

# PREVALENCE OF DEPRESSIVE DISORDERS IN HEROIN DEPENDANTS

Bashir Ahmad and Khalid A Mufti

Department of Psychiatry,  
Lady Reading Hospital, Peshawar and  
Khyber Medical College, Peshawar.

## SUMMARY

*This study was conducted to find out the prevalence of depressive disorders among the heroin dependants. Sample comprised of fifty patients admitted in drug treatment and rehabilitation center at Psychiatry department of Lady Reading Hospital Peshawar between March 1997 to August 1997. DSM-IV diagnostic criteria were applied to diagnose substance dependence and associated depressive disorders, while Hamilton depression rating scale was used to assess severity of depression. Major depression was found in about 30 percent of the sample with varying degrees of severity. Overall the findings in this study lends support to the hypothesis that there is substantial depressive disorders amongst the heroin dependants in our population.*

## INTRODUCTION

Substance abuse coexisting with other psychiatric disorders poses complex diagnostic and therapeutic challenges.<sup>1</sup> Comorbid depression is often associated with high rates of continued substance use and greater psychosocial impairment.<sup>2</sup> Similarly the intervention for coexisting psychiatric morbidity in drug dependants may improve the outcome for the drug dependants. Mood disorder particularly depression are the commonest psychiatric diagnoses reported in patients dependant on opioids.<sup>3</sup> The variations in figures of co-existing psychiatric disorders is understandable in view of

the widely different diagnostic criteria used, the different populations studied and different settings.<sup>4</sup> It is therefore very difficult to compare the studies which are carried out in different setting and the results cannot be generalized.

North West Frontier Province (NWFP) in Pakistan is hub of poppy cultivation and as a result in has gone through an epidemic of drug abuse. According to the National survey carried out in 1993 Pakistan, there are more than 3.01 million substance abuses in Pakistan.<sup>5</sup> A through literature search on the subject found that there are only a few studies of incidence and prevalence and pattern of heroin abuse in this part of

the world. Coexisting depressive illness has only been reported in only one study in Pakistan based on retrospective record to our knowledge. Present study is therefore an attempt to find out the prevalence of depressive disorders in heroin dependants.

## MATERIAL AND METHODS

This study was carried out in drug treatment and rehabilitation centre of psychiatry unit Lady Reading Hospital Peshawar Pakistan. The hospital is a teaching facility for Postgraduate Medical institute Peshawar and is a tertiary referral centre of the North West Frontier Province. All the patients admitted between March and August 1997 meeting the D.S M-IV criteria for heroin dependence were included in the study. Diagnoses of depressive disorders were made using diagnostic and statistical manual (DSM-IV) diagnostic criteria laid down by American Psychiatric Association 1994.<sup>6</sup> The patients above 65 and below 15 years of age and those suffering from serious medical illnesses were excluded.

Mental state of patients was assessed with the help of present state examination (PSE)<sup>7</sup> two weeks after detoxification in the centre. A close relative was also interviewed to gain further information about pattern and frequency of substance abuse. Severity of depression was assessed with the help of Hamilton depression rating scale (HDRS).

## RESULTS

The study was conducted between march and August 1997. During this period severity patients of opioids abuse were admitted in the centre. Thirteen patients were excluded due to concurrent physical disorder (Pulmonary tuberculosis and acute bronchitis) while seven patients were outside the age limit defined for the study.

Majority of these patients had major depression i.e. 30% while rest of the patients had other psychiatric disorders. On Hamilton depression rating scale severity of the disorders were assessed in those patients who were found depressed on interview. Sixteen percent patients had score in the range of moderate while fourteen percent has score in the range of severe depression. (Table-I)

## DISCUSSION

This study has revealed an alarming prevalence of depressive disorders in patients with heroin dependence. It has to be noted that the sample size was small and there was no control group to compare the depressive disorders. Despite these limitations this study is an attempt to investigate the psychiatric co-morbidity in an area which has experienced virtually an epidemic of heroin dependence. Depression was the most commonly associated co-morbid condition. Slightly less than one third (30%) of the patients had major

SCORE ON HAMILTON DEPRESSION RATING SCALE

HDRS Score	No. of Patients	Percentage (%)	Range
Absence of depressive episode	0	0	(0-7)
Minor Depressive episode	08	16	(8-16)
Major Depressive episode	07	14	(17 & above)

TABLE - I

depression. This is consistent with the findings of Limbeek et al 1992<sup>8</sup> who reported 36% cases with major depression and Regier et al 1990<sup>9</sup> who reported 26% depression in their sample while Rounsaville et al 1994<sup>10</sup> reported a high figure of around 48% with major depression in their sample. Although Musharaf and Rehman 1990<sup>11</sup> reported a much lower figure of less than 02% in their study it has to be noted that this was a retrospective study based on case notes.

The findings of this study along the findings from other studies indicate that about one third of patients suffering from opioid dependence have additional depressive illness. These findings seem to lend support to the hypothesis of a relatively high prevalence of depressive disorders among opioid dependants seeking treatment.<sup>8</sup>

The high prevalence of major depression has important implications for prevention and management of substance dependence particularly the opioids. It appears that in clinical practice most of these cases go undetected even in the tertiary care units as was the case in this centre. Proper treatment of depression can probably help to decrease the severity, duration and complications of drug dependence.

## CONCLUSION

It is evident that the sample had significant depressive disorder. In clinical practice most of these disorders go undetected. Detection and treatment of depression has significant primary and secondary preventive role in the management of substance dependence. So there is a need for screening all opioid dependants for depressive disorders.

## REFERENCES

1. Hansulrich Wittchen critical issues in the evaluation of comorbidity of psychiatric disorder, *British journal of Psychiatry*. 1996; 168(3) 9.
2. Rounsaville BJ, Weissman MM, Crits Christoph K, Wilber C, Kleber H. Diagnosis and symptoms of depression in opiate addict: course and relationship to treatment outcome. *Arch Gen Psychiatry*. 1982; 39: 151.
3. Robins LN, Helzer JE, Weissman MM, Orvaschel H, Gruenbert E, Burke JD, Regier DA. Life time prevalence of specific psychiatry disorder in three sites. *Arch Gen Psy*. 1985; 41: 494.
4. Brooner RK, Van L, King et al. Psychiatric and substance use comorbidity among treatment seeking opioid abusers. *Arch Gen Psy*. 1997; 4: 71.
5. Planning commission government of Pakistan Islamabad 1998: Report of sub committee on Mental Health and Substance abuse for 9<sup>th</sup> five year plan (1998-2003 AD).
6. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. Fourth edition (DSM-IV) 1994. Washington.
7. Wing JK, Cooper JE, Sartorius N. The measurement and classification of Psychiatric symptoms and instructional manual for the PSE and CATEGO. Programme. C.
8. Jacques V, Limbeek, Luuck Wouters, Charles D, Kaplan et al. Prevalence of Psychopathology in drug addicted dutch *Journal of substance abuse treatment*, 1992; 9: 43.
9. Regier DA, Farmer M, Rae D, et al. Comorbidity of mental disorders with alcohol and drug abuse. *Journal of American medical association* 1990; 264: 2511.
10. Rounsaville BJ, Weissman MM, Kebler HD, Wilber CH. Heterogeneity of Psychiatric diagnosis in treated opiate addicts. *Arch Gen Psychiatry*. 1982; 39: 161.
11. Musharaf K, Anis ur Rehman. Characteristics of heroin addiction in Peshawar. Pilot study. *JPMI, Peshawar Pakistan*. 1990; 80: 86.