

Prevalence of Hospital Anxiety and Depression among patients of Alcohol Dependence.

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Abstract: Consequences of prevalence of alcohol dependence are gaining attention of the public nowadays. An individual is found to reach to the stage from occasional intake in parties to getting dependent its consumption, in no time. It is also seen to be associated with several other psychological problems. The present study deals with assessing the level of anxiety and depression among the patients of moderate and severe alcohol dependence. A total sample of 200 patients from department of Psychiatry, PIMS Hospital, Udaipur, Rajasthan, India was taken. SADQ (Severity of Alcohol Dependence Questionnaire) was administered to categorize the sample into mild, moderate and severe uses of alcohol. Further, HADS (Hospital Anxiety and Depression Scale) was applied to assess the level of anxiety and depression among moderate and severe alcohol users. Frequency and percentage was calculated. Results showed that 79% of the sample belonged to moderate and severe alcohol dependence category, out of which, 56% and 68% of the patients were found to have moderate to severe anxiety and depression. Implications and limitations were stated.

Keywords: alcohol dependence, anxiety, depression

I. Introduction

There are varying degrees of alcohol dependence and they don't always involve excessive levels of drinking. Alcohol dependence people increase the risk of higher blood pressure, stroke, coronary alcohol-related heart disease and alcohol related liver disease. Prolonged heavy drinking damages liver. An estimated seven out of 10 people with alcoholic liver disease have an alcohol dependency problem (Sherin, 2011).

Moderate use of alcohol is associated both with the frequency of consumption as well as the intention around drinking. A person who has an emotional or psychological attachment to drinking may be at a higher risk for developing an alcohol use disorder compared to a person who regularly has a glass of wine with a meal.

The severe stage may be thought of as the most rigorous articulation of all the possible problems associated with alcohol use disorder. It is a circumstance of reversals; rather than living to drink, a person in the end stage likely drinks to live. At this point, individuals have lost the ability to stop themselves from drinking. While many alcohol treatment units exclusively focus on alcohol problems, psychiatric comorbidity may be underestimated both diagnostically and therapeutically.

Comorbid depressive as well as anxiety disorders (as categorical diagnostic entities) are repeatedly found in high proportions among treatment-seeking subjects with alcohol-related disorders. Rates of 15–38% for major depression, 11–17% for dysthymia, 6–33% for phobias, 3–52% for generalized anxiety disorders, and 2–21% for panic disorders have been reported (Hesselbrock *et al.*, 1985; Black *et al.*, 1987; Powell *et al.*, 1987; Ross *et al.*, 1988; Herz *et al.*, 1990; Tomasson and Vaglum, 1995).

Therefore, the present research work focuses on the prevalence of moderate to severe alcohol users among the general population of alcohol users that come for treatment. The study also analyzes the level of anxiety and depression among the patients who are moderate to severe alcohol users.

II. Material and methods

The objective of the study was to assess the level of anxiety and depression among the patients who are moderate to severe alcohol users. The sample of 200 male patients diagnosed with alcohol dependence was taken for the purpose of cross sectional study on availability basis. The purposive sample was taken from the OPD of from Department of Psychiatry, PIMS Hospital, Udaipur, Rajasthan, India. The tools employed were SADQ (Severity of Alcohol Dependence Questionnaire) and HADS (Hospital Anxiety and Depression Scale) to assess the level of anxiety and depression among moderate and severe alcohol users. Exclusion criteria were psychotic features, other psychological or physiological disorders and poor general and medical condition. Informed consent was taken from the participants.

Procedure

After the primary medical procedure by the department of psychiatry, all the relevant information from patient was taken for the fulfillment of inclusion and exclusion criteria of the present study. Socio-demographic data as well as medical information and history of drug abuse were also collected from participants. SADQ was administered to categorize the sample into mild, moderate and severe uses of alcohol. Further, HADS was applied to assess the level of anxiety and depression among moderate and severe alcohol users. The scoring of the data obtained was done according to the respective manuals. The results obtained were computed. Frequency and percentage was calculated and results were tabulated. Interpretation of the tables was drawn. Limitations and implications of the study were stated.

