

## ORIGINAL ARTICLE

### Psychiatric co-morbidity in drug and alcohol dependence individuals

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#### ABSTRACT:

**Background:** Substance abuse and psychiatric disorders often go hand in hand, a phenomenon referred to as comorbidity or dual diagnosis. The present study was conducted to assess psychiatric co-morbidities in drug-dependence and in alcohol abuse subjects. **Materials & Methods:** 90 subjects of both genders were divided into 2 groups of 45 each. Group I were of drug dependence and group II were of alcohol dependence. The diagnosis was established using ICD10 standards. A thorough history was kept, including the issues they faced on a daily basis as well as the effects that drugs and alcohol had on their family. Inquiries concerning the difficulties and concerns faced by their relatives as a result of the subject's dependency habit were also made. **Results:** Group I had 25 males and 20 females and group II had 23 males and 22 females. Psychiatric co-morbidities were psychosis in 4 and 7, adjustment disorder in 6 and 2, major depression in 17 and 11, anxiety disorder in 7 and 5, and schizophrenia in 12 and 6 patients in group I and group II respectively. The difference was significant ( $P < 0.05$ ). **Conclusion:** Most of drug dependent subjects and alcohol dependence dependent subjects had major depression and anxiety disorder.

**Key words:** Alcohol, Adjustment disorder, Depression

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#### INTRODUCTION

Substance abuse and psychiatric disorders often go hand in hand, a phenomenon referred to as comorbidity or dual diagnosis.<sup>1</sup> Some individuals may use substances to cope with symptoms of psychiatric disorders like depression, anxiety, or PTSD. They might find temporary relief from their symptoms through substances, which can lead to dependence or addiction.<sup>2</sup> There's evidence suggesting a genetic predisposition for both substance abuse and certain psychiatric disorders. Shared genetic vulnerabilities may increase the likelihood of developing both conditions. Both substance abuse and psychiatric disorders can involve disruptions in neurotransmitter systems, such as dopamine, serotonin, and norepinephrine.<sup>3</sup> Substance abuse can further dysregulate these systems, exacerbating psychiatric symptoms. Trauma, stress, dysfunctional family dynamics, and social isolation can contribute to the development of both substance abuse and psychiatric disorders. These environmental factors can create a vulnerable foundation for the onset of either condition.<sup>4</sup>

When depression arises during times of substance use but goes beyond the anticipated consequences of intoxication or substance withdrawal, it is referred to

as substance-induced depression.<sup>5</sup> It is said that primary or independent major depression either completely predicts substance usage or manifests itself during extended periods of abstinence. Co-occurring drug or alcohol addiction and other psychological disorders exacerbate mental illnesses, increase their incidence, lengthen hospital stays, and shorten life expectancy.<sup>6</sup> The present study was conducted to assess psychiatric co-morbidities in drug-dependence and in alcohol abuse subjects.

#### MATERIALS & METHODS

The present study consisted of 90 subjects of both genders. All enrolled subjects gave their written consent.

Data such as name, age, gender etc. was recorded. We made 2 groups of 45 each. Group I were of drug dependence and group II were of alcohol dependence. The diagnosis was established using ICD10 standards. A thorough history was kept, including the issues they faced on a daily basis as well as the effects that drugs and alcohol had on their family. Inquiries concerning the difficulties and concerns faced by their relatives as a result of the subject's dependency habit were also made. Data thus obtained were subjected to statistical analysis. P value  $< 0.05$  was considered significant.

#### RESULTS

**Table I Distribution of patients**

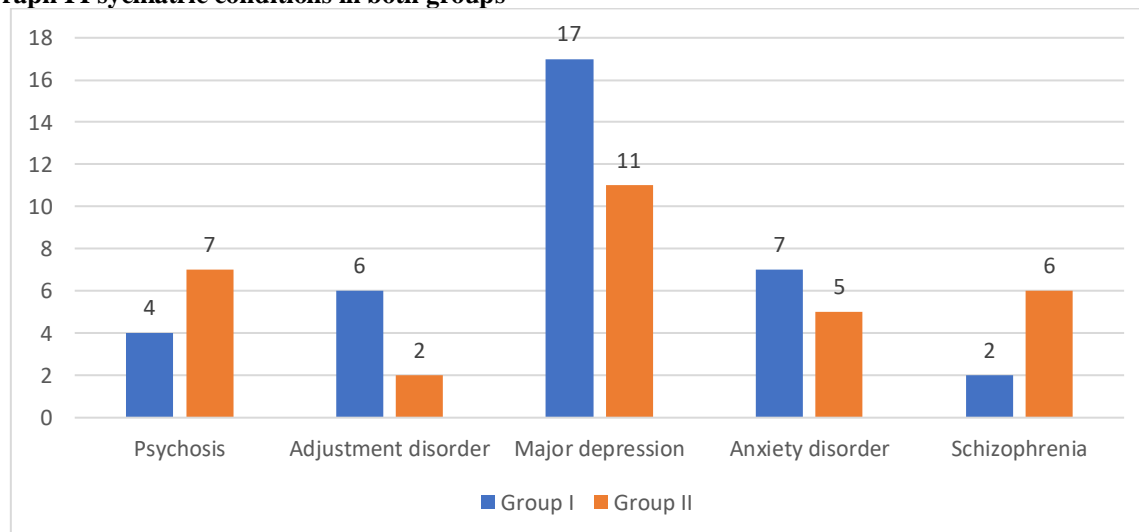
Groups	Group I	Group II
Status	Drug dependence	Alcohol dependence
M:F	25:20	23:22

Table I shows that group I had 25 males and 20 females and group II had 23 males and 22 females.

