ORIGINAL ARTICLE

Frequency of Depression among Heroin Abusers in Sialkot - A Cross-Sectional Study

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ABSTRACT

Aim: To find out the frequency of depression in patients abusing heroin.
Study design: Cross-sectional
Place and duration of study: This study was done on heroin abusers in AIMTH Sialkot during July 2018.
Method: After applying the inclusion and exclusion criteria 319 patients were eligible to be included in the study.Urdu version of BDI-II was administered. Demographic data sheet was compiled and results analyzed by SPSS 23.
Results: Mean age of patients was 29.85±11.38 years with a range from 18 to 62 years. Majority 148(47.34%) were young and belonged to the age between 18 to 30 years. 117(37.18%) were illiterate, 135(42.93%) had less than ten years of education. 157(50.11%) were unmarried. 206(65.70%) belonged to nuclear family while 108(34.30%) belonged to a joint or extended family. 80 (25.34%) lived in urban, 51(16.18%) in semi-urban and 89(28.48%) lived in rural areas. 94(30%) were homeless or lived on streets. Financial status was low in 122(39.13%) middle in 143(45.41%) and upper class in 49(15.46%) patients.
Conclusion: Of the 314 patients who were included in the study 98(31.21%) were suffering from depression. The depressive illness was mild in 62(19.74%) patients. 22(7%) were having moderate depression. only 14(4.46%) of the patients were suffering from severe depression. 216(68.79%) had no depression when assessment was carried out.
Keywords: Depression, Heroin abuse, Drug abuse, Sialkot, Pakistan

INTRODUCTION

United Nations Office on Drug and Crime (UNODC) published a report on drug abuse in Pakistan in 2013. According to them, approximately six percent of population of Pakistan or 6.7 million people had used any controlled substance including misuse of prescription drugs in the last one year.The majority of opiate users (76%) report wanting help for their dependence[1].

This increasing use of drugs particularly among the young generation is horrific for Pakistan. One of the reasons for its increased use is its easy availability and affordability. Afghanistan is the largest producer of opioids including heroin. The use of heroin can lead them to depression, bipolar disorder and other mental illness.[2] On the other hand; the patient who is having depression may start taking these kinds of drugs to waive out the feeling of loneliness, hopelessness and distraction vice versa. In such persons, diagnosis may be delayed or they may be underdiagnosed[2]. these peoples are mostly homeless, unemployed, involved in unlawful activities[3].

The dilemma of our society is such that abusers are firstly diagnosed late and secondly do not get proper treatment. A study recently carried out in our departmentshowed that of all the drug abusers presenting to us 21.5% used heroin exclusively[4]. Consequent to our first study we planned this study to be carried out in the same department. The objective of the current study was to find out the frequency of depression in patients abusing heroin.

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MATERIAL AND METHODS

This study was done on heroin users in AIMTH Sialkot coming in contact through out-patient and inpatient department of Psychiatry & Behavioral Sciences. The department runs 6 days a week OPD and has a 20 bedded inpatient unit. There are at least 10 dedicated beds for patients suffering from drug abuse. However, these can be increased or decreased depending on the number of patients admitted.The study was done in July 2018.Ethical approval was taken from the institutional ethics review committee. We also strictly followed the guidelines in the declaration of Helsinki. It was a cross-sectional study. Non-probability convenience sampling technique was used. Sample size was calculated by using open pie calculator. Written informed consent was taken from all the patients after explaining the title and nature of the study. They were assured of the confidentiality of their data and their right to take back consent at any time.

Inclusion criteria were adult patient above the age of 18 years who had used heroin for at least 12 days during the last one year and for at least one day during the last three months [5] and those who gave written informed consent. We excluded patients who did not give written informed consent, those who took dose at the time of admission or examination, those with history of using multiple substances those who had serious medical or surgical illness, those who had any other severe psychiatric illness or were in delirium and those who had left addiction more than 12 months ago. Patients having withdrawal symptoms were also excluded.After applying the inclusion and exclusion criteria 319 patients were eligible to be included in the study. 5 patients refused to give written

informed consent, so they were excluded. The clinical and demographic details of these 5 patients were not very different from rest of the patients. In the final analysis ,314 patients were included.

In the first phase for the assessment of depression, we applied the Urdu version of Becks depression inventory (BDI-II) [6] to categorize the patients into mild, moderate and severe depression. The cut of score was 14. Patients scoring more than or equal to 14 were included in the study. The BDI-II is 21 item self-rated questionnaire. It contains items like “I feel sad”. Each item is scored on a Likert scale from 0-3. The minimum score is 0 and the maximum score is 63.The patients scoring (14-19) were included in the category of mild depression. The patients scoring (20-28) were included in the category of moderate depression. The patients scoring (29-63) were included in the category of severe depression. This scoring was done at the end ofthe questionnaire. The Cronbach’s alpha for the current study was 81. For the patients who were illiterate data collector read out each item and its responses to the patients and marked the response according to will of the patient. Data collectors also completed a pre-designed proforma containing the socio-demographic details of each patient. In the second phase, each patient who had scored 14 or above on the BDI-II was examined in a detailed interview by a consultant psychiatrist to confirm the diagnosis of depression according to ICD-10 criteria.

