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Original Research

To study the prevalence of depression and psychiatric co-morbidities among alcohol dependent patients

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ABSTRACT:

Aim: To study the prevalence of depression and psychiatric co-morbidities among alcohol dependent patients. **Materials and Methods:** The present hospital based cross-sectional observational study conducted at the department of Psychiatry. 200 patients were included in the study and assessed for depression and psychiatric co-morbidities. **Results:** All of the patients were Males (100%). Majority of the subjects was married (57%) and studied up to higher secondary (44.5%), belonged to Hindu religion (42%), belonged to rural back ground (53%) and most of them were skilled workers (56.5%). The prevalence of depression in patients was found to be 92.5%. In terms of severity, Moderate (60%) depression was more common followed by severe depression (21%) and Mild depression (11.5%). Most common psychiatric disorders observed being Anxiety Disorder (20.5%) followed by depressive disorder (15%), bipolar disorder (10.5%) and personality disorder (8.5%). **Conclusion:** We concluded that the psychiatric co-morbid disorders are more prevalent in the patients with alcohol dependence.

Keywords: ADS, Co-morbidity, Depression, HAM-D, ICD

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INTRODUCTION

Alcohol in beverage form is among the most widely used psychoactive substance in the world. Although there have been efforts to control alcohol use, adverse effects are widespread.[1] It has been recognized that patients with substance use have another psychiatric disorder and those who have primarily substance use disorder latter may develop other psychiatric illness. It has been termed as comorbidity where a patient with a particular index disease may have any additional co-existing ailment.[2] It has been found that coexistent psychiatric illness is associated with poorer treatment outcome in alcohol dependents.[3] Ries introduced terms like dual diagnosis, mentally ill substance abusers (MISA), chemical abuse and mentally ill (CAMI) and substance abusing mentally ill (SAMI). Some studies divided multiple diagnosis into a primary versus secondary approach where the first condition to develop is labeled as 'primary' a notation that depends upon chronology, not necessarily cause and effect.[4,5] The independent versus substance induced is an extension of the primary and secondary approach. Here if the significant features of depression, anxiety and psychosis persist for prolonged time after abstinence from alcohol they are labeled as independent mental disorder otherwise they are treated as substance induced disorder.[6] It is anticipated that this study will shed light on one of the major health problems. The findings of this study will help to fill in the gaps in the literature about prevalence of depression and psychiatric co-morbidities among alcohol dependent patients in Indian scenario. It will also help the decision makers to ensure better planning, resource allocation and delivery of relevant health services.

MATERIAL AND METHODS

This prospective observational study was carried out in the Department of Psychiatry, after taking the approval of the protocol review committee and institutional ethics committee. After explaining the purpose and details of the study, a written informed consent was obtained.

INCLUSION CRITERIA
Patients above 20 years of age and newly diagnosed cases of 'alcohol dependence syndrome was included.

EXCLUSION CRITERIA
Patients with Acute and severe physical illness, already diagnosed psychiatric illness, Uncooperative persons and those who do not give consent to take part in the study were excluded.

SAMPLE SELECTION
With the help of purposive sampling technique a total of 200 male patients of alcohol dependence syndrome, who visited Psychiatry OPD (Out Patient Department), were included in this study.

METHODOLOGY
Patients were screened for depression through clinical interview using ICD-10 criteria and severity was assessed using HAM-D rating scale (Score on HAM-D: 0-7 = normal, 8-16= mild depression, 17-23 = moderate depression, 24 and above = severe depression).[7]

STATISTICAL ANALYSIS
Completed questionnaires were coded and spreadsheets were created for data entry. The data was analyzed using SPSS 24.0 (SPSS Inc. Chicago, IL, USA) Windows software program. Descriptive statistics were used to summarize the demographic information and the survey data was analyzed. Confidence level and level of significance were fixed at 95% and 5% respectively.

