

Depression in Primary Caregivers of Drugs Abuse Patients

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ABSTRACT

Objective: The aim of this study is to determine the depression in primary caregivers of patients of drugs abuse.

Study Design: Descriptive cross sectional

Place and Duration: Conducted at Psychiatry department of KMC Teaching Hospital Khairpur Mirs for four months duration from 1st July 2020 to 30th October 2020.

Methods: Total 140 patients of both genders were presented in this study. Patients detailed demographics age, sex and body mass index were recorded after taking informed written consent. Patients were aged between 20-65 years of age. Depression and anxiety were calculated in primary caregivers of patients of psychoactive substance use. Complete data was analyzed by SPSS 20.0 version.

Results: Total 85 (60.71%) patients were males and 55 (39.29%) patients were females. Mean age of the patients were 31.45 ± 9.45 years with mean BMI 24.33 ± 21.6 kg/m². Psychoactive substance use resulted high level of depression and anxiety among the patients. 20 (14.29%) patients had mild, 40 (28.6%) showed moderate and 80 (57.14%) patients showed severe depression. Anxiety among patients was 17 (12.14%) mild, 35 (25%) moderate and 88(62.9%) patients had severe. 37 (27.14%) patients were illiterate and 103 (73.6%) patients were literate. 32 (22.9%) patients were unmarried and 108 (77.1%) patients were married. 50 (35.71%) patients were unemployed and 90 (64.29%) were employed.

Conclusion: In this study we concluded that the caregivers of psychoactive drug patients had severe depression with negative intimation in each case. Depression and anxiety is often observed in patients with SUDs. On the one hand, the occurrence of anxiety and depression is clearly linked, on the other hand, to the severity of drug related issues.

Keywords: Anxiety, Depression, Substance use, Caregivers

INTRODUCTION

Drug misuse, which affects young people, has become one of the biggest global issues and causes depressing symptoms. People with depression may feel desperate, lonely, distracted and gradually dropped and vice versa. The patient, their relatives, their health care and community are concerned about the relationship in both directions. Patients with depressive drug use disorder have a greater chance of delayed diagnosis[1], more serious psychopathological symptoms[2], lower medication compliance[3], lower treatment effects[4], more impaired social functioning[4], more emergency department admittance[6]... They are also poor, homeless, often involved in violent episodes or crime and are alcoholic.

However, the family members can be dislocated in the event of dependency, and face the adverse effects of this behaviour, the whole family structure is disrupted. A Member is usually a caregiver in the family, as he or she is the most emotionally and/or care-driven individual, who not only directly affects its QoL, but predisposes them to develop depressing symptoms[7]. Their function is the most direct one in the family.

A research of drug addiction families found that 58.0% of partners were at greater risk of developing mental disorders in the household, and that violent attacks, family deaths, and police intervention in such homes were more frequent[8]. The co-occurrence of mental disorders and opioid use in psychiatric clinics has been generally accepted for the user in the last ten years[9]. In the United

States of America, a national epidemiological study of alcoholic conditions has found 20.0% prevalence of mood disorders and 18% prevalence of anxiety disorders among individuals using psychoactive substances[10]. The National Alcohol and Associated Conditions Epidemiologic Survey (NESARC) shows 20.0% prevalence among the general population of the US.

In the north-american literature, an emphasis on intravenous patients, users of methadone, or their family members individually[11,12], was studied in terms of the relationship between quality of life and the occurrence of depression symptoms, with no comparable research being conducted with this group. In Brazil, there are few studies addressing the issue of QoL in opioid addicts and all of them are addressing alcohol users in the population[13].

National opioid dependency policies currently support the community's user treatment, making the family an important partner in the process of rehabilitation and improved living conditions[14].

Despite the need for family members to be involved and responsible for the therapy process, the programs that take place for this customer frequently concentrate on providing the caregivers with secondary treatment, rather than enhancing the need for care and assistance. This allows us to wonder, how does the quality of life of carers relate to the quality of life of drug addicts?

This study therefore helps to make this population aware and provides information that can support the planning of clinical practice interventions, with the aim of

minimizing individual and collective harm caused by drug dependence, given the lack of international or national data on the topics and policy of care that considers the family as the object of attention. The purpose of this study is to assess the quality of life and presence of symptoms of depression in carers and people with medicines.

MATERIAL AND METHODS

This descriptive cross-sectional study was conducted in Psychiatry department of KMC Teaching Hospital Khairpur Mirs for four months duration from 1st July 2020 to 30th October 2020. One hundred and forty cases were included. Patients detailed demographics including age, sex and body mass index were recorded after taking informed written consent. Patients who had chronic illness, organic brain disorder and mentally retarded were excluded from this study.

