



ORIGINAL RESEARCH PAPER

Clinical Psychology

PREVALENCE OF ANXIETY AND DEPRESSION IN PATIENTS WITH SCHIZOPHRENIA WITH VS. WITHOUT ALCOHOL ABUSE

KEY WORDS: Schizophrenia, Anxiety, Depression And Alcohol, Impairment.

Km Parul

M.phil in Clinical Psychology

ABSTRACT

The current study aim was to examine the Prevalence of anxiety and depression in patient with schizophrenics with vs. without alcohol abuse. Methods: based on purposive sampling method a group of 30 Schizophrenics with alcohol abuse and similarly 30 Schizophrenics without alcohol abuse. Result: 8 out of 30 (26.67%) patients from Group A showed depressive and anxiety symptoms and 18 of 30 (60%) patients from Group NA showed depressive and anxiety symptoms.

1. INTRODUCTION:

It's well known that patients with schizophrenia are more prone to develop substance abuse, especially alcohol. Also it's an established fact that abuse of alcohol can lead to depression and anxiety. On the other hand, depression and anxiety can also be a part of schizophrenic illness. Among patients in treatment for alcohol abuse and dependence, the prevalence of major depression is higher than in the general population. Many studies showed that people drink for a number of reasons, many of which correspond to the idea of 'self-medication' - i.e. that people believe alcohol alters their mood and feelings, and helps them to cope with situations or feelings that they find difficult. These reasons include: to relax; to make friends more easily; to feel more confident or less inhibited; to fit in socially; to reduce anxiety; to forget about problems or feel less depressed; to celebrate or simply to feel happy.



Graph 1: Relation between alcohol addiction, depression and anxiety

2. Review Of Literature:

Schizophrenia is frequently complicated by comorbid disorders such as medical illnesses, mental retardation, and substance abuse. Substance use disorder is the most frequent and clinically significant comorbidity in this population, and alcohol is the most common substance of abuse, other than nicotine (nicotine is much more prevalent than any other substance of abuse in this population) (Cuffel 1996)

The high rates of AUD and other substance use disorders in people with schizophrenia appear to be determined by a complex set of factors (described below) (Mueser et al. 1998). People with schizophrenia probably use alcohol and other drugs for many of the same reasons as others in society, but several biological, psychological, and socioenvironmental factors have been hypothesized to contribute to this population's high rates of substance use disorders.

3. AIM AND OBJECTIVE

- To assess the prevalence of depression and anxiety in schizophrenics with and without alcohol abuse.

4. METHODOLOGY

4.1 Sample:

- Total 60 patients diagnosed with schizophrenia were taken
- A sample of 60 male patients was collected from the patients attending the OPD of Tulasi healthcare Gurgaon.

Divided Into Two Groups:

- Group A 30 - Schizophrenics with alcohol abuse
- Group NA 30 - Schizophrenics without alcohol abuse
- All the 60 patients were assessed for depressive and anxiety symptoms using

4.2 Inclusion Criteria:

- Male patients
- Patients diagnosed with schizophrenia as per ICD-10

4.3 Exclusion Criteria:

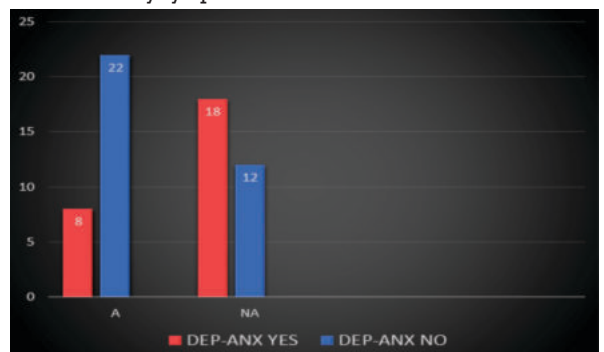
- Female patients
- Patients with comorbid medical conditions
- Patients with other comorbid psychiatric disease (except anxiety and depression)
- Patients with other psychoactive substance abuse

4.4 Assessment Tools

- Sociodemographic and clinical data sheet
- Screened with AUDIT (Alcohol Use Disorders Identification Test) for alcohol abuse
- Hamilton Depression Rating Scale (HAM-D)
- Hamilton Anxiety Rating Scale (HAM-A)

5. RESULT AND DISCUSSION

- Alcohol abuse defined by AUDIT score > 7
- A score of > 13 on HAM-A is taken as significant anxiety
- A score > 7 on HAM-D is taken as significant depression
- Patients in two groups didn't show significant variations in demographic profiles
- 8 out of 30 (26.67%) patients from Group A showed depressive and anxiety symptoms
- 18 of 30 (60%) patients from Group NA showed depressive and anxiety symptoms



Graph 2: comparison between patients with schizophrenia with vs. without alcohol abuse

Table 1:

GROUP	DEP-ANX YES	DEP-ANX NO
ALCOHOL ABUSE (A)	08	22
NO ALCOHOL ABUSE (NA)	18	12

- On comparing the groups with chi-square test, results were statistically significant ($X^2 = 6.787 P = 0.009$)
- Most of the patients with anxiety scored 14 to 15 on HAM-A which denotes mild anxiety
- Most of the patients with depression scored 8 to 10 on HAM-D which denotes mild depression

6. DISCUSSION

The results show that symptoms of depression and anxiety are more prevalent in schizophrenics without alcohol abuse. This is a bit contrary to what is generally assumed. There are many possible explanations for the pattern of results. Sleep disturbance and positive symptoms like auditory hallucinations can cause depressive and anxiety features in schizophrenics. It's possible that alcohol, due to its sedative properties, to some extent, relieves the patients of anxiousness and depression caused by positive symptoms and sleep disturbance. The patients studied here were assessed for alcohol abuse only, but the severity of abuse has not been taken into consideration in the current study. Further studies are required with large sample and distinguishing alcohol abusers from alcohol dependents. Also replications of the study are needed to assess whether the symptoms were due to alcohol abuse or were a part of schizophrenic illness itself. Results were assessed with SPSS version 21 on Windows

7. Limitation

- Small sample size
- Duration of schizophrenic illness hasn't been taken into consideration
- Severity of alcohol abuse hasn't been taken into consideration

8. REFERENCES

1. Kessler RC, Zhao S, Blazer DG, Swartz M. (1997) Prevalence, correlates, and course of minor depression and major depression in the National Comorbidity Survey. *J Affect Disord* 45(1-2):19-30.
2. Schuckit MA, Tipp JE, Bucholz kk, Nurnberger JI, Jr., Hesselbrock VM, Crowe RR et al. (1997) The life-time rates of three major mood disorders and four major anxiety disorders in alcoholics and controls. *Addiction*; 92(10):1289-1304
3. Lynskey MT. (1998) The comorbidity of alcohol dependence and affective disorders: treatment implications. *Drug Alcohol*. 52(3):201-209.
4. Kessler RC, Zhao S, Blazer DG, Swartz M. (1997) Prevalence, correlates, and course of minor depression and major depression in the National Comorbidity Survey.
5. Chambers A, Krystal JH, Self DW. (2001) A neurobiological basis for substance abuse comorbidity in schizophrenia. *Biological Psychiatry*; 50:71-83.