ORIGINAL ARTICLE

A cross sectional study among patients with co-morbidities of alcohol dependence and mental illness admitted in Institute of Psychiatry, Kolkata-a

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ABSTRACT

Background : Psychiatric comorbidities are not very uncommon particularly in alcohol dependent patients. They are sometime very difficult to treat and overall prognosis is unpredictable most of the time.

Aims : To measure the prevalence of several psychiatric comorbidities in patients with alcohol dependence.

Settings and Design : The study assessed the prevalence of psychiatric comorbidities among 100 alcohol dependent patients admitted in Institute of Psychiatry, Kolkata.

Methods and Material : A semistructuredproforma and Structured Clinical Interview for DSM-IV (SCID) diagnostic tools were used among alcohol dependent patients who met inclusion and exclusion criteria.

Statistical Analysis used : Statistical analysis was done by using Statistical Package for Social Sciences (SPSS).

Results : The psychiatric comorbidities among alcohol dependent patients were depression (32%), Bipolar affective disorder (20%), Anxiety disorder (18%), Personality disorder (10%), Schizophrenia (10%).

Conclusions : Most of the patients in this study were males. Those of (V-X) educational standard, male persons of mean age group 25.4 years and having monthly family income of Rs 1,000 - 5,000 were most vulnerable group of alcohol dependence with comorbidities. The most common psychiatric comorbidity was depression (32.5%).

Key-Words : Alcohol dependence, Substance abuse, Psychiatric comorbidities.

Key Message : Alcohol abuse is a great worldwide problem and psychiatric comorbidities are not uncommon with alcohol dependence. However, the co-morbidity with substance problems is underreported and understudied. Early detection and prompt intervention to treat alcohol dependence is essentially needed to overcome this burning problem.

INTRODUCTION :

Substance abuse with other psychiatric comorbid disorders poses complex diagnostic and therapeutic challenges. Co-morbidity is frequently associated with high rates of continued substance abuse, greater psychosocial impairment and increased utilization of services[1,2]. Similarly, it has been noticed that proper intervention for coexisting psychiatric morbidities may improve the outcome for the alcohol dependence[3]. The variations in figures of co-existing psychiatric disorders is understandable in view of the widely used different diagnostic criteria, the different populations studied and different settings[4]. It is therefore very difficult to compare the studies which are carried out in different

settings and the results cannot be generalized. The co-morbidity between alcohol dependence and other mental illnesses is consistent across different studies. Alcohol dependence co-occurs with psychotic, affective and anxiety disorders and others[5,6,7]. In the popular study by Tyndel[8], it was found that all 100 patients who were hospitalized for treatment of alcoholism could be assigned another psychiatric diagnosis according to DSM-II. Most of the patients (58%) had a diagnosis of neurotic disorder according to that study. The other diagnoses were psychotic disorder (6%), personality disorder (36%), affective disorder (4.2%) and schizophrenia (1.3%). Cadoret and Winokur[9] examined 259 alcoholic patients and they found that 101(39%) suffered from depression. Lotufo-Neto and Genti[10] reported that although 26% of the clinic sample comprising alcoholics met the clinical rating scale criteria for agoraphobia and 20% for social phobia, most of these patients showed only mild symptoms and merely avoided a few phobic situations. Morgenstern et al[11] also studied the co-morbidity of alcoholism and personality disorder in a clinical population of 366 subjects. They found that 22.7% had an antisocial personality disorder (ASPD) and also reported a high prevalence rate for other types of personality disorders. Thus it may be assumed that we should contemplate effective measures to discourage excessive drinking and identify the affected and vulnerable segments of our society.

SUBJECTS AND METHODS

This was a hospital based, cross sectional study. The samples comprised of 100 patients of alcohol dependence having psychiatric co-morbidities. Inclusion criteria were alcohol dependence, subjects having psychiatric illness as per SCID, able to communicate and give informed consent. Exclusion criteria included other substance dependence in the last 12 months.

Ethical clearance was taken from ethical committee of IOP, Kolkata. Study subjects were selected from patients getting admission in psychiatry indoor (IPD). Among the pool of the patients, only those who met the inclusion and exclusion criteria were selected for the study. Informed consent was taken from each patient.

All the patients were administered SCID for diagnosis by the presence of two psychiatrists among us.

Then we administered the semi structured proforma for assessment of demographic variables name, age, sex, occupation etc. Statistical analysis was done by using Statistical Package for the Social Sciences (SPSS).

RESULTS

About the onset of alcohol use, the minimum age was 11 years and maximum age was 52 years. Mean age of starting alcohol use was 25.4 years. Among the total 100 patients, 35% belonged to 21-30 yr age group, 30% belonged to 31-40 yr age group, 6% belonged to 18-20 yr age group, 20% belonged to 41-50 yr age group and 9% belonged to 51-60 yr age group. Among the pool of patients, 62.5% patients used alcohol for less than 10 years, 30% patients used for 10-20 years and 7.5% used for more than 20 years. The majority of the patients (70%) were dependent on alcohol for 10 years or less. On the other side, 25% patients were dependent for 10-20 years and 5% were dependent for more than 20 years. Most of the patients were males (98%). 80% patients were married, 18% were unmarried and 2% were widowers and divorced. 15% patients were illiterate, 40% patients belonged to (v-x) standard, 18% were in (xi-xii) standard and only 10% were more than (xii) standard. 80% patients belonged to Hindu religion, 15% were Muslims and 5% were from other religious category. 60% patients were coming from joint family, 36% patients were from nuclear family and 4% were coming from others category (vagabond mainly). 68% patients were employed and 32% patients were unemployed in this study. Most of the patients (46%) belong to family income range of Rs. 1000 to 5000 monthly. 39% patients had family income Rs. 5001-10000 monthly and 12% patients had family income more than Rs. 10000/month. Most of the patients (42%)

receiving treatment in this hospital were staying within 40 km of hospital. 32% patients were staying within 41-80 km and 23% patients were living within 81-160 km of hospital. As the distance from the institute increased, the number of patients decreased. 82% patients had no legal problem due to alcohol dependence but 18% patients had legal harassment by police due to alcohol dependency.

