



## A STUDY DONE TO ASSESS DEPRESSION IN ALCOHOLICS

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### Abstract

**INTRODUCTION:** A continuous habit of alcohol intake inspite of trying or forcing to stop intake of alcohol can lead to a lot of issues including mental and behavioural abnormality. The feeling of guilt regarding intake of alcohol and always indulged in an effort to stop this can further precipitate ideas of depression. Our study tries to collect the thoughts of persons with alcohol dependence or alcohol abuse which focuses on specific mental and behavioural disorders due to alcohol dependence.

**METHOD:** 60 patients were chosen from out patient department of Psychiatry at MDBAS Medical college from Aug 2022 to Dec2022.

Patients were assessed on PHQ-9 (Patient health Questionnaire)

AUDIT (Alcohol use disorder identification test)

BDI (Beck Depression Inventory).

**RESULTS:** Results shows that a broad range of patients who were suffering from alcohol dependence disorder depicts the sign of Depression , These symptoms could be both because of primary disorder of Depression followed by alcohol abuse or Alcohol abuse leading to secondary depression which shows here a strong connection between Alcohol dependence and Depression.

### Keywords:

Depression, Alcohol abuse, low mood ,anxiety, mental and behavioral problems, psychology of alcohol dependence

### INTRODUCTION

Alcohol is a substance that carries power to suppress uncomfortable emotions and slowly gets converted into a habitual pattern that can affect the neurotransmitter balance in the brain. Drinking persistently and excessively can increase your risk of having symptoms of major depressive disorder. Alcohol can affect central nervous system in the form of a broad variety of symptoms for example suppression of excitatory nerve pathways as well as contraction of tissues of brain (1). Nearly one third of the people with major depressive disorder also have alcohol use disorder. Drinking alcohol will only make your depression worse (2). A prolong persistence in the mood of a person, with prominence in low mood, sadness, negative thinking, feeling empty or vacant having difficulty in concentrating, remembering something, thinking, calculating and making decisions, ideas of guilt regarding hopelessness and helplessness, Sometimes feeling lack of help, lack of support from anyone, always feeling sick and lack of energy along with multiple somatic complaint pain (3).

Alcohol abuse and symptoms of depression are both equally important and complex (4). This study tries to resolve certain questions like does drinking alcohol actually causes depression or depressives are more prone to misuse Alcohol abuse(5). Depression itself is a mood disorder and alcohol is involved in change in your mood. Depression most of the time develop a dependence on Alcohol (6). It is quite common that people who were feeling depressed will approach for alcohol inspite of approaching a psychiatrist due to dominant presence of stigma in society they prefer alcohol to relieve anxiety and frustration in their life (7).A history of recurrent major depressive disorder increases the chances of an increase alcohol abuse and anxiety attacks (8). Depression is a leading cause of morbidity and mortality in India (9). Many studies have been done that proves co-occurrence of Depression and Alcohol; but still the relationship between the two has been difficult to be established (10).Stress is a way of handling a stressful condition or challenges in life. Stress can be in the form of a positive result which makes you to do an effort to full fill your work done and negative result is unable to cope up and lead to anxiety, depression and panic attack. A depression can be reactive depression which is a way of trying to do adjustment with stressor in life (11).other terms used to define it are situational/exogenous/adjustment/externalizing depression also called as Stress response syndrome (12). Depression which is experienced randomly with or without stressors is called as biological depression (13). Patient with alcohol or any other substance dependence usually progresses towards a state of treatment resistant depression whereas it is seen that the symptoms decreases with treatment but emerges again with alcohol or substance abuse reportedly(14). Prognosis of psychology of patient with alcohol related problems is worse compared to non-alcoholics. Relationship of alcohol use disorder and symptoms of Depression are very complicated as well as clinically important(15). It is a myth that on quitting Alcohol abuse a person with depression will get immediately improved and start living life positively. In early phase of alcohol abuse depression recovery is quiet and very easily possible but chronic depression needs a proper duration of management with sessions of psychological counselling therapy (16).The co-occurrence of both alcohol dependence and depression is seen commonly in patients visiting outpatient department for de-addiction. It is one of the major public health problem,which usually remain unnoticed in most of the cases and ultimately proceeding towards a threatening attempt of suicide which itself is a very big loss(17). It is a point of concern to be kept in mind that common drug interaction while treating depression in an Alcohol dependent patient. Dependence of Alcohol prolongs the course of treatment in case of Depression (18). There is a high incidence of co morbidity between Alcohol addiction and Depression .These are the two most commonly found mental health disorders (19). Alcohol use disorder is a complex disorder which itself mimics covers or complicate other psychiatric disorders including Depression (20). Which one of these is the primary diagnosis or which one is the secondary out of alcohol use disorder and depression it totally depends on the chronology of the appearance of symptoms (21). Alcohol abuse and Depression when both get co morbidly found, pairing of both the disorders can lead to worsening of prognosis.(22).It is still a matter of debate that alcohol causes depression or depression leads to alcohol abuse. Both of them exist together and itself increases the risk of other one or can worsen the prognosis .The pathway leading are complicated and intermingled (23).

