



Psychopharmacotherapy of Depressive Disorders in Alcoholism

**Khayatov Rustam
Batirbekovich**

Assistant of the department of psychiatry, medical psychology and narcology

Velilyaeva Alie Sabrievna

Associate professor of the department of psychiatry, medical psychology and narcology

Kurbanov Anvar Alamovich

Assistant of the Department of Public Health and Health Management
Samarkand State Medical Institute, Samarkand, Republic of Uzbekistan

ABSTRACT

According to various authors, the prevalence of depression in patients with alcoholism varies from 28 to 60%, which is 2-3 times more than in the general population. The risk of committing suicide averages 17.7%, while in the general population suicide attempts are made by about 4%. Full-scale depression that meets the criteria for a major depressive episode occurs in approximately 10% of patients with alcoholism, subdepression at the level of dysthymia - in 30% of patients. Depression in patients with alcoholism in most cases of somatogenic origin, i.e. associated with the toxic effect of alcohol on the central nervous system (CNS), and in most patients it spontaneously decreases within 2-4 weeks after the relief of alcohol withdrawal syndrome and abstinence from ethanol. A rational combination of psychopharmacotherapy and psychotherapy improves the prognosis of comorbid pathology.

Keywords:

Depressive Disorders, Alcohol Addiction, Comorbidity

According to different researchers, the frequency of depressive disorders in patients with alcoholism varies significantly. So, D.V. Saikov and I.K. Sosin [1] suggests that the comorbidity of depression and alcohol dependence can range from 3 to 98%. The close relationship between alcoholism and depression is due to their common pathogenetic links. It has been established that ethanol disrupts the exchange of monoamines and, first of all, dopamine in the CNS, a neurotransmitter involved in the regulation of the emotional sphere through the so-called positive reinforcement system [6]. In the pathogenesis of depression in patients with alcoholism, an important role is also assigned

to disorders of serotonin metabolism in the CNS [1, 7]. A decrease in the level of the main metabolite of serotonin (5-hydroxyindoleacetic acid - 5-HIAA) in the cerebrospinal fluid of patients with alcoholism, including those with depressive symptoms and suicidal tendencies, was revealed [8]. A decrease in the pathological craving for alcohol under the influence of serotonergic antidepressants and their normalizing effect on the activity of the dopaminergic system were noted [7].

At the same time, depressive disorders can be caused not only by the direct effect of alcohol on the central nervous system, but also by psychogenic causes, the reaction of the individual to the disease, and the psychological,

family, and social consequences of alcoholism. In addition, latent endogenous depression can be triggered by alcoholism as a trigger mechanism.

Thus, various factors may be involved in the development of depression in alcoholism. There are three possible options for the development of affective pathology in patients with alcoholism: 1) deepening of constitutional tendencies to a depressive response to various aggravating factors or a tendency to form affective disorders at the level of cyclothymia; 2) secondary (acquired) depressive disorders, which are a manifestation of toxic damage to the brain and emerging encephalopathy; 3) neurotic formations, including depressive symptoms. Such a scatter of data only indicates different criteria for diagnosing depression and different contingents of patients examined. N. Hortel et al. [2], after analyzing the results of the American National Epidemiological Survey (NESARC, 2001-2002), found that 40 percent of alcohol addicts had one or another affective disorder. In addition, some authors work with data related to the inpatient or outpatient population of patients, as a result of which a smaller part of the population forgets that alcoholics seek help. Up to 35% of men seen for depressive illness in the psychiatric service have cases of alcoholism that meet more or less nosological criteria. On the other hand, 25–59% of drug addicts develop depression during alcohol therapy [2, 3].

There is no doubt that, on the one hand, dependence on psychoactive substances has a negative impact on the course of affective disorders, on the other hand, the presence of affective pathology serves as a factor accelerating and aggravating the formation of dependence on psychoactive substances. . Such combined forms of addiction are usually associated with a poor prognosis and psychopharmacological treatment, as well as a higher risk of suicide [4]. However, affective disorders often go unnoticed for a long time due to the polymorphism of symptoms and the masking of depressive symptoms [5].

Secondary depressions are the result of chronic alcohol intoxication and occur in 40-60% of patients with chronic alcoholism. It has been

reported that a history of alcohol abuse increases the likelihood of developing a depressive episode in a patient by more than 4 times [6].

Purpose of the study: To identify the frequency of occurrence, describe the nosological structure and clinical typology of depressive disorders in patients with alcohol dependence, and evaluate the effectiveness of complex antidepressant therapy using psychometric scales.

Materials and methods of research

The object of the study was the diagnosis of alcohol addiction (mental illness and behavioral disorders associated with alcohol use. Dependence syndrome. F10.2 according to ICD-10), which is being treated in the Samarkand regional department of narcology. 60 patients participated. Hospital. All patients were men aged 32 to 63 years (mean age 47.4 ± 4.3 years).

A comprehensive examination of patients with alcohol dependence admitted to the narcological department was carried out using the Hospital Anxiety and Depression Scale (HADS). Patients with clinical and subclinical levels of anxiety and depression on the HADS scale above 8 were specifically consulted by a psychiatrist for the diagnosis of a clinically defined depressive disorder. Patients who scored more than 8 points on at least one of the HADS sub-indicators filled out a series of additional questionnaires: the Beck Depression Self-Assessment (BDI), the Social Adjustment Self-Assessment Scale (SASS). The diagnosis of affective disorders was established based on the results of a clinical survey in accordance with the ICD-10 diagnostic criteria. Psychometric scales (Montgomery-Asberg Depression Rating Scale (MADRS), Global Clinical Assessment (CGI), Obsessive-Compulsive Alcohol Consumption Scale, Visual Analogue Drinking Scale) were used to dynamically assess mood.

