undetected even in tertiary care units as was the case in this centre. Proper treatment of depression can probably help to decrease the severity, duration and complications of alcohol and drug dependence. It is evident that the sample had significant co-morbidity of depression. In clinical practice most of these patients go undetected even in tertiary care centres. Detection and treatment of depression has significant primary and secondary preventive role in the management of alcohol and substance dependence. So there is need for screening all alcohol and substance dependents for depression who come for detoxification.

CONCLUSIONS
Significant numbers of patients of alcohol and drug addiction have depression as co-morbidity, which can have important implications in the aetiology and prognosis. So every patient seeking treatment for alcohol and drug addiction should be assessed for...
depression and we should develop a protocol to treat depression in these patients. 

REFERENCES