Tools employed

1. Severity of Alcohol Dependence Questionnaire (SADQ) (Stockwell et al., 1983)
2. Hospital Anxiety and Depression Scale (HADS) (Zigmond and Snaith, 1983)

Statistical Analysis

Frequency and percentage were applied to the raw data obtained after the administration of the questionnaires of alcohol dependence, anxiety and depression.

III. Results

Table 1- Indicating the level of mild, moderate and severe level of alcohol dependence among the patients.

Categories (SADQ)	Score Range	Number of patients	
		Freq.	Percent
Severe	30+	42	21
Moderate	16-30	72	36
Mild or None	Below 16	86	43
Total		200	

Graph 1- Highlighting the percentage of mild, moderate and severe level of alcohol dependence among the patients.

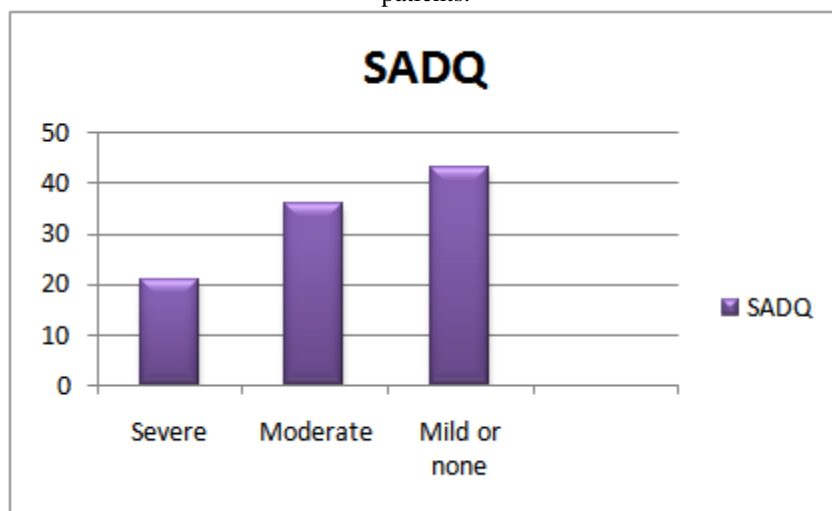
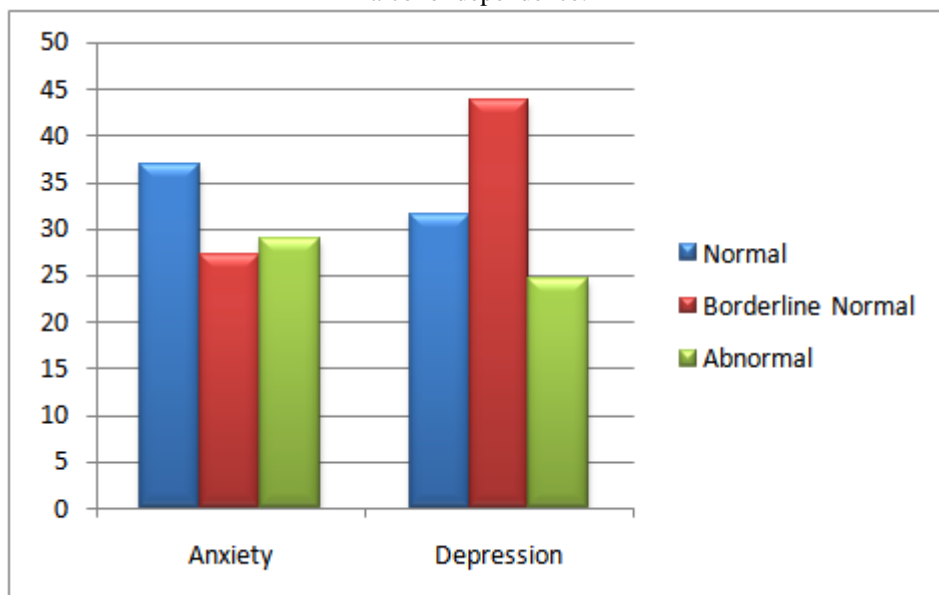


Table 2- Stating the level of Anxiety and Depression among the patients of moderate and severe alcohol dependence.