The data was collected, verified and coded. It was re-checked before computer analysis. Descriptive statistics in the form of frequency tables were applied. To see the correlation of demographic variables with depression Pearson correlation was applied. The analysis was done by SPSS v 23 and results reported.

RESULTS

Three hundred and fourteen patients were included in the final analysis. No female patient reported in the OPD or inpatients. All the 314 patients were male.Mean age of patients was 29.85±11.38 years. The age ranged from 18 to 62 years. About half 148(47.34%) were young and belonged to the age between 18 to 30 years. 114(36.13%) between the age of 31-45 years and 52(16.53%) above the age of 45 years. 117(37.18%) were illiterate, 135(42.93%) had less than ten years of education. Only 62(19.93%) had more than 10 years of formal education. 157(50.11%) were unmarried. 128(40.89%) were married. 29(9%) were either divorced or widowed. 206(65.70%) belonged to nuclear family while 108(34.30%) belonged to joint or extended family. 80(25.34%) lived in urban, 51(16.18%) in semi-urban and 89(28.48%) lived in rural areas. 94(30%) were homeless or lived on streets. Financial status was low in 122(39.13%) middle in 143(45.41%) and upper class in 49(15.46%) patients. Table 1

Of the 314 patientsincluded in the study 98 (31.21%) were suffering from depression. The depressive illness was mild in 62(19.74%) patients. 22(7%) were having moderate depression. only 14(4.46%) of the patients were suffering from severe depression. 216(68.79%) had no depression when assessment was carried out. Table 2

Table 1: Characteristics of The Patients n= 314

Variable	Frequency	Percentage
Age		
18-30	148	47.34
31-45	114	36.13
>45	52	16.53
Education		
Illiterate	117	37.18
Up to 10 years	135	42.93
More than 10 years	62	19.93
Marital status		
Unmarried	157	50.11
Married	128	40.89
Divorced/widowed	29	9
Type of family		
Nuclear	206	(65.70%)
Joint/extended	108	(34.30%)
Residence		
Urban	80	25.34
Semi-urban	51	16.18
Rural	89	28.48
No home/ on street	94	30
Financial status		
Low	122	39.13
Middle	143	45.41
Upper	49	15.46

Table 2: Frequency of Depression In Patients Abusing Heroin (n=314)

Severity of Depression	Frequency	Percentage
Mild	62	19.74
Moderate	22	7
Severe	14	4.46
Total	98	31.21

DISCUSSION

In this study, the results showed that the most of the addicts who had depression belonged to the age of 18 – 30 years (47.34%). As we analyzed from our results that the major factors which showed an association of depression in heroin abusers were low economic status (45.41%) and illiteracy (37.18%). The results were compared with other studies. According to a study in Nepal, the depression among addicts was (73.8%)[7] while in our study; that percentage of depression was (31.21%). The reason for the low percentage can be explained in a way that in our society people are less reported of depression as they are neglected and no one pays attention to such psychiatric issues. Moreover, most of the depressed addicts were of age 21-30 yr (61.9%) in that study while according to our results, more than half were belonging to the age of 18-30 years which was quite similar to that research. The reason for such results is a stressful lifestyle, hopelessness, high frustration and strong competition among youngsters.

According to the study done in America, the percentage of depression in illicit drug users were 58.4% which was much closer to our results as factors were similar to this study[8]. Heroin users remain in the euphoric state for the short period, when they have withdrawal symptoms they become more depressed and have difficulty in facing the realities of life. In a study, heroin abusers were studied 26.2%[9,10]. The heroin abusers are mostly so poor and illiterate in this study. Results were similar to our results as that country is also third world country and had

similar social issues. As the people belonged to low social economic status, they were already depressed due to the inferiority complexes and fear of lacking behind in the society and they indulge in such acts of taking drugs hence, they were more prone to depression. One of the other factors, was lack of education as they were lacking knowledge of right and wrong so they easily got such habit of taking drugs and ultimately had depression. The strength of our study was its easy methodology. It was a hospital-based study which is a limitation. In future community-based studies are needed to further explore the issue.

CONCLUSION

Of the 314 patients who were included in the study 98(31.21%) were suffering from depression. The depressive illness was mild in 62(19.74%) patients. 22(7%) were having moderate depression. only 14(4.46%) of the patients were suffering from severe depression. 216(68.79%) had no depression when assessment was carried out.

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