

Original Article

Prevalence of Mood and Anxiety Disorders in Opioid Addicts

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Abstract

Introduction: Substance use disorders and mood and anxiety disorders are widespread among the general population. **Methods:** This study assessed the rate of current mood disorders and anxiety disorders in outdoor opioid addicts. The data were collected from five hundred opioid-dependent patients who were seeking treatment from outdoor dept. of civil hospital, Gurdaspur. The Research version of structured clinical interview for DSM-IV Axis I Disorders was used. **Results:** The majority (23%) were self employed and 20% were unemployed. 25% had education till the level of high school, 15% were illiterate. 326(65.2%) subjects were diagnosed as having mood disorders, of those 274 (29%) had substance induced depression, 41 (8.2%) had major depression, 5 (1%) had dysthymia, 5 (1%) bipolar mood disorder type I, and 2 (0.4%) were diagnosed as having bipolar mood disorder type II. 138 (27.6%) subjects were diagnosed as having substance-induced anxiety disorders, and 88 (17.6%) as having generalized anxiety disorder. Of the participants 218 (43.6%) reported more than 5 years use of opioid abuse. **Conclusions:** Due to high rates of mood disorders in opioid-dependent subjects, psychiatric treatment services should be open and accessible to the patients, especially those who voluntarily seek help and treatment to reduce the rate of mood disorders and reduce relapse of substance abuse also.

Keywords: Prevalence, mood disorder, anxiety disorder, opioid addicts

Introduction

Substance use disorders and mood and anxiety disorders are widespread among the general population¹⁻³ and are associated with substantial social, economic and health loss.⁴⁻⁷

Research shows that success or failure in detoxification treatment of opioid-dependent outdoor patients may be predicted by initial psychiatric symptoms⁸. Research evidence showed that co-morbid psychiatric disorders especially mood disorders can interfere with the course and treatment of substance use disorders. The research also showed that opioid dependent patient with a depressed mood at the beginning of treatment may be less likely to be abstinent at follow-up than other opioid dependents with a normal mood.⁹ It is revealed that among those with a lifetime history of a drug (other than alcohol) use disorder, 53.1% had a lifetime psychiatric disorder, and were at 4.5

times the risk of having such a disorder compared to those without a history of drug use.¹⁰ The commonest psychiatric disorders seen among the drug users in this study were anxiety Disorders (28.3%) and affective Disorders (26.4%).

As per a study, in India 3 million people are opioid users. The prevalence of opium use in India has been increasing and it is now considered to be a party drug or relaxation drug. Several studies have described the prevalence of opium abuse to be 1.51-2%,^{11,12} although a recent study notes it to be around 0.4%. Keeping this in view, co-morbid mood disorders and anxiety disorders also need to be researched.

The diagnosis of current mood or anxiety disorders among active substance abusers is complicated by the fact that many symptoms of intoxication and withdrawal from substance resemble the symptoms of mood and anxiety

disorders. The diagnostic challenge among individuals with current substance use disorders has been to devise diagnostic criteria and measurement techniques that differentiate between intoxication and withdrawal symptoms and the symptoms of psychiatric disorders. This distinction is potentially crucial for etiologic research and treatment studies.

The DSM-IV¹³ represented a major departure from previous nomenclature in the importance placed on the independent and substance-induced distinction and the clarity and specificity of the guidelines for making the distinction. Among individuals with substance use disorders, independent DSM-IV diagnoses of mood or anxiety disorders can be made two ways. First, the full mood or anxiety syndrome is established before substance use. Secondly, if the mood or anxiety syndrome persists for more than 4 weeks after the cessation of intoxication or withdrawal. In contrast, substance-induced disorders are defined as those occurring only during periods of substance use (or remitting shortly thereafter). These specific diagnostic criteria provide a clearly defined situation for studying the association of substance use disorders and mood and anxiety disorders that eliminates potential diagnostic confusion arising from misdiagnosis of intoxication or withdrawal effects.

Methods

The study involved total 500 consecutive opioid addicts who are using either opium, heroin, smack or any other opioid product. Informed consent was taken from patients. The study continued from May 2009 — December 2011. All patients attending outdoor psychiatry department of Civil hospital, Gurdaspur were included in the study. Patients having substance abuse for more than 12 months were included in the study.

Patients were first detoxified for 10 days and after then interviewed. Questions were asked based on symptoms mentioned in DSM-IV criterion for substance abuse and dependence for opiates.

