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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 wellas earlier reports show that though nearly one third of the patients experience depressive symptomsduring active drinking, the symptoms remit withintwo weeks after abstinence in majority of thecases, and only few patients finally havecomorbid 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[7] 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.

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.

		Marital status		**Family history of affective disorders**	**Socio-economic status**				**Education**	
Age	**No. of patients**	**Married**	**Unmarried**		**low**	**Middle**	**High**	**Illiterate**	**Primary school**	**Graduate**
18-30	5	2	3	0	3	2	0	2	2	1
31-40	34	33	1	0	26	8	1	7	23	4
41-50	15	15	0	0	10	5	0	4	8	3
51-60	5	5	0	0	3	2	1	2	1	2

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+/-7.08 .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 studywas depression in the current episode of alcoholdependence.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)[1] who reported that during the first week ofabstinence more than 40% subjects haddepressive symptoms comparable to those seenin 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)[3] found that depression diagnosed inthe current episode of alcoholism remits after 2Weeks of abstinence and detoxification fromalcohol only 5% of alcohol abusing men and15-25% of alcohol abusing women has a historyof depressive disorder predating their alcoholism(Atkinson&Kofied, 1982). However, Hasin et al (1988) found that 68% of male and femalealcoholics met Research Diagnostic Criteria for lifetime major depressive disorder afterdetoxification while Davidson (1995)[4] reportedthat for the episode of drinking that led toadmission; a diagnosis of major depression wasfound in 67% patients.The fact that both the studies report approximately the sameprevalence highlights the potential confusionwhich may arise if the current diagnosis andlifetime diagnosis are not differentiated. Discrepancies in the prevalence of diagnosis found in different studies could be partly due tothe timing of the assessment in

relation todetoxification or abstinence from alcohol and tothe diagnostic instrument used (Hasin& Grant, 1987; Brown et al, 1995)[2].

The results of the present study as wellas earlier reports show that though nearly one third of the patients experience depressive symptomsduring active drinking, the symptoms remit withintwo weeks after abstinence in majority of thecases, and only few patients finally havecomorbid depression during abstinence.

It is possiblethat the process of hospitalization itself leads todecrease in the severity of depression, asindividuals are removed from the impact of theproblems they may be experiencing into and environment where there is an expectation ofchange for the better.Alternatively, the rapidity and the direction of change in diagnosis of depression might suggest that alcohol-induceddepression is a major contributor to theprevalence of depression in an alcoholimportance of neurochemical and psychosocialfactors is not established (Davidson, 1995)[4].

As such, this underlying depressivedisorder may be a risk factor for relapse ofalcoholism. It might be presumed that if alcoholmay induce depression, it may have relationship with the amount of alcoholconsumed.

The findings of the present study suggestthat 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 afteradmission to hospital, whereas a diagnosis ofdepression accompanying alcohol dependencelargely remits with abstinence from alcohol.It appears that clinicians exercise appropriatejudgement in not prescribing antidepressanttreatments for symptoms which may changewithin days, providing that alcohol is not consumed.

Limitations of the study includes small sample size, non-consideration of alcohol severity, association between depression in alcoholic patients and positive family history of affective disorders couldnot be assessed, this might be due to small sample size.

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