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RELAPSES PREVALENCE IN TREATMENT OF ALCOHOLISM – DEPRESSION COMORBIDITY

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Abstract:

Background

The high prevalence of alcoholism-depression comorbidity raises diagnostic difficulties that affects therapeutic assistance and the development of cases. An appropriate treatment assistance, with the obtaining of the remission of the psychotic symptoms, should reduce the number of comorbid cases and provide a development and a favourable prognosis with fewer recurrences.

Objectives

Setting the prevalence of recurrence in patients with depressive comorbidity.

Method

Our study is a descriptive one and it included a group of 158 patients, who came for the first time in the hospital for alcohol-related disorder and had depressive symptoms and they have been monitored over a period of four years.

Results

About 70% of the patients experienced at least one alcoholic and depressive relapse, while at only 11% complete remission was found after the first hospitalization.

Conclusions

The difficulty of the alcoholism treatment is underlined by the fact that alcohol becomes the therapeutic agent associated to the consequences that it has upon the candidates to addiction. As long as the individual sees the alcohol as the remedy to his emotional problems, he will become psychologically dependent and return to the habit of drinking, even after repeated attempts of abstinence, thus falling in relapse.

Keywords: depression, alcoholism, comorbidity, relapse

Rezumat:**Introducere**

Prevalența mare a comorbidității alcoolism – depresie ridică dificultăți diagnostice, afectează asistența terapeutică și evoluția cazurilor. O asistență terapeutică adecvată, cu obținerea remisiunii simptomatologiei psihotice, ar trebui să reducă numărul cazurilor comorbide și să ofere o evoluție și un prognostic favorabile cu cât mai puține recidive.

Objective

Stabilirea prevalenței recidivelor la pacienții cu comorbiditate alcoólico-depresivă.

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; aceștia prezentau simptome depresive și au putut fi monitorizați pe o perioadă de 4 ani

Rezultate

Aproximativ 70% dintre pacienți au prezentat cel puțin o recădere alcoolică și depresivă, în timp ce la doar 11% s-a constatat remisiunea completă după prima internare în spital.

Concluzii

Dificultatea tratamentului alcoolismului este subliniată prin faptul că alcoolul devine agentul terapeutic asociat consecințelor pe care le are în plan subiectiv asupra candidaților la dependență. Atâta timp cât individul găsește în alcool remediul problemelor sale emoționale, acesta va avea toate șansele să devină dependent psihic și să se întoarcă la obiceiul de a bea, chiar după tentative repetate de abținere, căzând astfel în recidivă.

Cuvinte-cheie: depresie, alcoolism, comorbiditate, recidivă

INTRODUCTION

Alcohol-dependency is still a bio-psycho-social problem particularly important. The news of this disease is due to the consequences of alcohol abuse, which is manifested in various somatic disorders, mental and social degradation. During the last decades, the effort of the psychiatrists is oriented towards preventing the relapse and the disease relapse, in order to maintain stable and lasting remissions.

There is a rich literature that assigns to the alcohol the task to facilitate the mood, but there are many situations when, after some alcohol consumption, the consumer had become sad, anxious, desperate and hopeless, situations in which some people also auto-ethyl behaviour. However, most of the times, alcohol consumption lowers anxiety and sense of responsibility, along with the augmentation of unsafe actions, accepting readily the risks, risks that he would not accept if was not drunk.

The prevalence of anxious-depressive disorders in alcoholism is high, 60% of people developing, sooner or later, emotional symptoms. (1)(2)The neurobiological substrate of comorbidity is complex; with purely biological links, serotonin, gamma-aminobutyric acid and norepinephrine play an important role in anxiety disorders and depression induced by the alcohol. Patients who develop self and hetero-aggression show a deficit in serotonin, this behaviour is predictive for the affective decompensation (3). The risk of the suicide is a reality in a certain moment of disorder dependence and correlates in general with depressive comorbidity. Anticipating by maladaptive behavioural traits, the development of affective disorder, we may initiate the treatment with antidepressants, before the clinical symptoms of negative hipertimie appear (4). The alcoholic with obsessive-phobic disorders is the perfect claimant for developing a psychotic picture. Further, during the dependence disorder, the acute pathology complicated with ethanolic withdrawal delirium, at those with repeated episodes, is a predictor for the development of psychopathological picture of the paranoid. The mechanism of occurrence is usually an interpretative one (5).

MATERIAL AND METHOD

Our study is a descriptive one, and took place between January, 2007 and June the 1st, December 30th 2011. It included 158 patients who have been followed for 4 years, Romanian citizens, able to

understand and express themselves in Romanian, aged between 21 and 76, patients hospitalized for the first time at “Socola” hospital, presenting depressive disorder and alcohol addiction symptoms.

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 data, there were used confide-Student tests.

RESULTS

The study included 158 patients, of which 29.1% – men and 70.8% – women.

