

Original Research

Assessment of psychiatric co-morbidity in alcohol and drug-dependence

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ABSTRACT:

Background: Alcohol use conditions like alcohol abuse and dependence, are liberal mental conditions that have a high prevalence amongst the general populace. The present study was conducted to assess psychiatric co-morbidity in alcohol and drug-dependence. **Materials & Methods:** 86 subjects of both genders were enrolled. 2 groups were made. Group I were of alcohol dependence and group II were of drug dependence. A detailed history including the problems suffered in daily life and the impact of alcohol and drug on their family was recorded. **Results:** Group I had 30 males and 13 females and group II had 25 males and 18 females. Psychiatric conditions in group I and group II were major depression in 20 and 10, anxiety disorder in 6 and 2, schizophrenia in 14 and 10, psychosis in 2 and 18 and adjustment disorder in 1 and 3 respectively. In group I and group II were relationship problems in 10 and 2, job in 11 and 3, marital conflicts in 4 and 10, financial problems in 3 and 10, family conflicts in 12 and 15 and adjustment problems in 3 and 3 subjects in group I and II respectively. **Conclusion:** Most of alcohol dependent subjects had depression and Schizophrenia whereas drug dependent subjects had psychosis.

Key words: Alcohol, Depression, Schizophrenia

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INTRODUCTION

The co-occurrence of substance abuse and psychiatric disorders is a well-known fact. Alcohol use conditions like alcohol abuse and dependence, are liberal mental conditions that have a high prevalence amongst the general populace.¹ The World Health Organization indicated that approximately 76 million people around the world have such conditions amongst 2 billion that consume alcohol. These are responsible for 5 million deaths every year. The direct and indirect expenses of these reach more than 2% of the gross domestic range amongst the high-income and middle-income nations.²

Many individuals with substance-use disorders also meet the criteria for major depression. Research on comorbid substance dependence and major depression was facilitated with the DSM-IV definitions of primary or independent disorders and substance-induced disorders, distinctions being based largely on timing.³ Substance-induced depression is defined as occurring during periods of substance use

but exceeding the expected effects of intoxication or withdrawal from the substance used.⁴ Primary or independent major depression is defined as either predicting substance use entirely or occurring during periods of sustained abstinence. The co-occurrence of alcohol or drug dependence along with other psychological conditions worsens psychiatric diseases, elevates their frequency, increases hospitalization, and decreases life expectancy.⁵ The present study was conducted to assess psychiatric co-morbidity in alcohol and drug-dependence.

MATERIALS & METHODS

The present study comprised of 86 subjects of both genders. The consent was obtained from all enrolled patients.

Data such as name, age, gender etc. was recorded. 2 groups were made. Group I were of alcohol dependence and group II were of drug dependence. Diagnosis was made based on ICD10 criteria. A detailed history including the problems suffered in

daily life and the impact of alcohol and drug on their family was recorded. Their family members were also asked about the problems and issues encountered

by them due to the subject's dependence habit. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Groups	Group I	Group II
Status	Alcohol dependence	Drug dependence
M:F	30:13	25:18

Table I shows that group I had 30 males and 13 females and group II had 25 males and 18 females.

Table II Psychiatric conditions in both groups

Groups	Group I	Group II	P value
Major depression	20	10	0.01
Anxiety disorder	6	2	
Schizophrenia	14	10	
Psychosis	2	18	
Adjustment disorder	1	3	

Table II, graph I shows that psychiatric conditions in group I and group II were major depression in 20 and 10, anxiety disorder in 6 and 2, schizophrenia in 14 and 10, psychosis in 2 and 18 and adjustment disorder in 1 and 3 respectively. The difference was significant ($P < 0.05$).

