

DEPRESSION; PREVALENCE IN PATIENTS PRESENTING WITH ALCOHOL AND DRUG ADDICTION

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PROF-1858

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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 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.

Key words: Depression, Drug Addiction

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^{1,2}. Similarly the intervention for coexisting psychiatric morbidity may improve the outcome for the drug dependents³.

Recent studies have shown high rates of psychiatric disorder among opiate addicts^{4,5}, alcoholics in United States urban community,⁶ treated alcoholics,^{7, 8} and skidrow men⁹. Affective disorders (Mainly Depression)⁴⁻⁷,

¹⁰⁻¹⁷ is reportedly wide spread 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 dependents¹⁸ 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

Table-I. Demographic Subject Characteristics (n=50)	
Characteristics	%age
Males (n=46)	92%
Females (n=4)	8%
Age groups	
11-20	6%
21-30	36%
31-40	38%
41-50	16%
51-60	4%
Marital Status	
Single	24%
Married	62%
Divorced	4%
Widow/Widower	10%
Locality	
Rural	46%
Urban	54%
Education	
Uneducated	36%
Primary	18%
Middle	16%
Matric	12%
F.A	14%
B.A	4%
Occupation	
Unemployed	18%
House wife	6%
Medical store	4%
Student	6%
Farmer	18%
Laborer	20%
Dispenser	6%
Shopkeeper	8%
Patwari	2%
Driver	12%

Table-II. Score Hamilton rating scale for depression

HRDS score	No. of patients	%age
Absent	27	54%
Mild to Moderate Depression	09	18%
Severe Depression	14	28%

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-III. Types of addiction (n=50)

Types	No. of patients	%age
Multiple addiction	07	14%
Heroin	07	14%
Opium	09	18%
Inj Narcotic Analgesic	12	24%
Cannabis	03	06%
Benzodiazepine	08	16%
Alcohol	04	08%

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.

In the B.Ahmed, et al,¹⁸ study 30% of the patients of opioid addiction were having co-morbidity of major depression. Although in our study co-morbidity of depression is on higher side, but this difference may be due to the fact that B.Ahmed's¹⁸ 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,¹⁹ reported a high figure of around 48% with major depression in their samples. Although Musharaf and Rehman²⁰ 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.

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.

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REFERENCES

1. Rounsaville BJ, Weissman MM, Crits-Christoph K, Wilber C, Kleber H. **Diagnosis and symptoms of depression in opiate addicts. Course and relationship to treatment outcome.** Arch Gen Psychiatry. 1982; 39(2): 151-56.
2. Li-Tzy Wu, Sc.D., Anthony C. Kouzis et al. **Influence of Comorbid Alcohol and Psychiatric Disorders on Utilization of Mental Health Services in the National Comorbidity Survey.** Am J Psychiatry. 1999; 8: 1230-36.
3. Rounsaville BJ, Kleber H. **Psychiatric disorders in opiate addicts, in R.E Myer's psychopathology and addictive disorders.** New York, Oxford university press. 1986; 140-68.
4. Khantzian EJ, Treece C. **DSM-III psychiatric diagnosis of narcotic addicts. Recent findings.** Arch Gen Psychiatry. 1985; 42(11):1067-71.
5. Rounsaville BJ, Weissman MM, Kleber H, Wilber C. **Heterogeneity of psychiatric diagnosis in treated opiate addicts.** Arch Gen Psychiatry. 1982; 39(2):161-68.
6. Weissman MM, Myers JK, Harding PS. **Prevalence and psychiatric heterogeneity of alcoholism in a United States urban community.** J Stud Alcohol. 1980; 41(7): 672-81.
7. Halikas JA, Herzog MA, Mirassou MM, Lyttle MD. **Psychiatric diagnosis among female alcoholics.** Curr Alcohol. 1981; 8: 283-91.
8. Tyndel M. **Psychiatric study of one thousand alcoholic patients.** Can. Psychiatr Assoc. J. 1974; 19(1): 21-24.
9. Freeman SJ, Formo A, Alampur AG, Sommers AF. **Psychiatric disorder in a skid-row mission population.** Compr Psychiatry. 1979; 20: 454-62.
10. Hesselbrock MN, Meyer RE, Keener JJ. **Psychopathology in Hospitalized Alcoholics.** Arch Gen Psychiatry. 1985; 42(11):1050-55.
11. Powell BJ, Penick EC, Othmer E, Bingham SF, Rice AS. **Prevalence of additional psychiatric syndromes among male alcoholics.** J Clin Psychiatry. 1982; 43: 404-07.
12. Bedi, AR, Halikas, JA. **Alcoholism and Affective Disorder. Alcoholism: Clinical and Experimental Research.** 1985; 9: 133-34.
13. Bowen RC, Cipywnyk D, D'Arcy C, KeeGan DL. **Types of depression in alcoholic patients.** Can Med Assoc J. 1984; 130(7):869-74.
14. Bowen RC, Cipywnyk D, D'Arcy C, KeeGan DL. **Alcoholism, Anxiety Disorders, and Agoraphobia.** Alcoholism. 1984; 8: 48-50.
15. Keeler MH, Taylor GI, Miller WC. **Are all recently detoxified alcoholics depressed?** Am J Psychiatry. 1979; 136: 586-88.
16. O'Sullivan KB, Daly MM, Carroll BM, Clare AW, Cooney JG. **Alcoholism and affective disorder among patients in a Dublin hospital.** J. Study Alcohol. 1979; 40: 1014-22.
17. Weissman MM, Myers JK. **Clinical depression in alcoholism.** Am J Psychiatry. 1980; 137(3): 372-73.
18. B. Ahmad, KA. Mufti, S. Farooq. **Psychiatric Comorbidity in Substance Abuse (Opioids).** J Pak Med Assoc. 2001; 51:183-86.
19. Rounsaville BJ, Weissman MM. **Co-morbidity and Co-transmission of affective disorders.** Psychol. Mcd. 1994; 24: 69-50.
20. Khan M, Rehman A. **Characteristics of heroin addiction in Peshawar.** Pilot study. J. Postgrad Med. Inst (Peshawer) Pak. 1990: 4: 80-86.
21. **Diagnostic and Statistical Manual of Mental Disorders.** 4th ed (TR). Washington D.C; American Psychiatric Association, 1994; pp 445-69.
22. Hamilton, M. (1960). **A rating scale for depression.** Journal of Neurology Neurosurgery Psychiatry. 23: 56-62.

Article received on: 03/10/2011

Accepted for Publication: 20/02/2012

Received after proof reading: 10/05/2012

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Article Citation:

Akhtar S, Akram B, Yasmeen A. Depression; prevalence in patients presenting with alcohol and drug addiction. Professional Med J Jun 2012;19(3): 319-323.