**Table II Evaluation of psychiatric co-morbidities in both groups**

Psychiatric co-morbidities	Group I	Group II	P value
Psychosis	4	7	0.01
Adjustment disorder	6	2	
Major depression	17	11	
Anxiety disorder	7	5	
Schizophrenia	2	6	

Table II, graph I shows that psychiatric co-morbidities were psychosis in 4 and 7, adjustment disorder in 6 and 2, major depression in 17 and 11, anxiety disorder in 7 and 5, and schizophrenia in 2 and 6 patients in group I and group II respectively. The difference was significant ( $P < 0.05$ ).

**Graph I Psychiatric conditions in both groups**

## DISCUSSION

It is commonly known that substance misuse and psychiatric illnesses can co-occur. Alcohol use disorders, such as alcohol abuse and dependence, are common mental health issues that affect a large portion of the general public.<sup>7,8</sup> Out of the 2 billion individuals that drink alcohol worldwide, the World Health Organization estimates that 76 million suffer from these illnesses. Each year, these are the cause of five million deaths.<sup>9</sup> When looking at high- and middle-income countries, the direct and indirect costs of these come to almost 2% of GDP. Many people who suffer from substance abuse disorders also fit the description of severe depressive illness.<sup>10</sup> The DSM-IV's categories of primary or independent illnesses and substance-induced disorders, which primarily hinged their differences on timing. Patients without comorbidity experienced much less alcoholism progression, while those with comorbidity were more likely to experience poor health and functional impairment.<sup>11</sup> In patients with both Axis I and Axis 2 comorbidities, comorbidity was linked to a higher volume of daily alcohol intake, a greater severity of dependence, and an earlier onset of dependence. Research has indicated a direct correlation between the intensity of alcoholism and the frequency of other psychiatric symptom patterns.<sup>12,13</sup> The present study was conducted to assess psychiatric co-morbidities in drug-dependence and in alcohol abuse subjects.

We found that group I had 25 males and 20 females and group II had 23 males and 22 females. Schaefer et al<sup>14</sup> comprised of 100 male alcoholic inpatients. Subjects were administered The Michigan Alcoholism Screening Test (MAST), the Severity of Alcohol Dependence Questionnaire (SADQ), and the Symptom Checklist-90-Revised (SCL-90-R). Correlational analysis of the data supported the hypothesis that a positive relationship exists between the severity of alcohol dependence and the prevalence of additional psychiatric symptom patterns. Partial correlational analysis indicated that the length of the alcoholic's illness and the number of inpatient treatments for alcoholism enhanced the relationship between the severity of alcoholism and most of the symptom scales.

We found that psychiatric co-morbidities were psychosis in 4 and 7, adjustment disorder in 6 and 2, major depression in 17 and 11, anxiety disorder in 7 and 5, and schizophrenia in 2 and 6 patients in group I and group II respectively. Ravikanth et al<sup>15</sup> determined the prevalence of psychiatric comorbidity in treatment-seeking alcohol-dependent individuals and its relationship with the severity of this dependence. The Mini-International Neuropsychiatric Interview was used to assess psychiatric comorbidity 2 weeks after detoxification. The severity of dependence was judged using the Severity of Alcohol Dependence questionnaire. One-hundred (male,  $n = 65$ ; female,  $n = 35$ ) alcohol-dependent patients were

recruited. The mean age of participants was 41.9 (SD = 9.3) years. Participants (n = 33, 33%) had a co-occurring psychiatric disorder, the commonest being mood disorder (n = 18), which sub-divided into major depressive disorder (n = 8), dysthymia (n = 5), manic episode (n = 3), and hypomanic episode (n = 2), followed by anxiety disorders (n = 11) and then psychotic disorder (n = 4). The comorbid psychiatric disorders were significantly associated with the severity of dependence (p = 0.001) and longer duration of alcohol (p = 0.003) use.

Marsden et al<sup>16</sup> described the prevalence of recent psychiatric treatment and current psychiatric symptoms and explore links between substance misuse, personal/social functioning and symptom severity. Subjects were 1075 adults recruited to the National Treatment Outcome Research Study (NTORS), of whom 90% were opiate-dependent. Psychiatric symptoms at intake were recorded using sub-scales from the Brief Symptom Inventory. Recent psychiatric treatment was reported by one in five subjects. Psychiatric symptom levels were high and females had elevated scores on all scales. Symptoms were elevated among opiate users who were also frequent users of benzodiazepines, alcohol and, in particular, stimulants. Gender, physical health, drug dependence and personal relationship problems were more powerful predictors of psychiatric symptoms than substance use.

## CONCLUSION

Authors found that most of drug dependent subjects and alcohol dependent subjects had major depression and anxiety disorder.

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