Categories (HADS)	Score Range	Patients having moderate and severe alcohol dependence			
		Anxiety		Depression	
		Freq.	%age	Freq.	%age
Normal	0-7	42	36.8	36	31.5
Borderline Normal	8-10	31	27.1	50	43.8
Abnormal	11-21	33	28.9	28	24.5
Total		114		114	

Graph 1- Showing the percentage of Anxiety and Depression among the patients of moderate and severe alcohol dependence.



IV. Discussion

The purpose of the study was to examine the prevalence of severity of alcohol dependence as well as the co morbidity of anxiety and depression associated with it. As indicated in the procedure, the sample was administered with SADQ to distinguish the moderate and severe level of alcohol users from the total sample. The patients having moderate and severe level of alcohol dependence were further administered on HADS to examine the level of anxiety and depression among them. Relevant statistical measures were applied and result tables were formulated. The interpretation of the results obtained is as follows:

Table 1 showed the level of moderate and severe alcohol dependence among patients who came for treatment in OPD of Department of Psychiatry, PIMS Hospital, Udaipur, Rajasthan. It may be observed from the table that 43% of patients were in the category of mild dependence, 36% fell in the dtage of moderate alcohol dependence and 21% ere severe alcohol users. The data obtained revealed that out of the total population taken under the study, 57% of them came under the category of moderate and severe alcohol dependence. This population of 114 moderate and severe alcohol users was further administered for anxiety and depression.

Table 2 indicates the level of anxiety and depression among the patients of moderate and severe alcohol dependence. Its may be seen from the table that out of the total sample of 114, 42(36.8%) had normal (average) level of anxiety. 31 (27.1%) and 33 (28.9%) number of participants fell under the category of borderline and abnormal (high) level of anxiety. When the level of depression was assessed among them, it was found that 31.5% (36/114) had normal level of depression, 43.8(50/114) had borderline depression and 24.5% (28/114) had high level of depression among the patients of moderate to severe alcohol dependence.

There are two possible explanations for the association between alcohol use disorders, anxiety and depression; firstly it may be that both disorders have common underlying genetic and environmental factors that jointly increase the risk of both disorders. Secondly, the two disorders may have a causal effect with each disorder increasing the risk of developing the other (Kendler et al., 1993; Harrington et al., 1990).

The prevalence of comorbidity of anxiety and depression and alcohol use disorders (AUD) has been demonstrated in a number of researches (Spaner et al.,1994; Grant, and Harford, 1995; Ross, 1995; Kessler et al.,1997). It is important to understand the significance of co-occurrence of depression, anxiety and alcohol use disorders since this may explain why majority of cases relapse after treatment for alcohol dependence (Hasin and Grant, 2002; Khantzian et al., 1990). In addition it may explain why antidepressants have been shown to moderately benefit patients with anxiety, depression and alcohol use disorders (Nunes and Levin, 2004).

V. Conclusion

It may be concluded from the present research work that 79% of the sample belonged to moderate and severe alcohol dependence category, out of which, 56% and 68% of the patients were found to have moderate to severe anxiety and depression.

VI. Limitations

Small number of samples, absence of longitudinal study and assessment of only two variables are some of the major limitations of the present study. Participant recall bias is an important possible source of error, although is unlikely to explain the recall of different pattern of change for the different symptoms.

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*Dr. Brajesh Kumar Pushp "Prevalence of Hospital Anxiety and Depression among patients of Alcohol Dependence." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)* 16.8 (2017): 93-96