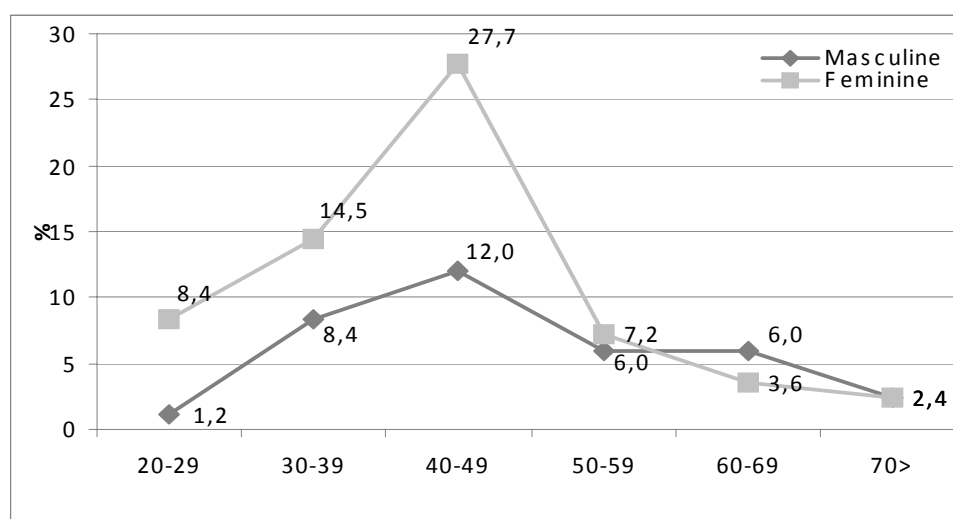


Fig. 1. Age groups

The age distribution is as it follows: the average age of the group was of 44.84 ± 12.12 patients, 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.

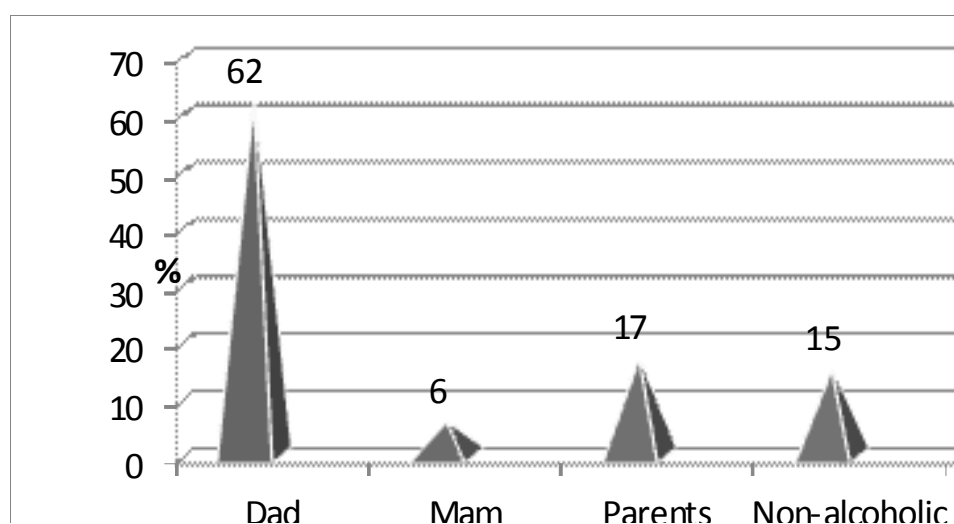


Fig. 2. Family and alcohol consumer

We can talk about the so-called “social inheritance“, meaning that certain learning processes are unlikely to be ever conscious. In the current study, approximately 14% of consumers have both parents, alcohol consumers, and in 66%, a significant percentage, the father is the consumer. The

percentage below 55% of cases, the mother is consuming, and in 15% of them, parents do not consume any alcohol.

Tab. I: *Chronological features of alcohol consumption*

Time Features	Average	Standard deviation	P
Age of harmful debut (years)	41.752	9.196	0.000142
Age of dependence ethanolic (years)	44.893	9.002	0.000007
Excessive duration (years)	11.852	3.859	0.525601

Table I lists some chronological benchmarks of alcohol consumption, average length being about eleven years. Dependent syndrome of ethanol addiction was preceded by a harmful drinking an average of three years.