Psychiatric comorbidities were assessed among alcohol dependent patients who were admitted in IOP, Kolkata (Table 1). Among the total of 100 patients, the majority had depression (32%). Bipolar Affective disorder (BPAD) was present among 20% of patients. Anxiety disorder also existed among 18% of patients and schizophrenia was present among 10% of patients. Side by side, 10% patients had personality disorder, 5% patients had somatoform disorder and other 5% patients had other kind of mental illness.

Psychiatric comorbidities	Depression	32%
	Bipolar	20%
	Anxiety Disorder	18%
	Personality Disorder	10%
	Schizophrenia	10%
	Somatoform Disorder	5%
	Others	5%

Table 1 : Psychiatric comorbidities among alcohol dependent patients

DISCUSSION

This study focused on determining the prevalence of psychiatric comorbidity among alcohol dependent patients. Reports have suggested that developing countries like India have increasing rates of alcohol abuse[14]. The World Health Organisation (WHO) global report has also pointed out the urgent necessity of continuous surveillance and reporting of alcohol related problems[14]. However, the co-morbidity with substance problems is underreported and understudied in developing countries till now. Results of our study in respect of age distribution and mean age of patients are comparable to those of a similar hospital based study in India[15]. As we observed, most of the patients were males in this study. The main reason is that alcohol consumption by women is socially unacceptable till now in Indian culture and women may not avail of treatment openly in a general hospital setting. It may also be due to greater prevalence, better awareness of alcohol dependence syndromes and superior status of males in our society. (V-X) educational standard, males of mean age group 25.4 years and monthly family income of Rs 1,000-5,000 were most vulnerable group of alcohol dependence with psychiatric comorbidities. In our study, unmarried patients were mostly hailing from close vicinity of this hospital and started alcohol use early. On the other hand, most married patients were coming from greater distance & started alcohol use late ($p<.01$). We have observed that married patients were majority probably because married persons have better social support than unmarried. The most common psychiatric comorbidity was depression (32.5%) which was comparable and matched with study of Cadoret et al (39%)[9], Alec et al (33%)[12] and Sing et al (26%)[13]. Though generalization is not valid as this is a psychiatric hospital indoor based study, yet some definite trends were found which are of research and clinical significance. Limited number of samples (n=100) may also limit the generalizability of the current study and requires community based study to conclude more accurately. Alcohol abuse history should always be an essential part of the initial and ongoing assessment of any psychiatric illness in our day to day practice. Psychiatric co-morbidity should be identified and properlytreated early for the effective and comprehensive intervention of substance abuse problems in our country.

REFERENCES

[1] Rounsaville B.J, Weissman MM, Christopher K, et al. Diagnosis and symptoms of depression inopiate addicts : course and relationship to treatment outcome. Arch, Gen. Psychiatry, 1982:39 : 151-56.

[2] Li-Tzy Wu. Anthony C : Kouziset at. Influence of cornorbid alcohol and psychiatric disorders ontitilisation of Mental H ealth Services in the National Co morbidity Survey. Am. .1. Psychiatry, 1999 : 8 : 1230-36.

[3] Rounsaville B.J. KleberHsO. Psychiatric disorders in opiate addicts, in R-E Myers Psychopathology and addictive disorders. New York. Oxford University Press, 1986; pp. 140-168.

[4] Brooner RK. Van L. King ci al. Psychiatric and substance use comorbidily among treatment seeking opioid abusers. Arch. Gen. Psychiatry. 1997 : 4 : 71-80.

[5] Degenhardt, L., Hall, W., & Lynskey, M. (2001b). The relationship between cannabis use and other substance use in the general population. Drug and Alcohol Dependence, 64, 319 – 327

[6] Farrell, M., Howes, S., Taylor, C., Lewis, G., Jenkins, R., Bebbington, P., et al. (1998). Substance misuse and psychiatric comorbidity : An overview of the OCPS national psychiatric morbidity survey. Addictive Behaviors, 23, 909 – 918.

[7] Kessler, R.C., Crum, R.M., Warner, L. A., Nelson, C.B., Schulenberg, J., & Anthony, J.C. (1997). Lifetime co-occurrence of DSM-III-R alcohol abuse and dependence with other psychiatric disorders in the national comorbidity survey. Archives of General Psychiatry, 54, 313 – 321.

[8] Tyndel M. psychiatric study Can J Psychiatry 1974; 19:21-4

[9] Cadoret R, Winokur G. Depression in alcoholism Ann N Y Acad Sci 1974; 233 : 34-9

[10] Lotufo-Neto F Alcoholism and phobic anxiety Addiction 1994; 89 : 447-53

[11] Morgenstern J, Langenbucher; Prevalance rates & relation to alcohol typology J AbnormPsychol 1997; 106 : 74-78

[12] Alec R, Judith DJ, Danuta L; Depression among alcoholic : Arch Gen Psychiatry 1991; 48 : 38-46

[13] Sing etal; Psychiatric comorbidities among alcohol dependence : Indian J Psychiatry 2005; 47 : 222-224.

[14] World Health Organization. Global Status Report on Alcohol, Geneva, 1999.

[15] Chandrasekharan R et al. Five Years of Alcohol De-addiction Services in a Tertiary Care General Hospital. Indian J Psychiatry, 2001; 43(1) : 58-60.