**RATIONALE FOR THE STUDY :** To identify the high rate of co-morbid Depression in Alcohol dependence which ultimately helps in timely management of both the alcohol addiction and Depression and prevent self-harm by the patient.

**AIM OF THE STUDY :** Aim of this study is to assess the extent of Depression in patients with alcohol use disorder.

#### **MATERIALS AND METHOD USED:**

**DESIGN OF THE STUDY :** This is a Cross sectional hospital based study

**VENUE OF THE STUDY :** Maharishi Devraha Baba Autonomous state Medical College and hospital Deoria (Uttar Pradesh).

**SIZE OF THE SAMPLE :** 60 patients of Alcohol use disorder were chosen and selected in this study.

**INCLUSION CRITERIA OF PATIENTS :**

1. Diagnosis of Alcohol use disorder fulfilling ICD 10 criteria(24).
2. 18-45years of Age.
3. Willing for informed written consent.
4. Minimum education till class 8<sup>th</sup>.

**EXCLUSIVE CRITERIA OF PATIENTS :**

1. Patients already diagnosed or taken treatment for Depression/ Bipolar affective disorder/ Anxiety disorder were not included in this study.
2. Patient with diabetes mellitus ,hypertension or any other medical comorbidity were not included in thi study.
3. Not willing to give proper written consent.
4. History of any other psychiatric illnesses.
5. History of mental and behavioural disorder due to any other psychoactive substance abuse (Excluding Alcohol and Tobacco).

**TOOLS AND TECHNIQUES USED:**

- 1.Patient Demographic profile: Name,age,sex,occupation,working or non working, educational status,standard of living.
- 2.Clinical data Sheet :age and onset of illness, duration of illness, episodic or non episodic, personal history of any sort of illness, allergy or treatment for any disorder etc.
3. Patient health questionnaire (PHQ-9)(25)(26)(27)(28).
4. Alcohol use disorder identification test (AUDIT)(29)(30).
5. Beck Depression Inventory BDI(31)(32).

**PROCEDURE:** This study is done with proper detailed Clinical history of alcohol abuse, routine pathological testing, psychological testing with mental status examination.

**STATISTICAL ANALYSIS :**

Appropriate Statistics is applied to analyse the collected Data. Data was analysed with Mean plus Standard deviation.

**RESULTS :** This study aims to target 60 sample who had visited our outpatient department via cross sectional method.

**SOCIO DEOGRAPHIC DATA OF THE PATIENTS TAKEN IN THIS STUDY**

VARIABLES	PATIENTS
Sex	
Male	60
Female	Nil
Religion	
Hindu	30 (50%)
Non Hindu	30 (50%)
Socioeconomic status	
Lower	36 (60%)
Middle	24 (40%)
Domicile	
Rural	30 (50%)
Urban	30 (50%)
Occupation	
Employed	45 (75%)

Unemployed	15 (25%)
Marital Status	
Married	30 (50%)
Unmarried	15 (25%)
Divorce /Separated	15 (25%)

Socio demographic profile of the patients in this study depicts that this study is done only with the patients who had visited the outpatient department of psychiatry for treatment of alcohol dependence which consist of only males therefore maximum number of patients involved in this study are only male patients. i.e 60 (100%) of the sample.30 (50%) of the patients in this study belongs to hindu religion whereas rest of the remaining 30 (50%) belongs to non Hindu religion including Muslims, Christians and Sikhs. 36 (60%) of the patient are of lower socio economic status and rest of the 24 (40%) patients are of upper socio economic status.30 (50%) of the patients in this study belongs to rural background whereas rest of the 30 (50%) belongs to an urban background. 45 (75%) of the patients involved in this study are employed and rest of the 15 (25%) were non employed.30 (50%) of the patients are married , 15 (25%) are unmarried and rest of the 15 (25%) are separated or divorced.

