



Depression and Anxiety in Patients with Alcoholism Complicated by Nicotine Addiction

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ABSTRACT

research confirms the observation that "smokers drink and drinkers smoke". In this study, we assess the relationship between nicotine dependence and the degree of anxiety and depression among alcohol dependent patients. The study involved 75 inpatients with a diagnosis of alcohol dependence. They passed the Fagerstrom test for nicotine addiction, the Hamilton Anxiety and Depression Scale.

Keywords:

anxiety, depression, alcohol addiction, nicotine addiction.

Introduction

Extensive research confirms the popular observation that "smokers drink and drinkers smoke." In addition, the heaviest consumers alcohol is also the heaviest tobacco user (1-3). In a population of patients with alcohol dependence, the prevalence of tobacco dependence reached 81% [four]. It is assumed that the severity of alcohol dependence reflects the severity of patients' nicotine dependence; patients with severe alcohol dependence were also highly dependent on nicotine [6]. There are certain psychobiological mechanisms of comorbidities between alcohol dependence, smoking, depression and anxiety. Neurotransmitters seem to work together in an excitatory or inhibitory cascade between complex stimuli and complex responses, leading to a pleasant feeling of well-being in a normal

person. In the cascade theory, disturbances in these intercellular interactions cause anxiety, anger, and the desire to use a substance that helps to get rid of these negative emotions. Alcohol is known to activate the norepinephrine system in the limbic system through an intercellular cascade that includes serotonin, opioid peptides, and dopamine. Alcohol can also cause a direct effect through the production of neuroamines, which interact with opioid receptors or with dopaminergic systems [4]. Smokers with comorbid depressive disorders are more likely to become addicted to nicotine, progress to a more severe level of dependence, and experience more severe levels of nicotine dependence and withdrawal symptoms than smokers without depressive disorders [7]. Surveys of both clinical and non-clinical populations indicate that at least 90% of people

with alcohol dependence are also dependent on nicotine [5].

Purpose of the Study

Evaluation of the relationship between nicotine addiction and the degree of anxiety and depression in a group of people with alcohol dependence.

Material and Research Methods

The study was conducted in the dispensary and psychosomatic departments of the Samarkand Regional Narcological Hospital. The study examined data from 75 patients diagnosed with alcoholism. The first group of the surveyed included 50 patients with alcohol dependence complicated by anxiety and depressive disorders. The mean age of the patients was 39.8 ± 3.2 years. The level of professional adaptation in patients of this group was low. The control group consisted of 25 people without anxiety and depressive disorders on the background of alcohol dependence, mean age 44.4 ± 7.2 years. The following psychological tests and questionnaires were used in the study: SMOL (abbreviated interdisciplinary list of personalities), computerized versions of the Luscher test, quality of life assessment, hospital anxiety and depression scale (HADS), Hamilton depression scale (HDRS), Beck depression scale (BDI) , Spielberger is Khanin's Anxiety, Life Satisfaction Measurement, the original compliance testing (Informed Informed Patient Participation in Treatment), an incomplete sentence technique developed specifically for diabetic patients. To assess cognitive functions, the techniques of memorizing 10 words, the TMT test (test test), the removal of objects and concepts, the interpretation of proverbs and parables, pictograms were used.

Research Results

Alcohol abuse research suffers from methodological difficulties. In our study, alcohol anxiety and depression were higher in patients with nicotine addiction than in people without nicotine addiction, although this difference was not significant. The hospital setting and patient choices made after withdrawal symptoms have resolved can affect the severity of anxiety and

levels of depression. We found that levels of anxiety and depression were below the thresholds. It should be noted that a comfortable and secure hospital environment can reduce the severity of anxiety and depression. In our study, it was found that the degree of anxiety is higher in the nicotine-dependent group. Patients' claims that smoking is relaxing may suggest that nicotine reduces the severity of anxiety. These results may imply psychobiological mechanisms of comorbidity between alcohol dependence, tobacco smoking, depression and anxiety. Probably the development of symptoms of depression during alcoholism. When depressive symptoms are secondary to alcoholism, they may disappear within a few days or weeks of abstinence as the withdrawal symptoms subside [1]. Various studies have shown that depression is aggravated or reduced by smoking [4], and morbidity and predictors of major depression have been studied after successful smoking cessation treatment [5]. However, according to our results, despite the fact that depression in alcoholics with nicotine dependence was higher than without nicotine dependence, the difference was significant. It should be noted that there is a correlation between the severity of nicotine dependence and the severity of depression among patients with alcohol dependence. Among alcohol users entering treatment, about two-thirds have symptoms resembling anxiety disorders [4]. The relationship between major anxiety disorders and alcoholism is still not clear [3], it is known that the frequency and severity of anxiety and symptoms of depression increase during the period of deprivation due to withdrawal symptoms. The conclusions drawn from the present study are limited to the design of a one-time measure. This clearly showed the relationship between levels of nicotine addiction and depression and anxiety among this group of alcohol addictions. In conclusion, our findings did not support our hypothesis that there would be less nicotine addiction among inpatients with alcohol addiction. depressive and also less anxious. This conclusion also contradicts the results of most previous studies [3]. However, since depression and anxiety

scores in our sample were below the recommended cut-off point, it can be considered that smoking, whether at the level considered nicotine addiction or not, may affect depression and anxiety. Answers to the following questions may help further study of the relationship between smoking, depression and anxiety in patients with alcohol disorder.

Findings

1. Anxiety and depressive disorders significantly reduce the socio-psychological adaptation of patients with alcohol and nicotine dependence.
2. Comparative studies of smoking alcohol users and different groups of smokers or non-smokers with anxiety or depression can provide valuable information. Hence, further research is needed to resolve the correlation between these groups.

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