Mood disorders including major depressive disorder, dysthymia, mania, hypomania, while anxiety disorders including panic disorder with or without agoraphobia, social phobia and generalized anxiety disorder were included in DSM-IV criterion.

Independent and substance-induced disorders

were defined for study patients who met the criteria for specific mood and anxiety disorders occurring during the past 12 months.

Disorders were classified as independent if (a) the study patient abstained from drug use in the past 12 months (b) the episode did not occur in the drug intoxication or withdrawal (c) the episode occurred before drug intoxication or withdrawal or (d) the episode began after drug intoxication or withdrawal, but persisted for more than 1 month after the cessation drug intoxication or withdrawal.

Substance-induced disorders were defined as episodes that began after drug intoxication and/or withdrawal, but either (a) were not associated with a period of at least 1 month of abstinence or (b) did not persist for more than 1 month after the cessation of drug intoxication or withdrawal.

Study patients were classified with a 12-month independent mood or anxiety disorder if none or only some of their episodes were substance induced.

Study patients were classified with a substance-induced disorder if all of their episodes in the past 12 months were substance induced.

Results

Table-1-Frequency distribution of opioid dependent patients according to Age (N = 500)

Age group (years)	Number of patients	% age of patients	Mean Age	S.D.
15-25	85	17%	19.53	0.94
26-35	187	37.40%	28.32	1.74
36-45	105	21%	40.12	2.81
46-55	75	15%	49.41	2.91
56-65	38	7.60%	56.21	4.92
>65	10	2%	65.94	3.74

Table 1 shows distribution of patients according to the age group, 37.4% of patients were found in 26-35 years of age group. This is followed by 21% in 36-45 years age group.

Table-2-Frequency distribution of opioid dependent patients according to Occupation status

Nature of Occupation	Number of patients	% of patients
Students	89	17.8%
Farmer/ Agriculture	102	20.4%
Self employed	115	23%
Unemployed	104	20.8%
Private sector Job	58	11.6%
Labour work	32	6.4%

In Table 2, according to occupation, 23% addicts were self employed and 20.8% were unemployed.

Table 3: Frequency distribution of opioid dependent patients according to Education status

Education Status	Number of patients	% of patients
Illiterate	75	15
Primary school	91	18.2
High school	125	25
Secondary school	89	17.8
Graduation pass	65	13
Higher education	55	11

As per data in above Table 3, 25% addicts were educated up-to high school while 18.2% were educated up-to primary school.

Table 4: Frequency distribution of opioid dependent patients according to Current Mood and Anxiety Disorders

Type of Mood Disorder	Number of patients	% of patients
Substance induced depression	145	29
Major depressive Disorder	41	8.2
Dysthymia	5	1
Mania	5	1
Hypomania	2	0.4
Panic disorderwith agoraphobia	15	3
Panic disorderwithout agoraphobia	10	2
Social phobia	15	3
Generalized anxiety disorder	88	17.6

Table 4 shows that 29% addicts developed substance induced depression, 8.2% had major depressive disorder, 17.6% developed generalized anxiety disorder, substance induced anxiety disorder (27.6%), 3% had social phobia and 3% suffered from panic disorder with agoraphobia

Out of patients, 218 (43.6%) used opioids for more than five years and 282 (56.4%) used opioids between one and five years.

Discussion

This study documents the high rates of substance use disorders and independent mood and anxiety disorders. In this study 326 (65.2%) of the subjects were diagnosed as having mood disorders. The most prevalent type of mood disorders was substance-induced depression (29%), followed by

generalized anxiety disorder (17.6%) and major depression (8.2%). Bipolar mood disorder type I was seen in (1%) subjects and similar is bipolar II disorder was seen in (0.4%) subjects. Panic disorder with agoraphobia is seen in (3%) patients and without agoraphobia is seen in (2%) patients. Social phobia is found in (3%) patients.

These results strongly suggest that treatment for a mood or anxiety disorder should not be withheld from those with substance use disorders in remission on the assumption that most of these disorders are due to intoxication or withdrawal. Left untreated, such mood disorders have been shown to lead to relapse of substance dependence¹⁴ and can also be fatal, as many former substance abusers with severe untreated independent depression may die due to suicide. These ultimate adverse outcomes in patients who have co-morbid substance use disorder along with independent mood and anxiety disorder are immensely disabling.

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