#### RESULTS OF DEPRESSION SEVERITY ON PATIENT HEALTH QUESTIONNAIRE

GRADE	NORMAL	MILD	MODERATE	MODERATELY SEVERE	SEVERE
PERCENTAGE	NIL	10	20	40	30
NUMBER OF PATIENTS	0	6	12	24	18
MEAN SD	-	6.83 $\pm$ 1.4	11.7 $\pm$ 1.4	17 $\pm$ 1.5	25.2 $\pm$ 1.5

$\pm$  Patient health questionnaire is a tool for assessing the severity of depression in patients who were taking alcohol from a long time period that make them visit the outpatient department of psychiatry for having a doubt in their normal health status. Result shows that none of them are normal in terms of fluctuations or variability in their mood,10% (6.83  $\pm$  1.4)of the patients here shows mild grade of Depression, 20% (11.7  $\pm$  1.4) of the patients shown moderate grade of depression,40% (17  $\pm$  1.5) of the patients shown a very moderately severe grade of depression where's 30% (25.2  $\pm$  1.5) were showing the symptoms of being in a severe depression.

#### ALCOHOL USE DISORDER IDENTIFICATION TEST (AUDIT)

GRADE	LOW RISK I	HAZARDOUS II	HARMFUL III	SEVERE IV
PERCENTAGE	5	20	45	30
NUMBER OF PATIENTS	3	12	27	18
MEAN SD	2.6 $\pm$ 1.7	6.25 $\pm$ 1.7	11.7 $\pm$ 1.12	22.7 $\pm$ 4.7

$\pm$  AUDIT is a screening psychological testing for assessing the extent of alcohol abuse by the patients. Screening of any disorder can make a person alert or warn regarding the reg flags or danger related to that particular substance abuse. The Results of AUDIT here shows a good amount of risk on taking alcohol regularly as well as intake in excessive amount. 5% (2.6  $\pm$  1.7) of the alcohol dependence patients shown low risk of alcohol abuse as well as very low risk to the body organs,20% (6.25  $\pm$  1.7) of the patients have shown hazardous alcohol abuse that can cause hazardous effect on body and organs.45% (11.7  $\pm$  1.12)of the patients in our study are under harmful alcohol abuse needs warning and strict restrictions for alcohol is needed.30% (22.7  $\pm$  4.7) are taking severe amount of alcohol and under extreme level of alcohol abuse.

**BECK DEPRESSION INVENTORY**

GRADE	NORMAL	MILD	BORDERLINE	MODERATE	SEVERE	EXTREME
PERCENTAGE	NIL	10	25	15	30	20
NUMBER OF PATIENTS	0	6	15	9	18	12
MEAN SD	-	13.1 $\pm$ 2.8	18.5 $\pm$ 1.3	2.4 $\pm$ 3.4	34.7 $\pm$ 3.2	42.9 $\pm$ 1.6

Beck depression inventory is a psychological test that assess the extent of Depression . None of the patients in this study shows a normal temperament. 10% (13.1  $\pm$  2.8) of the patient shows symptoms of mild depression 25% (18.5  $\pm$  1.3) of the patients shows Borderline depression ,15%( 2.4  $\pm$  3.4) of the patients shows moderate level of depression ,30%( 34.7  $\pm$  3.2) of the patients shows severe extent of Depression 20%( 42.9  $\pm$  1.6) of the patients presented with the symptoms of Extreme level of Depression.

This study shows that there is a chance of strong connection in patients who were already going through a low phase in their life and were get easily involved and are more prone towards alcohol abuse, even in patients who were presented with a history of initiation of alcohol at a very low dose and get slowly progressed towards excessive intake of alcohol that ultimately leads towards the path of secondary depression. Later on it is not easy for them to get out from the habit of Alcohol addiction due to mental and behavioural changes in their personality that affect both of their personal and professional life.

**CONCLUSION**

This study is done to assess the extent of Depression in patients with Alcohol abuse. People now a days very easily get attracted towards things that are tricky or challenging that can take them towards a misleading pathway and slowly they gets indulged into that up to an extent that it would be very difficult for them to get out of it by themselves they will further surrounded by ideas of guilt or worry proceeding towards Depressive disorders. It is an important step to collect history regarding fluctuations in the mood of a patient before and after taking alcohol. Making an adequate and correct diagnosis will be of great use that there is actually what is the present state of the patient whether it is Depression with Alcohol abuse or Alcohol dependence Disorder leading to secondary depression. So that it makes a proper line of management. If every time proper psychological testing gets applied in Alcoholics it can also get a proportion of people who were getting skipped from Data collected for Male : Female ratio of patients with Depression. And also beneficial for decreasing the caregiver burden of Alcohol Dependence disorder.

**LIMITATIONS**

1. A small sample size with a limited number of patients restricted us to make broad conclusions.
2. Males are commonly more prone for taking alcohol in order to hide their feeling as males are trained to learn since their childhood that males are not meant to cry in difficult situations , that makes our study lacking an equality in gender. A further study at a metropolitan city or a higher centre where equal number of females patients visit an outpatient department for having a history of alcohol intake can show light in this path.

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