

CLINICAL-PROGRESSIVE CORRELATIONS BETWEEN ALCOHOLISM AND DEPRESSION

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Rezumat:

Introducere

Studiile clinice efectuate pe pacienții cu tulburare depresivă au demonstrat o incidență crescută a alcoolismului în cadrul acestei patologii afective.

Obiective

Stabilirea prevalenței tulburărilor depresive la pacienții alcoolici înainte și după tratamentul de detoxifiere.

Metodă

Studiul nostru este unul de tip descriptiv și a inclus un lot de 158 pacienți, care s-au internat pentru prima dată în spital pentru o tulburare legată de consumul de alcool și care prezentau simptome depresive.

Rezultate

După tratamentul de fază acută, un număr foarte mare de pacienți încă prezentau simptome depresive, iar după tratamentul de detoxifiere, doar un număr relativ mic de pacienți mai prezentau simptome asociate cu depresia.

Concluzii

Gestionarea terapeutică a acestei comorbidități necesită o evaluare strictă a gravității episodului depresiv, abordarea personalizată a fiecărei manifestări patologice și urmărirea în dinamică a tulburării depresive asociate cu dependența de alcool.

Cuvinte-cheie: depresie, alcoolism, comorbiditate

Abstract:**Background**

The clinical studies on the patients with depressive disorder proved a grown incidence of the alcohol dependence within the framework of this emotional pathology.

Objective

Establish the prevalence of depressive disorders in alcoholic patients before and after the detoxification phase.

Method

Our study is a descriptive one and included 158 patients, hospitalized for the first time because of alcohol addiction disorder and presenting depressive symptoms.

Results

After the treatment of the acute phase, a great number of patients still presented depressive symptoms and after the detoxification treatment, only a small percentage of the patients remained with depressive symptoms.

Conclusions

The therapeutical management of this comorbidity requires a strict evaluation of the severity of the depressive episode, the personalized approach of each pathological manifestation and the following in the dynamics of the depressive disorder associated with the dependence on the alcohol.

Keywords: depression, alcoholism, comorbidity

INTRODUCTION

The relatively high frequency of depressive disorders comorbidities and of the alcohol addiction imposed an inter-sudy, clinical-therapeutic and progressive one of the affection mentioned above.

In terms of prevalence, referring to the depression occurred in mental illness, it was proved that the depression caused by alcoholism and alcohol addiction ranks first, followed by: addiction, sociopathy, hysteria, anxiety neurosis and schizophrenia. (1)

Some authors noticed that a great majority of the people from the Occident consume alcohol and that one in three people have temporal problems of alcohol addiction. The majority of the subjects going through such experiences feel psychological discomfort, sometimes accompanied by a feeling of culpability, futility or depression. (2)

Kessler and co. 1997, states that men with alcohol addiction experience a rate of depression three times higher than common people, while alcohol dependent women are four times more exposed to such depression. (3)

Some report a percentage of 67% of alcoholic patients that experienced negative hypertimic episodes – severely depressive ones (according to R.D.C. – Research Diagnostic Criteria); (4) but only 13% of the ones mentioned above still had depressive symptoms after a specific detoxification treatment. (5)

The addictions extended extremely, thus becoming one of the most important bio-psycho-social problems, because of the negative influence upon them, especially upon the young generation and the working age population's health.

MATERIAL AND METHOD

Our study is a descriptive one and took place between January, the 1st 2007 and June, the 30th 2008. It included 158 patients, Romanian citizens able to understand and express themselves in Romanian, aged between 21 and 76, patients that hospitalized for the first time at "Socola" hospital, because of alcohol addiction disorder and presenting depressive symptoms.

Statistical approach:

In the statistical analysis, there were used both descriptive and analytical methods. After data collection in an accessible form, to ensure their information character, the processing of data was made. Data were centralized in EXCEL and SPSS databases and processed with statistical functions to which they land. In presenting the data, there were used confidence intervals to 95% materiality, and to test differences were used χ^2 and t-Student tests.

RESULTS

The study included 158 patients, of which 29,1% women and 70,8% men. From the total amount of 112 men, 63,3% come from the urban environment and 36,6% from the rural environment. Regarding women, 80,4% from the urban environment and 19,5% from the rural environment. (Figure 1)

