



ALCOHOL USE AND DEPRESSION AROUND KM MEDICAL COLLEGE AND HOSPITAL MATHURA A FOLLOW UP STUDY

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Abstract:

Alcohol misuse in the college years continues to be an important public health problem. Alcohol is the most widely used substance among college students. Heavy drinking can result in adverse consequences, like accidents, sexual abuse, fighting, and even death. One of the survey show that a substantial minority of college students report depression. Also a link between depression and alcohol misuse among college students; even sub-clinical levels of depression are linked to alcohol or other substance misuse is shown in research. **Material and Methods:** We included 18 years adults and older in the outpatient department of Psychiatric at KM Medical College and Hospital Mathura and were interview to reduce alcohol. Patients reported symptoms of depression and hazardous drinking was included in the study. All patients received OPD and usual care in the department. Care include individual and group psychotherapy and medication management, which varies based on clinical need and patient preferences, also brief intervention and motivational interviewing was done. Hazardous drinking is ≥ 5 drinks. **RESULTS:** A total of 124 patients were enrolled in the study. Of which 23 patients were not willing to participate in the study. Out of 101 patients 22 patients were lost during follow-up. Finally 79 patients were included in the study for final analysis. Patients who were advised to reduce the use of alcohol, BDI –II score on start of treatment was 28.9 while after 6 months of follow up was 21.1. patients who were not advised in baseline BDI –II score was 26.8 and after 6 months it was 19.5. There was reduction in hazardous drinking in both the groups, in advised group at baseline was 77.6% and at 6 months it was 46.2 %. In no advice group hazardous drinking at baseline was 58.3% and at 6 months it was 25 %. 50.7% patients in advised group received intensive outpatient services, 79.1% received medication management and in 95.5 % Individual psychotherapy was given. In no advice group services received for intensive outpatient, medication management and Individual psychotherapy was 50%, 75% and 91.7% respectively. **Conclusion:** Additional training on alcohol and drug misuse and adverse effects on psychiatric treatment outcomes may be needed in clinical psychology and psychiatric residency programs. Further studies are needed to identify effective ways to improve early identification and treatment of alcohol use among depression patients.

Keywords: psychology, psychiatric, depression, alcohol, toreduce and antidepressant

Introduction:

Population-based studies have found an association between elevated depression symptoms and heavy drinkingⁱ. Hazardous drinking, that is drinking over recommended limits, may have a significant, negative impact on individuals with depressionⁱⁱ. Moderate drinking may be contraindicated for patients who are in

treatment for depression because alcohol may decrease antidepressant response and increase medication side effectsⁱⁱⁱ. Drug and alcohol use frequently co-occur, and this polysubstance use is associated with higher psychiatric disorders and greater depression severity^{iv}. Alcohol misuse in the college years continues to be an important public health problem. Alcohol is the most widely used substance among college students^v. Heavy

drinking can result in adverse consequences, like accidents, sexual abuse, fighting, and even death^{vi}. One of the survey show that a substantial minority of college students report depression^{vii}. Also a link between depression and alcohol misuse among college students; even sub-clinical levels of depression are linked to alcohol or other substance misuse is shown in research^{viii}.

Studies in India show that while the prevalence of alcohol abstention is relatively high, those who do drink are highly likely to engage in hazardous, harmful or dependent drinking behaviours^{ix}. Screening and Brief Intervention has been shown to be effective and cost-effective in low-income settings^x.

MATERIAL AND METHODS

We included 18 years adults and older in the outpatient department of Psychiatrics at KM Medical College and Hospital Mathura and were interview to reduce alcohol. Patients reported symptoms of depression and hazardous drinking was included in the study. All patients received OPD and usual care in the department. Care include individual and group psychotherapy and medication management, which varies based on clinical need and patient preferences, also brief intervention and motivational interviewing was done. Hazardous drinking is ≥ 5 drinks.

Patients with current mania or psychosis were excluded. Also patients with Hypertension, diabetes and with any other major illness were excluded from the study. Demographic data was collected from the participants. Alcohol questions included typical number of standard drinks consumed, and we combined quantity and frequency to obtain a measure of the total number

of drinks consumed in the prior 30 days. Frequency of hazardous drinking (≥ 3 drinks) in the past 30 days was measured. The Beck Depression Inventory-II (BDI-II) 21-item depression scale with a score of ≥ 15 is indicative of moderate or greater depression symptoms^{xi}. Depending upon the patient status Intensive outpatient services, medications and Individual psychotherapy were given.

