



An observational study of prevalence of depression and other psychiatric co-morbidities among alcohol dependent patients attending Psychiatry OPD in a tertiary care teaching hospital

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Abstract

Aim: prevalence of depression and psychiatric co- morbidities among alcohol dependent patients

Materials and Methods: This hospital based cross-sectional observational study conducted at the department of Psychiatry, Jawaharlal Nehru Medical College, Aligarh Muslim University, U.P, India. 100 patients were recruited for the study and assessed for depression and other psychiatric co-morbidities.

Results: The prevalence of depression in patients was found to be 93%. In terms of severity, moderate (58%) depression was more common type followed by severe depression (27%). Majority of the subjects was married (59%) and studied up to higher secondary (46%), belonged to Muslim religion (49%), belonged to rural back ground (54%) and most of them were skilled workers (58%).

Conclusion: Three fourths of the patients with ADS are suffering from depression. An AD is also associated with greater levels of disability, irrespective of the presence or absence of depression.

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

Introduction

It has been estimated that more than sixty million in India consume alcohol and that there has been a significant increase in the per capita consumption of alcohol in recent times [1]. The lifetime risk of developing alcohol dependence in men is around 10% [2].

Excessive use of alcohol causes 5.9% of all deaths globally. In addition, it is responsible for 5.1% of the disability adjusted life years [3]. It remains a major public health problem in South Asian region including India [4].

Co-morbid depression is also associated with higher relapse following Alcohol Use Disorder treatment among adolescents and adults [5]. Heavy drinking, especially binge drinking, has been found to produce depressive symptoms. Remission of problem drinking has also been found to significantly increase the chances of remission in depression [6].

It is expected 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 policy makers to ensure better planning, resource allocation and delivery of relevant health services.

Materials and Methods

The present hospital based observational study is conducted at department of Psychiatry, Jawaharlal Nehru Medical College, Aligarh Muslim University, U.P, India. The study protocol was reviewed by the Ethical Committee of the Hospital and granted ethical clearance. After explaining the purpose and details of the study, a written informed consent was obtained.

Inclusion criteria

Patients above 18 years of age and newly diagnosed cases of 'alcohol dependence syndrome' was included.

Exclusion criteria

Patients with Acute and severe physical illness, already diagnosed severe 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 100 male patients of alcohol dependence syndrome, who visited Psychiatry OPD (Out Patient Department), were enrolled into the 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 20 (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 study population

Variables	N (%)
Age	
18-27 Years	16 (16%)
28-37 Years	50 (50%)
38-47 Years	24 (24%)
>47 Years	10 (10%)
Education	
Illiterate/ Read and write	7 (7%)
Primary	24 (24%)
Higher Secondary	46 (46%)
Graduate	23 (23%)
Occupation	
Un-employed	14 (14%)
Skilled	58 (58%)
Un-skilled	28 (28%)
Marital status	
Married	59 (59%)
Un-married	29 (29%)
Divorced	12 (12%)
Residence	
Rural	54 (54%)
Urban	28 (28%)
Peri-Urban	18 (18%)
Religion	
Hindu	34 (34%)
Muslim	49 (49%)
Sikh	9 (9%)
Christian	8 (8%)
Family Type	
Nuclear	61 (61%)
Joint	39 (39%)

Table 1: All of the patients were Males (100%). Majority of the subjects was married (59%) and studied up to higher secondary (46%), belonged to Muslim religion (49%), belonged to rural back ground (54%) and most of them were skilled workers (58%).

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

HAM-D rating score	N (%)
Normal	7 (7%)
Mild	12 (12%)
Moderate	58 (58%)
Severe	27 (27%)

Table 2: The prevalence of depression in patients was found to be 93%. In terms of severity, Moderate (58%) depression was more common followed by severe depression (27%) and Mild depression (12%).

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

Psychiatric Co-morbidities	N (%)
Annexity	19 (19%)
Depressive disorder	13 (13%)
Bipolar disorder	11 (11%)
Anti-social personality	9 (9%)

Table 3: most common psychiatric disorders observed being Anxiety Disorder (19%) followed by depressive disorder (13%), bipolar disorder (11%) and personality disorder

(9%).

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 (19%) followed by depressive disorder (13%), bipolar disorder (11%) and personality disorder (9%). 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 dependents is of concern to both clinicians and researchers. The issue of co-morbidity has now assumed center-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.

Recommendations

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.

Limitation

Sample size is small and therefore results cannot be extrapolated to general population.

Berksonian bias can also be present as this study was conducted on hospital-based population.

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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