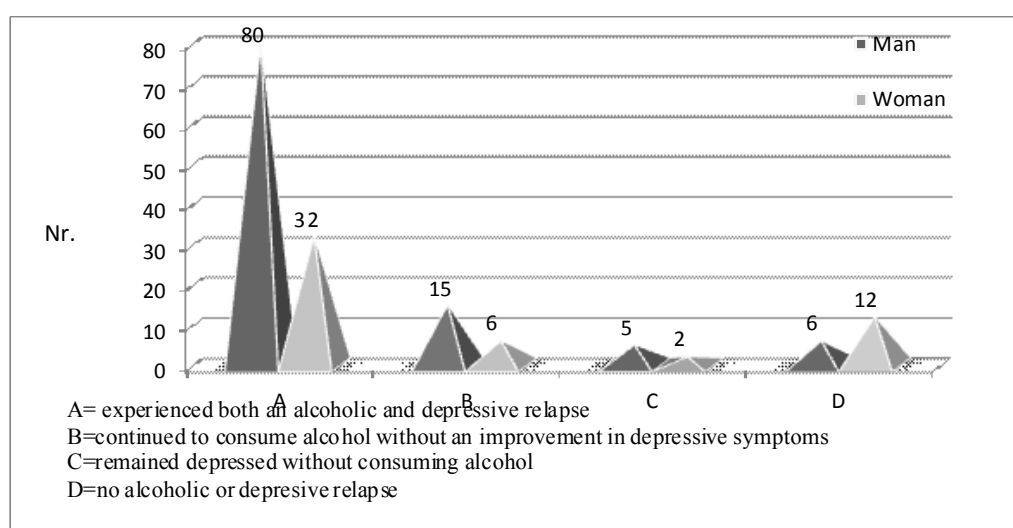


Fig. 3. *Number of recurrence*

Concerning the long-term evolution of depression and alcoholism, after 4 years of studying them, it was proven that: 112 patients (70.88%) experienced both an alcoholic and depressive relapse, 21 patients (13.29%) continued to consume alcohol without an improvement in depressive phenomena; 7 patients (4.43%) remained depressed without consuming alcohol, while only 18 patients (11.39%) not presenting alcoholic or depressive relapse. At the most studied patients, both improvements and recurrences have been global, simultaneously or successively for the two disorders.

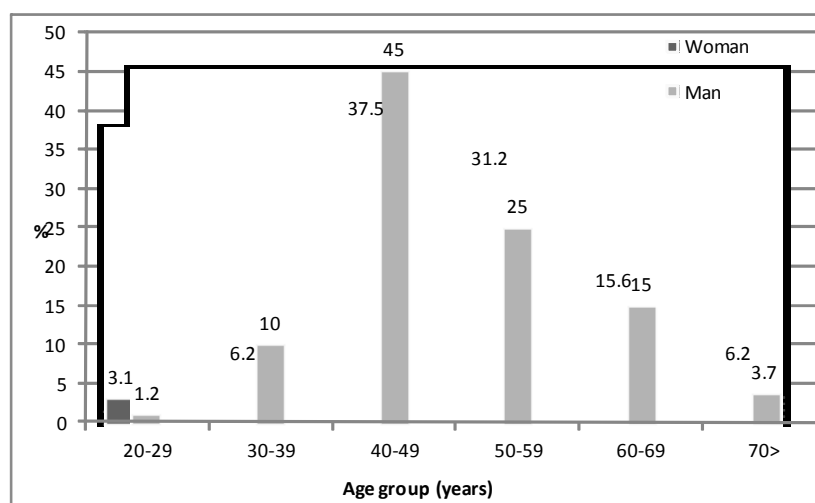


Fig. 4. *Age and number of relapses*

Comparing the patients' age with the number of relapses, we found out that the most frequent recurrences occurred in the age group 40 – 49 years (37 – 45%), followed closely by the age group 50 – 59 with 30 cases and a rate of 18.98%. The fewer relapses were recorded in the age group 20 – 29 with (1.26%) cases, respectively.

DISCUSSIONS

The early consumption of alcohol dictates a severe alcohol dependence and frequently, the presence of abuse and addiction to many other substances. The abuse induces, later in life, maladaptive personality traits, low frustration tolerance, interpretativity and mnezo-proxy disorders, sometimes, with temporal-spatial disorientation. This usage is generally correlated with a light substance dependence.

The period of substance consumption influences, to a large extent, the type of evolution of the dependence disorder. Analyzing the relationship between alcohol consumption and its consequences, we distinguish that some consequences can be immediate and others will occur over a period of time. Immediate consequences are related to the effects of acute alcohol intoxication, while the late are related to a sufficiently long exposure to alcohol. The noncompliant therapy is another predictor of addiction disorder evolution correlated, especially with the prognosis of chronic illness, the patient not being able to maintain abstinence in the absence of an appropriate therapy (6).

The difficulty of treating the alcoholism is highlighted by the fact that alcohol becomes the therapeutic agent associated to the consequences that it has upon the candidates, at a subjective level.

The alcohol induces positive mood states, it removes away physical and emotional discomfort, it induces relaxation, and these effects become, in time, the real reason to consume alcohol, through the learning mechanism of positive reinforcement that enhances psychological dependence (7) (8). As long as the individual sees the alcohol as the remedy for his emotional problems, he is likely to become psychologically dependent and return to the habit of drinking, even after repeated attempts of abstinence, thus falling into relapse.

Acknowledgments and disclosure

The authors declare that they have no potential conflicts of interest to disclose.

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