Data about psychotherapy, medication management, total number of clinic visits was obtained. Participants who were unable to come to the clinic were interviewed telephonically and data was obtained. Clinical characteristics (baseline and 6-month BDI-II score; and report of hazardous drinking, quantity of alcohol usually consumed per month was calculated. study treatment group with motivational interviewing vs. brochure/control group was done. Patients were divided into two groups one with advice to reduce alcohol and in second group no such advise was given.

All data was entered in the windows Excel 2013 and analysed. Written informed consent from all the patients was obtained

OBSERVATIONS AND RESULTS:

A total of 124 patients were enrolled in the study. Of which 23 patients were not willing to participate in the study. Out of 101 patients 22 patients were lost during follow-up. So finally 79 patients were included in the study for final analysis.

Age range in our study sample was 18 to 71 years, mean age was 46.2 (SD, 18.4). All patients included were male and no female was enrolled in the study.

Table 1: Demographic characteristics, depression severity, and alcohol use reported at baseline and 6-months

BDI-II score	Advised to reduce use of alcohol (n= 67)	Not advised in (n=12)
Baseline	28.9	26.8
6 months	21.1	19.5
Drinks in prior 30 days		
Baseline	36.5	24.1

6 months	16.3	18.4
Any hazardous drinking n (%)		
Baseline	52 (77.6%)	7 (58.3%)
6 months	31 (46.2%)	3 (25%)
Services received (%)		
Intensive outpatient	50.7	50
Medication management	79.1	75
Individual psychotherapy	95.5	91.7

Patients who were advised to reduce the use of alcohol, BDI –II score on start of treatment was 28.9 while after 6 months of follow up was 21.1. patients who were not advised in baseline BDI –II score was 26.8 and after 6 months it was 19.5. There was reduction in hazardous drinking in both the groups, in advised group at baseline was 77.6% and at 6 months it was 46.2 %. In no advice group hazardous drinking at baseline was 58.3% and at 6 months it was 25 %. 50.7% patients in advised group received intensive outpatient services, 79.1% received medication management and in 95.5 % Individual psychotherapy was given. In no advice group services received for intensive outpatient, medication management and Individual psychotherapy was 50%, 75% and 91.7% respectively.

DISCUSSION AND CONCLUSION

The present study looked for the patient and clinical service factors associated with hazardous drinking and were suffering from the depression. Motivational intervention was more effective in our study. Similar results were shown by the Carey et al in 2006^{xii}. In a study by Rathod SD^{xiii} et al it was found that 42% of the adults who did consume alcohol had behaviours consistent with alcohol use disorders. Cross-sectional studies and Community Surveys are required to evaluate the prevalence of drinkers, particularly among women and whether those who do drink are increasing their consumption intensity.

In our study no women was included. In our study hazardous drinking was associated with the depression in adults which is broadly consistent with other data reported from Goa^{xiv}. Male drinkers had lower out-of-pocket expenditure for

outpatient care. Only a small number of people with alcohol use disorder sought treatment, or communicated their problems with alcohol and treatment-seeking by those with problems with alcohol in India is an infrequent occurrence^{xv}. In our study the most of the patients received medication management as well as psychological services, highlighting the importance of getting advice to minimize alcohol. Treatments for alcohol and drug problems are most successful at early stages, most people do not seek treatment until their condition is severe^{xvi}. Brief Intervention and Referral to Treatment has been widely promoted as a public health approach to reducing hazardous drinking in medical and mental health settings^{xvii}. Our study show that majority of the depression patients may not require advice to reduce alcohol, same findings has been shown in earlier studies^{xviii, xix},

Alcohol and drug use increases depression symptoms and decrease patient adherence to behavioural interventions. It also increases side effects of antidepressant medications. Psychiatrist can help patients by screening for hazardous alcohol and drug use, and providing brief interventions to reduce its use^{xx}.

With these findings extensive studies are required for screening of alcohol users and depression patients in the society so that proper treatment can be channelized to improve the outcome. Psychiatrist has a unique opportunity to initiate these discussions. Additional training on alcohol and drug misuse and adverse effects on psychiatric treatment outcomes may be needed in clinical psychology and psychiatric residency programs. Further studies are needed to identify effective ways to improve early identification and

treatment of alcohol use among depression patients.

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