All participants diagnosed with depression and anxiety were referred to the dispensary department of the Samarkand Regional Psychiatric Hospital for further examination.

Participants completed a questionnaire that collected data on demographic, social and clinical characteristics. Social variables include the level of social support, smoking, alcohol and drug use. Information from the questionnaire, if necessary, was supplemented by viewing the medical records of patients. In addition, participants were presented with the seven-part General Anxiety Disorder Scale (GAD-7) to assess the prevalence of anxiety, the Beck Depression Scale-II (BDI-II), and the Big Five Scale (BFI) to assess the prevalence of depression.). BREF (WHOQOL-BREF) for the assessment of personality characteristics and measurement of quality of life (QOL) of the World Health Organization.

The seven-item Generalized Anxiety Disorder (GAD-7) Scale is a questionnaire designed to identify generalized anxiety disorder (GAD) GAD-7. It consists of seven items, each of which is rated on a scale from 0 to 3 on the Likert scale. Thus, his overall score ranged from 0 to 21.

Beck-II Depression Rating (BDI-II)

The BDI-II is a questionnaire commonly used to identify and assess levels of depression. It consists of things related to the symptoms of depression. It consists of 21 items, each of which is scored from 0 to 3. 10 to 16 points indicate mild depression, 17 to 29 points indicate moderate depression, and 30 to 63 points indicate severe depression.

Research results

Symptoms of depression were detected by all methods in the majority of patients with alcoholism, and a combination of depression and anxiety was noted in 39 (35%) ($p < 0.05$) patients. However, alcohol consumers are characterized by the predominance of subclinical anxiety and depression according to the HADS method - 48 (80%) cases, compared with clinical anxiety and depression - 12 (20%) of the examined ($p < 0.05$). The study on the Hamilton scale showed that most patients had direct and indirect symptoms of depression ($p < 0.05$). In addition, according to the Montgomery-Asberg Depression Scale (MADRS), most patients had negative self-esteem with low self-esteem, a negative

outlook on the world and their future - 38 people or 63.3%, $p < 0.05$.

Anamnestic data confirmed the combination of alcoholism in patients with phobias, panic attacks, anxiety and tension, as well as aggravated heredity and childhood trauma for alcoholism and mental illness. From the moment of discharge from the hospital, according to Beck, 20 (33.34%) patients received antidepressants until re-examination: 14 (23.33%) patients were treated with fluoxetine at a dose of 40 mg daily for 4-6 weeks; 26 (21.67%) patients received a stimulant at a dose of 50 mg per day for 4-6 weeks. On the first test before taking antidepressants, moderate depression was detected in all 46 (76.7%) people and severe depression in 14 (24.3%) people at the beginning of treatment. According to Beck, as part of outpatient appointments, at the third test, at a single visit or in dynamics with a psychotherapist, during the remission period, there is a decrease in the number of patients from 1-2 months to 7-9 months. persons with moderate and severe depression were identified - 21 (35.12%) and 18 (30.10%) ($p < 0.05$), respectively. Thus, the use of antidepressants in combination with psychotherapy has a positive effect on the outcome of treatment of patients with alcoholism and depression.

Conclusions.

1. The frequency of depressive disorders identified as a result of the survey is significantly higher than the patients' complaints of depression, which patients present to the doctor on their own. It should be noted that the symptoms of depression in patients are also present with active treatment, i.e. in the acute and subacute period of the disease and in remission.
2. A relationship has been found between affective symptoms and alcoholism in persons suffering from alcohol dependence.

References:

1. Index of anxiety and depression in patients with diabetes Eshdavlatov B.M., Odilova M.A., Nuritov N.R. Theory and

- practice of modern science. 2017. No. 5 (23). pp. 932-934.
2. Anxiety and depressive disorders and features of subjective control of personality in relation to health in patients with type 2 diabetes mellitus. Mukhtarenko S.Yu., Bobushova G.S., Murataliev T.M., Fedyay S.O. Bulletin of the Kyrgyz-Russian Slavic University. 2013. V. 13. No. 11. S. 108-111.
 3. Comparative analysis of psychodiagnostics of anxiety and depression in patients with comorbidities Margulis M.E., Poladov E.Sh., Mokasheva E.N., Makeeva A.V. Scientific review. Pedagogical Sciences. 2019. No. 5-4. pp. 93-97.
 4. Khayatov R.B., Velilyaeva A.S. Features of the development and course of affective disorders in diabetes mellitus // Achievements of science and education. 2020. No. 5 (59). pp. 39-41.
 5. Dustova G. K., Kurbanov A. A., Kurbonov K. R. Measures taken to prevent coronavirus infection in Samarkand region // Economy and society(Экономика и социум). – 2020. – №. 11. – С. 102-105.
 6. Khayatov R.B., Velilyaeva A.S., Abdurazakova R.Sh. Features of the occurrence and course of psychoorganic disorders in diabetes mellitus // Achievements of science and education. 2020. No. 7 (61). pp. 31-33.
 7. Khayatov R. et al. Features of the comorbid course of anxiety-depressive disorders and personality changes in type 2 diabetes mellitus // Doctor ahborotnomasi. 2021. - Vol. 1. - No. 1 (98). - S. 104-108.
 8. Khayatov R.B., Velilyaeva A.S. Influence of anxiety-depressive disorders on the severity of the course and quality of life in patients with type 2 diabetes mellitus. // Doctor ahborotnomasi. 2020, No4, pp.98-101.
 9. Xakimovna X. X. et al. Public health reforms in the republic of Uzbekistan //European Journal of Molecular and

Clinical Medicine. – 2021. – Т. 8. – №. 2.
– С. 820-827