Graph I Psychiatric conditions in both groups

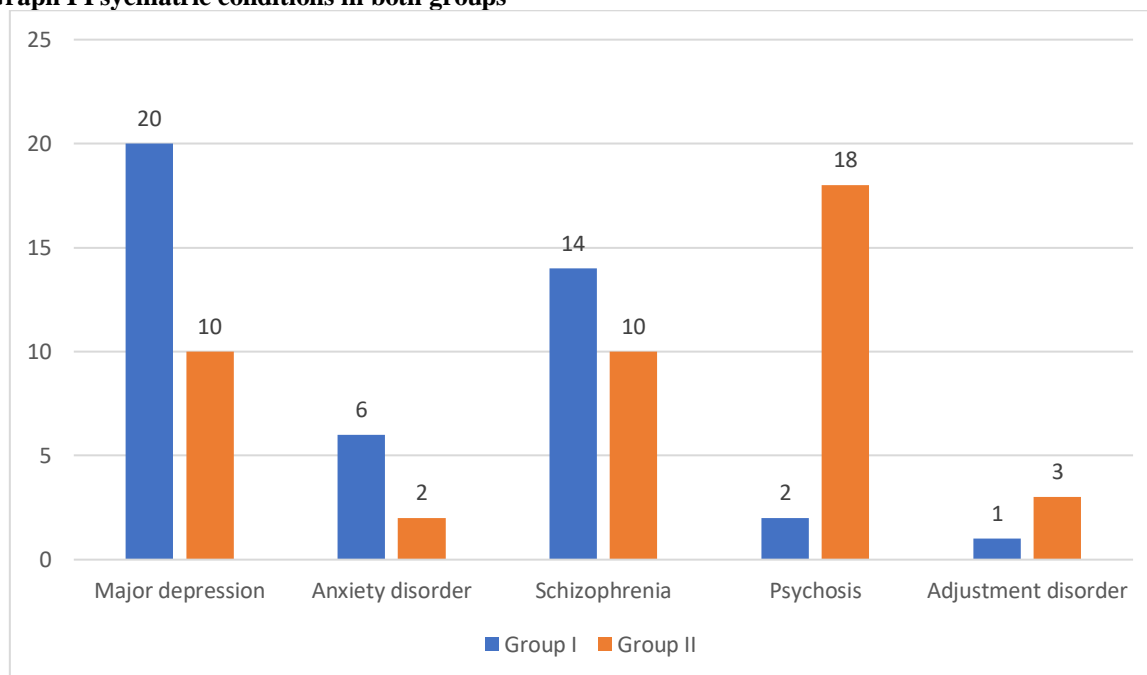


Table III Issues related to alcohol or drug abuse

Issues	Group I	Group II	P value
Relationship Problems	10	2	0.04
job	11	3	
Marital Conflicts	4	10	
Financial Problems	3	10	
Family Conflicts	12	15	
Adjustment Problems	3	3	

Table III shows that issues in group I and group II were relationship problems in 10 and 2, job in 11 and 3, marital conflicts in 4 and 10, financial problems in 3 and 10, family conflicts in 12 and 15 and adjustment problems in 3 and 3 subjects in group I and II respectively. The difference was significant ($P < 0.05$).

DISCUSSION

Patients with comorbidity were more likely to suffer from poor health and functional impairment and the progression of alcoholism in patients without comorbidity was significantly milder.⁶ Comorbidity was associated with earlier onset of dependence, higher volume of daily alcohol intake, and greater severity of dependence in patients with both Axis 1 and Axis 2 comorbidities. Studies have demonstrated a positive relationship between the severity of alcohol dependence and the prevalence of additional psychiatric symptom patterns.^{7,8} The present study was conducted to assess psychiatric co-morbidity in alcohol and drug-dependence.

We found that group I had 30 males and 13 females and group II had 25 males and 18 females. Nanjayya et al⁹ found a 32.4% prevalence of dual diagnosis in SUD patients with alcohol being the most common substance associated with other comorbidities followed by opioids. Affective disorder was 12.3% followed by anxiety disorder 11.2% and psychotic disorder 5%. Furthermore, this study showed no significant association between the duration of substance use and comorbidity.

We found that psychiatric conditions in group I and group II were major depression in 20 and 10, anxiety disorder in 6 and 2, schizophrenia in 14 and 10, psychosis in 2 and 18 and adjustment disorder in 1 and 3 respectively. A study was done on 35 females to demonstrate the relationship between severity of alcohol dependence and the presence of comorbid psychiatric disorder reported 57.14% comorbid Axis 1 disorders. MDD 34% was the most common followed by dysthymia 11%, PTSD 9%, adjustment disorder 8%, and mania 3%. Furthermore, the study found no significant correlation between the age of initiation, regular use, and the severity of dependence with the presence of comorbidity.¹⁰

We found that issues in group I and group II were relationship problems in 10 and 2, job in 11 and 3, marital conflicts in 4 and 10, financial problems in 3 and 10, family conflicts in 12 and 15 and adjustment problems in 3 and 3 subjects in group I and II respectively. Pradhan et al¹¹ determined psychiatric co morbidities amongst alcohol and drug dependence subjects. There were 3 subjects and 6 controls with anxiety disorder. There were 17 subjects and 8 controls with major depression. 8 subjects and 16 controls had psychosis. Schizophrenia was observed in 15 subjects and 8 controls. Marital conflicts were seen amongst 7 subjects and 10 controls. Relationship problems were seen by 9 subjects and 8 controls.

CONCLUSION

Authors found that most of alcohol dependent subjects had depression and schizophrenia whereas drug dependent subjects had psychosis.

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