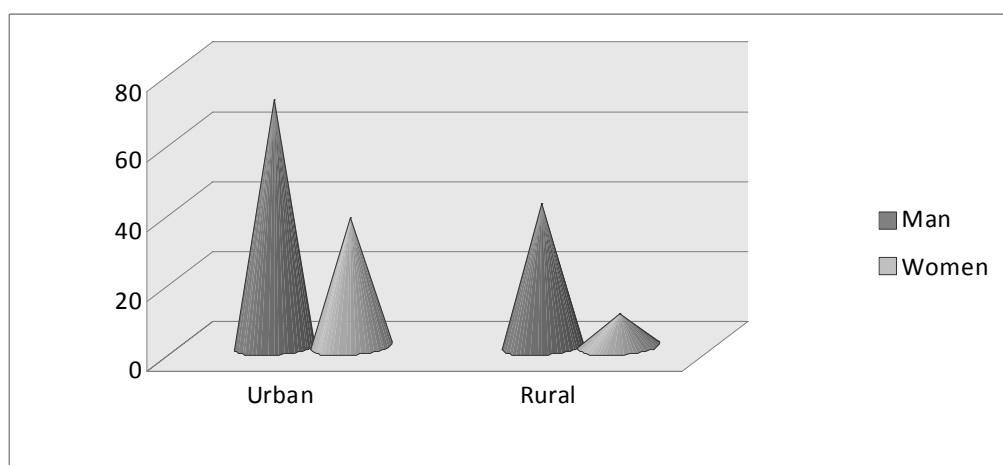


Figure 1. *The distribution of cases according to the source environment*

The age distribution is as it follows: the average age of the patients was of $44,84 \pm 12,12$, fluctuating between 21 and 76 years old. The women's average age was of 42,66, varying between 21 and 75, and the men's average age was of 48,70, varying between 28 and 76.

There can be noticed significant differences, from a statistic point of view ($p = 0,05$), between the two sexes; men have a higher average age than women do, with a trust interval of about 26 years (Figure 2).

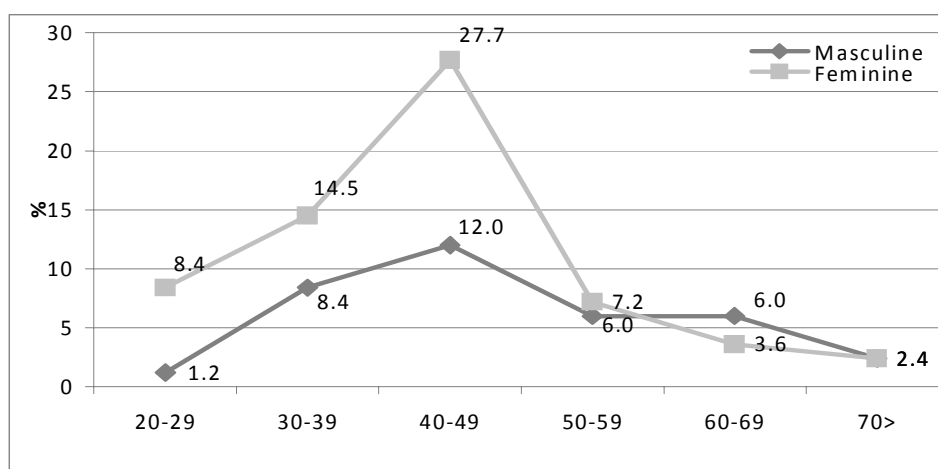


Figure 2. *Age (Years)*

Regarding their marital status, the great majority of the patients were married, and then the next group was composed of unmarried or divorced. (Figure 3)

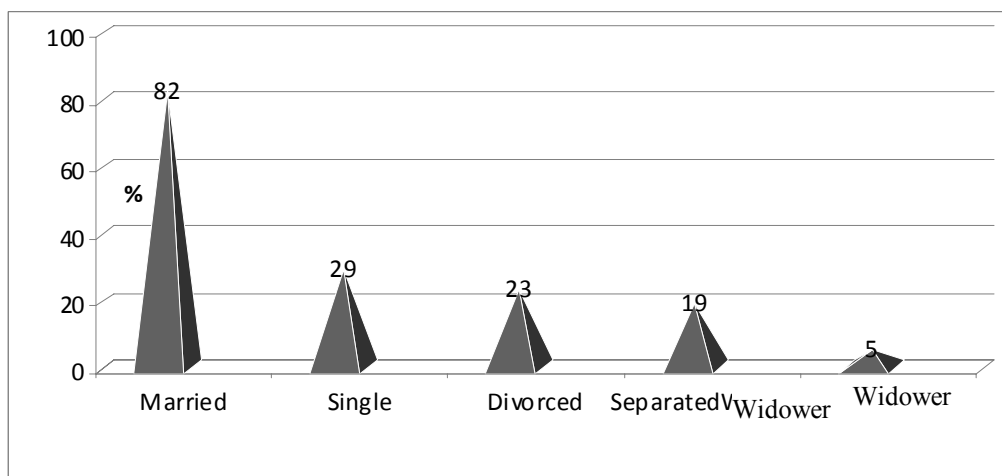


Figure 3. Civil state of patients from our studied group

Only about 11% of the subjects had a medical history with previous depressive episodes, without consuming alcohol. The patients were evaluated following both Hamilton's scale for depression and CGI (Clinical Global Impression).



