Depression in Abstinent Alcoholics

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Abstract:
Context: Psychopathological studies have observed that alcoholism and affective disorders interact and can co-exist. Depressive symptoms are widespread in alcohol abusing patients of all ages and are much more common than diagnosable depressive disorder.

Aims: To assess and compare depression during an episode of drinking and during abstinence. To find association between depression in alcoholics with family history of affective disorders.

Method: The sample included all consecutive alcohol dependent patients admitted in government hospital for mental care, during 3 months study period. Severity of depression assessed by using HDRS (Hamilton Rating Scale for Depression) on day 0 and day 14. No medication except benzodiazepines and vitamins including thiamine were allowed during the 2-week study period.

Results: Out of 59 subjects, 22 patients (36.6%) had depressive symptoms on day 0. There was a statistically significant (P<0.005) reduction in the mean Hamilton depression rating scale score between day 0 and day 14.

Conclusion: The results of the present study as well as earlier reports show that though nearly one third of the patients experience depressive symptoms during active drinking, the symptoms remit within two weeks after abstinence in majority of the cases, and only few patients finally have comorbid depression during abstinence.

I. Introduction

It is obvious to drinkers that a direct connection exists between alcohol consumption and mood. Psychopathological studies have observed that alcoholism and affective disorders interact and can co-exist. Various relationships are present between alcoholism and affective disorders – like patients may use alcohol as form of self-medication for an affective disorder; depression may develop as a result of alcoholism; both alcoholism and affective disorders develop as a result of common genetic predisposition; may develop as completely separate illness.

It appears likely that both alcoholism and depression exists in various forms- heterogeneous and co-occurrence.

Modern researchers have compared the results of behavioural tests for depression with voluntary alcohol consumption in defined strains of rodents to assess potential link between depression and alcohol use. The result showed variability.

COGA- researchers first determined the prevalence of major depression and depression syndrome in families of alcoholic probands.

Prevalence of alcohol dependence syndrome and depression is greater among first degree relatives of probands with AAD than relatives of probands with alcoholism alone or relatives of control subjects.

PREISIG and colleagues conducted family study of mood disorder and alcoholism by evaluating 226 people of alcoholism with and without mood disorder as well as family members of those people. The researchers found that there was a greater familial association between alcoholism and bipolar disorder (odds ratio 14.5) than between alcoholism and unipolar depression (odds ratio 1.7).

Depressive symptoms are widespread in alcohol abusing patients of all ages and are much more common than diagnosable depressive disorder.

Aims:
1. To assess and compare depression during an episode of drinking and during abstinence.
2. To find association between depression in alcoholics with family history of affective disorders.

Method:
The sample for present study comprised of all consecutive alcohol dependent patients admitted in government hospital for mental care, a tertiary hospital, Visakhapatnam, during 3 months study period.

Inclusion Criteria:
Patients between age group 18-65 years and belonging to male sex, fulfilling the diagnostic criteria for alcohol dependence according to ICD-10, willing to undergo alcohol detoxification and giving informed consent.
Depression In Abstinent Alcoholics

Exclusion Criteria:--
Those having history of psychiatric illness other than depressive disorders or any concomitant substance dependence, gross brain damage, severe medical complication or evidence of drinking during the hospital stay were excluded.

Study Tools:--
Semi-structured socio demographic data proforma.
Family history of affective disorder.
Severity of depression assessed by using HDRS (Hamilton Rating Scale for Depression)
No medication except benzodiazepines and vitamins including thiamine were allowed during the 2-week study period.
Repeat assessment was done on day-14 using ICD-10 for major depression and HDRS.
Student’t’ test was used to assess the difference between the mean HDRS score on day 0 and 14 and relevant statistics applied wherever necessary.

II. Results
A total of 64 subjects fulfilling the alcohol dependence criteria of ICD-10 were selected for the study.2 subjects were dropped from study due to complications, another 3 unwilling to participate.
Finally 59 subjects completed the study.

Table 1:- Shows the socio demographic profile of the subjects.

