ABSTRACT

A DESCRIPTIVE STUDY OF GENERALIZED ANXIETY DISORDER, SOCIAL ANXIETY DISORDER AND DEPRESSION IN INDIVIDUALS WITH ALCOHOL DEPENDENCE PRESENTING TO A TERTIARY CARE PSYCHIATRY CENTRE:

INTRODUCTION

Alcoholism is a very serious problem in our community. Over sixty medical conditions are directly or indirectly attributed to the use of alcohol. Alcoholism is reported to cause 3.5% of the global death and disability.

High incidence of crime is also linked to problematic alcohol use. Alcohol consumption cause increased risk of mortality from several types of cancers, heart disease, and liver cirrhosis.

According to Lancet’s Global Disease Burden study, 2010, 4.9 million deaths and 5.5% of the total DALYs lost worldwide is linked to problematic alcohol usage. WHO Global Status Report on alcohol and health, 2014 attributes 3.3 million deaths annually to increased alcohol dependence. It is one of the major reasons for the deaths in the productive age groups of 15-49.

Alcohol dependence, anxiety disorders co-morbidity and therapeutic implications

The need to address the problem of alcoholism has assumed the proportions of a national health exigency. However alcoholism remains by and large an insurmountable health problem because of many reasons. First of all, people with alcohol use disorders rarely seek treatment in the early stages and even when they do, are likely to
underestimate their problem. It is estimated that only 10% of alcoholics actually seek treatment for their problem. Of those who seek treatment only half of them benefit from it as indicated by the finding that only 45-55% are still abstinent at 6-12 months follow up. Also there is evidence that approximately 90% of alcoholics are likely to experience at least one relapse over the 4-year period following treatment. These discouraging statistics are likely to be due to the putative negative effect of co-morbid psychopathology on the outcome of alcoholism treatment. Base on the frequent co-occurrence of anxiety disorders with alcohol dependence negative influence of other co-morbid psychiatric disorders on the outcome of treatment of alcohol dependence, it has been stated that co-morbid anxiety disorders predict poor outcome of alcoholism treatment.

**Depression and Alcohol use**

Dependence on alcohol or other drugs is a depressing experience. As many as 80% alcoholics complain of depressive symptoms, including 30% who fulfill criteria for a major depressive disorder (Raimo & Schuckit, 1998). The association between alcoholism and depression in the western countries received much attention after the Second World War. There was a lot of interest in distinction between primary and secondary affective disorders made by temporal association and this was most commonly applied to alcoholism and depression (Schuckit, 1986). Thus it is clear that alcohol misuse and depressive symptoms often occur together, but what is less clear is their true relationship.

The combination of depressive symptoms and alcohol misuse presents important management issues, both at the level of individual patients and regarding service provision.
AIMS AND OBJECTIVES:

1. To estimate the prevalence of generalized anxiety disorder, social anxiety disorders and depression in individuals with alcohol dependence.

2. To compare the prevalence of generalized anxiety disorder, social anxiety disorders and depression in individuals with alcohol dependence.

3. To assess the correlation between of generalized anxiety disorder, social anxiety disorders and depression in individuals with alcohol dependence.

4. To study the socio demographic and clinical variables related of generalized anxiety disorder, social anxiety disorders and depression in individuals with alcohol dependence.

MATERIALS AND METHODS:

DESIGN:

Cross sectional, descriptive study

SOURCE OF DATA:

The sample is drawn from patients attending the outpatients Psychiatry department at Government Stanley Hospital, Chennai with consecutive sampling from Outpatient department satisfying the selection criteria during the period of February to July 2015.
METHOD OF COLLECTION:

1. After obtaining informed consent from patients with alcohol dependence attending the Psychiatry OPD, they will be interviewed and assessed using various scales. Data will be recorded for this purpose.

2. Information is obtained from patient, reliable informant.

3. Socio demographic and medical details will be obtained using a questionnaire designed for this study.

DURATION AND PERIOD OF STUDY

6 months, from February to July 2015

MATERIALS

1. A semi structured proforma to collect the socio demographic details, family history details and a semi structured clinical profile.

2. Hamilton Anxiety Rating Scale [HAM-A]

3. Libowitz social anxiety disorder scale

4. Beck Depression Inventory [BDI]

INCLUSION CRITERIA

1. Consenting patients who fulfill criteria for alcohol dependence syndrome according to ICD – 10.

2. Age 20 to 50 years
EXCLUSION CRITERIA

1. Those who did not give their consent.

2. Previous history of psychosis.

3. Concomitant substance dependence other than alcohol.

4. Comorbid medical complication

5. Gross Cognitive impairment.

STATISTICAL ANALYSES:

Statistical analysis was done using computerized software (SPSS 20). Descriptive statistics like frequencies, percentages, means and standard deviations was computed. Chi square tests for independence, correlation tests and Mann Whitney U test was done for different variables and parameters.

FINDINGS

The participants were above the age of 20 years. Twenty-five percent of the respondents were between the age of 26 to 30 years. Table 1 illustrates the distribution of age across different groups. A majority of the participants were Hindus (84.7%) [Diagram 1], studied middle school (34.7%) [Table 2], earning income less than 5000 rupees per month (73.3%) [Table 3], married (78%) [Table 4], semiskilled workers (62%) [Table 5], urban (91%) [Diagram 2], and 53.3% of them coming from joint families [Diagram 3].

The present study reveals GAD=11.3% and SAD=8.0%, which is in comparable to the NCS study which has a GAD=11.6% and SAD=18.4%. This similarity proves the co-morbidity between anxiety disorders and alcohol use disorders. This study shows . people with both socialized anxiety and
generalized anxiety is 18.7% while people with either anxiety or depression is 27.3%.

Understanding the potential effects of co-morbid anxiety disorders & depression, in patients suffering from problematic alcohol use, it becomes an indicator of risk of relapse against a group of patients without these co-morbid conditions.

RECOMMENDATIONS

1) It is suggested that patients with alcohol dependence should be screened for depression and anxiety
2) More studies are required to find the strength of association between these co-morbid conditions and alcohol dependence.
3) Anxiety management and depression treatment should increase the treatment outcome in alcohol dependence.

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