RESULTS

Table 1: demographic profile of the participants

Variables	N (%)
Age	
20-30 Years	30 (15%)
30-40 Years	101 (50.5%)
40-50 Years	49 (24.5%)
>50 Years	10 (10%)
Education	
Illiterate/ Read and write	15 (7.5%)
Primary	49 (24.5%)
Higher Secondary	89 (44.5%)
Graduate	47 (23.5%)
Occupation	
Un-employed	29 (14.5%)
Skilled	113 (56.5%)
Un-skilled	58 (29%)
Marital status	
Married	114 (57%)
Un-married	60 (30%)
Divorced	26 (13%)
Residence	
Rural	106 (53%)
Urban	57 (28.5%)
Peri-Urban	37 (18.5%)
Religion	
Hindu	84 (42%)
Muslim	82 (41%)
Sikh	19 (9.5%)
Christian	15 (7.5%)
Family Type	
Nuclear	60 (60%)
Joint	40 (40%)

Table 1: All of the patients were Males (100%). Majority of the subjects was married (57%) and studied up to higher secondary (44.5%), belonged to Hindu religion (42%), belonged to rural back ground (53%) and most of them were skilled workers (56.5%).

Table 2: assessment of severity of depression using HAM-D rating score

HAM-D rating score	N (%)
Normal	15 (7.5%)
Mild	23 (11.5%)

Moderate	120 (60%)
Severe	42 (21%)

Table 2: The prevalence of depression in patients was found to be 92.5%. In terms of severity, Moderate (60%) depression was more common followed by severe depression (21%) and Mild depression (11.5%).

Table 3: distribution of psychiatric co-morbidities in the study population

Psychiatric Co-morbidities	N (%)
Annexity	41 (20.5%)
Depressive disorder	30 (15%)
Bipolar disorder	21(10.5%)
Anti-social personality	17(8.5%)

Table 3: most common psychiatric disorders observed being Anxiety Disorder (20.5%) followed by depressive disorder (15%), bipolar disorder (10.5%) and personality disorder (8.5%).

DISCUSSION

The patient profile of the current study consisted of all male in patients and other demographic findings which were found in similarity to the previous studies carried out in India on alcohol-dependent patients.[8,9] All the subjects had moderate to severe dependence as measured by SADD.

In the present study the most common psychiatric disorders observed being Anxiety Disorder (20.5%) followed by depressive disorder (15%), bipolar disorder (10.5%) and personality disorder (8.5%). The type of co-morbid psychiatric diagnosis in alcohol dependence vary from study to study, with some indicating mood disorders to be the most common, while other studies reporting anti-social personality or anxiety to be the most common disorders.[10,11]

The prevalence of other psychiatric disorders in alcohol dependants is of concern to both clinicians and researchers. The issue of co-morbidity has now assumed centre-stage in psychiatric research.

It has now become apparent that Psychiatric co-morbidity, or co-morbid mental and substance use disorders, may occur concurrently (two disorders are present at the same time) or successively (two disorders occur at different times in a person's life); in both cases, the two disorders may or may not be causally related.[12] But this co-occurrence of two psychiatric conditions does have many clinical implications in term of overall symptom presentation, course as well as prognosis of each of the condition. It further emphasizes that health care providers need to recognize the burning issue of different aspects of psychiatric co-morbidity for management, better outcome and policy making in patients of alcohol use disorders which are on rise in our society. Alcohol control policies need to shift focus from economic issues to the social issues associated with alcohol use. In addition, an effort in training more medical staff to take care of such co-morbid patients is necessary to achieve efficient care of this particular population of patients. Pursuing clinical and preclinical research on AUDs co-morbid with psychiatric disorders, and achieving these efforts in the context of integrated organization and training structures will be needed to improve the prognosis of patients suffering from both substance use disorders and mental illnesses.

CONCLUSION

AUDs, depression, and their co-occurrence impose a tremendous burden on individuals, families, and communities. Majority of the patients with alcohol dependence syndrome are suffering from depression. Alcohol dependence is also associated with greater levels of disability, irrespective of the presence or absence of depression.

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