<table>
<thead>
<tr>
<th>Age</th>
<th>No. of patients</th>
<th>Marital status</th>
<th>Family history of affective disorders</th>
<th>Socio-economic status</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Married</td>
<td>Unmarried</td>
<td>low</td>
<td>Middle</td>
</tr>
<tr>
<td>18-30</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>31-40</td>
<td>34</td>
<td>33</td>
<td>1</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td>41-50</td>
<td>15</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>51-60</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Maximum number of subjects were in age group 31-40 years (56.6%) and 41-50 years (25%) followed by 18-30 years (10%) , 51-60 years (8.33%).Majority of them were married (91.67 %) and unmarried around 8.33%. education wise majority of them were educated up to primary level. Maximum subjects hailed from low socioeconomic status (72.2%) followed by middle (26.6%) and high (2.2%).

Out of 59 subjects,22 patients (36.6%) had depressive symptoms severe enough to be diagnosed as major depression on the day of admission that is day 0.mean Hamilton depression rating scale score on the day 0 was 17.36+/-.708. on day 14 .only 6 patients (9.1% ) patients were having depressive symptoms severe enough to be diagnosed as major depression. Hamilton depression rating scales was re-administered and means score was around 9.57+/-.9.28. There was a statistically significant (P<0.005)reduction in the mean Hamilton depression rating scale score between day 0 and day 14.Family history of affective disorders in this sample was not found.

III. Discussion
The principal focus of the present study was depression in the current episode of alcohol dependence.A high prevalence of major depression was found for the episode of drinking which led to hospitalization. However, within a few days of detoxification from alcohol, only few of them had depressive symptoms amounting to major depression. Results are not in keeping with the findings of Brown and Schuckit(1988) who reported that during the first week of abstinentence more than 40% subjects had depressive symptoms comparable to those seen in patients hospitalized for primary depression. For themajority, however, depressive symptoms remitted by second week of treatment. Residualdepression after this time, present in 6% to 15% of patients suggests a comorbid disorder. Dackiset al (1989) found that depression diagnosed in the current episode of alcoholism remits after 2Weeks of abstinence and detoxification from alcohol only 5% of alcohol abusing men and15-25% of alcohol abusing women has a history of depressive disorder predating their alcoholism (Atkinson & Kofied, 1982). However, Hasin et al (1988) found that 68% of male and female alcoholics met Research Diagnostic Criteria for lifetime major depressive disorder after detoxification while Davidson (1995) reported that for the episode of drinking that led to admission; a diagnosis of major depression was found in 67% patients. The fact that both the studies report approximately the same prevalence highlights the potential confusion which may arise if the current diagnosis and lifetime diagnosis are not differentiated. Discrepancies in the prevalence of diagnosis found in different studies could be partly due to the timing of the assessment in

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relation to detoxification or abstinence from alcohol and to the diagnostic instrument used (Hasin & Grant, 1987; Brown et al., 1995).

The results of the present study as well as earlier reports show that though nearly one third of the patients experience depressive symptoms during active drinking, the symptoms remit within two weeks after abstinence in majority of the cases, and only few patients finally have comorbid depression during abstinence.

It is possible that the process of hospitalization itself leads to a decrease in the severity of depression, as individuals are removed from the impact of the problems they may be experiencing into an environment where there is an expectation of change for the better. Alternatively, the rapidity and the direction of change in diagnosis of depression might suggest that alcohol-induced depression is a major contributor to the prevalence of depression in an alcohol importance of neurochemical and psychosocial factors is not established (Davidson, 1995).

As such, this underlying depressed disorder may be a risk factor for relapse of alcoholism. It might be presumed that if alcohol may induce depression, it may have relationship with the amount of alcohol consumed.

The findings of the present study suggest that the nature of depression found in those patients with alcohol dependence needs further exploration. Depression in the absence of alcohol dependence does not remit within a week after admission to hospital, whereas a diagnosis of depression accompanying alcohol dependence largely remits with abstinence from alcohol. It appears that clinicians exercise appropriate judgement in not prescribing antidepressant treatments for symptoms which may change within days, providing that alcohol is not consumed.

Limitations of the study include small sample size, non-consideration of alcohol severity, association between depression in alcoholic patients and positive family history of affective disorders could not be assessed, this might be due to small sample size.

References