Figure 4. The distribution of cases according to the first symptoms that appeared

Studying the case of 150 alcoholic patients, I noticed that, after the treatment of the acute episodes of alcoholic addiction, nearly 85% of them were experiencing feelings of sadness, anhedonia even, feelings that correlated with the existence of depressive disorders.

The studies of the first depressive episode that the alcoholic patients had, proved that only a small percentage of subjects (12%) still presented depressive symptoms, after the detoxification treatment. (Figure 5)

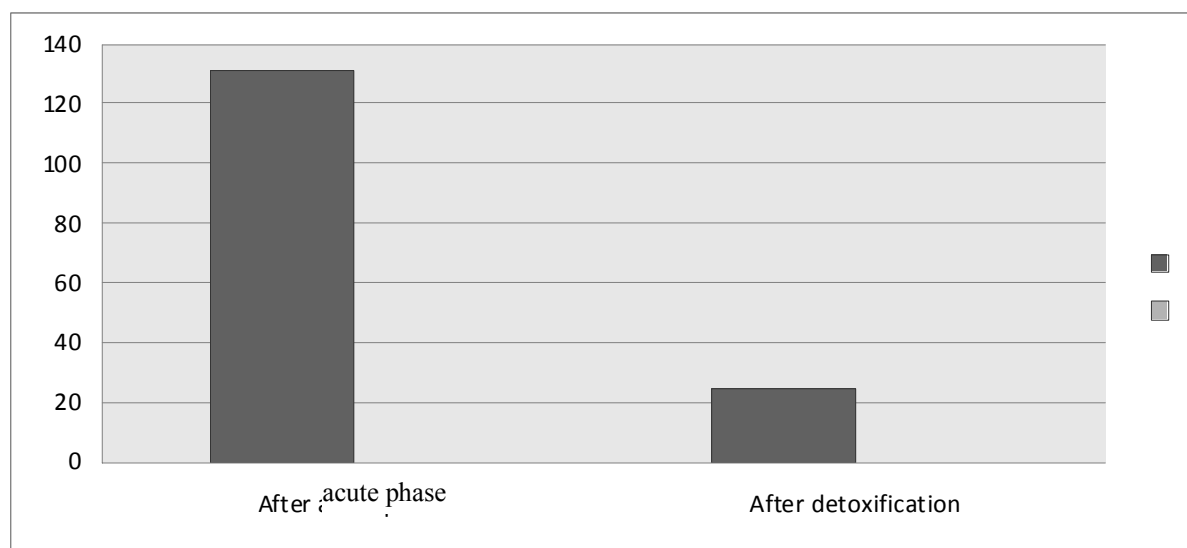


Figure 5. *The presence of the depressive symptoms after the treatment*

DISCUSSIONS

It has been proved that the association depression – alcoholism ranks first, being situated before other comorbidities, such as: depression – addiction, depression – sociopathy, depression – hysteria, depression – anxiety, and depression – schizophrenia. (6) (7)

According to the chronology, there are many variants of the two affections coexistence.

In the first variant, the depression is the primary disorder and leads to the consume of alcohol in excess, thus considering the drug as a self-medicate. On the other hand, the alcohol addiction will increase the gravity of the depressive disorder, being an essential element in the repetition of the negative hypertimic episode.

In the second variant, the alcohol addiction is primary. The abuse of the drug will lead to the appearance and aggravation of the depressive disorders, being an important element in developing the repetition of the affective disorders.

In the third variant, the depressive disorder and the alcohol addiction appear simultaneously. This comorbidity is more frequent not only in the case of patients that have an anxiety disorder, but also in the case of the subjects that present behaviors of the borderline type.

Last but not least, the depression and the alcohol addiction are different behaviors of the same affection, this comorbidity being included in the “depressive disorder spectrum”, which manifests through disharmonies at men and through depression at women; on the one hand, because he or she cannot resist the impulse to consume alcohol and, on the other hand, he or she is aware of his/her own mental and physic deterioration, this last trait being sometimes mentally amplified because of the depressive element.

The alcohol addiction and depressive disorders are, in most cases, correlated, regardless the behaviors are primar or not to the abusive consume of ethanol. (8)

Nearly 11% of the subjects studied had previous depressive episodes, without consuming alcohol. After the treatment of the acute phase, a great number of patients still presented depressive symptoms. After the detoxification treatment, only a small percentage of the patients remained with depressive symptoms.

The solution for this comorbidity is highly important for the patient, who suffers, on the one hand, from the impossibility to resist the impulse of consuming alcohol and, on the other hand, suffers from being aware of his/her own mental and physical deterioration, this last trait being sometimes mentally amplified because of the depressive element.

The therapeutical management of this comorbidity requires both a strict evaluation of the severity of the depressive episode, the personalized approach of each pathological manifestation and the following in the dynamics of the recurrent depressive disorder associated with the dependence on alcohol after the present emotional episode is solved.

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