Patients were aged between 20-65 years of age. The data were gathered through person-to-person interviews by a professional research team of psychiatrists and psychologists. Prior to the interview, the researchers introduced themselves to participants and expressed the intent of the study explicitly. Each participant agreed to this. Depression and anxiety were calculated in primary caregivers of patients of psychoactive substance use. Complete data was analyzed by SPSS 20.0 version.

RESULTS

Total 85 (60.71%) patients were males and 55 (39.29%) patients were females. Mean age of the patients were 31.45 ± 9.45 years with mean BMI 24.33 ± 21.6 kg/m². 37 (27.14%) patients were illiterate and 103 (73.6%) patients were literate. 32 (22.9%) patients were unmarried and 108 (77.1%) patients were married. 50 (35.71%) patients were unemployed and 90 (64.29%) were employed. (Table 1)

Table 1: Baseline detailed demographics of enrolled cases

Variables	Frequency	% age
Gender		
Males	85	60.71
Females	55	39.29
Mean age	31.45 ± 9.45	
Mean BMI	24.33 ± 21.6	
Education status		
Literate	103	73.6
illiterate	37	27.14
Marital Status		
Married	108	77.1
Unmarried	32	22.9
Job status		
Employed	90	64.29
Unemployed	50	35.71

Psychoactive substance use resulted high level of depression and anxiety among the patients. 20 (14.29%) patients had mild, 40 (28.6%) showed moderate and 80 (57.14%) patients showed severe depression. Anxiety among patients was 17 (12.14%) mild, 35 (25%) moderate and 88(62.9%) patients had severe. (table 2)

Table 2: Frequency of depression and anxiety among cases

Variables	Frequency	% age
Depression		
Mild	20	14.29
Moderate	40	28.6
Severe	80	57.14
Anxiety		
Mild	17	12.14
Moderate	35	25
Severe	88	62.9

DISCUSSION

In the caregivers category, the prevalence of women was greater with respect to the sociodemographic variables relative to the user community. The conclusion is justified because women often play the role of caregivers, particularly women and/or family members. His survey revealed that 80 percent of caregivers included psychiatric patients in a report. [13] A major study examining the impact of alcohol dependency in households found in most female caregivers, these characteristics even in chronic disease caregivers[14]. The results of this study confirm the findings of literature and reflect care practice and delegate responsibility to the wife for caring for the ill family member. The high number of men confirms the heavy involvement of this group in the care of drug-dependent people. Studies conducted on the topic show that males are more likely to use illicit drugs than females and males to become an opioid-dependence risk factor. [15]

In present study 85 (60.71%) patients were males and 55 (39.29%) patients were females. Mean age of the patients were 31.45 ± 9.45 years with mean BMI 24.33 ± 21.6 kg/m². 37 (27.14%) patients were illiterate and 103 (73.6%) patients were literate. 32 (22.9%) patients were unmarried and 108 (77.1%) patients were married. 50 (35.71%) patients were unemployed and 90 (64.29%) were employed. These findings were comparable to the some previous studies. [16-18] Recent research has shown that the majority of opioid addicts are polydrug dependents. It may be that one medication is used to make the effects of drug synergy more friendly as base or as primary medicine with additional medicines for the leavening or compensation of the side effects of primary medicine.

In this study we found that psychoactive substance use resulted high level of depression and anxiety among the patients. 20 (14.29%) patients had mild, 40 (28.6%) showed moderate and 80 (57.14%) patients showed severe depression. Anxiety among patients was 17 (12.14%) mild, 35 (25%) moderate and 88(62.9%) patients had severe. In a sample with people who have been HIV-infected who have used illegal drugs, 69.0% of the patients achieved depression levels, which was higher than in this study[20]. More dephrase symptoms have been contrasted by the caring providers and consumers of this study, which may show the associate morbidity with opioid dependence. Drug dependence was the risk factor for depression and other mental health issues.

Many studies are consistent with our results. For example, Hodgson et al. found that more than two thirds of people addicted to treatment were severe anxieties[21], whereas most people addicted to medications were moderately anxious. The latter has also been shown to

have severe levels of depression among most opioid addicts[22].

The results of this study demonstrated a strong association between the problems of anxiety, depression and DUDIT. Given the common trends of co-morbidity, the way and treatment result from anxiety, depression and use of drugs is not surprising. Studies showed that there has been a prevalence of lifelong alcohol use, increased lifecycle use by people with a diagnosis, increased intensity of alcohol withdrawal, and higher retreat rates following substance abuse therapy. [23,24] Federal Court of Justice

The links between anxiety and depression in such research may be explained by a direct trigger model which indicates that one condition causes or reduces the threshold for communicating the other disorder. The prevalence of anxiety and depression is significantly high for patients suffering from opioid use diseases, with a specific depression and serious anxiety.

CONCLUSION

In this study we concluded that the caregivers of psychoactive drug patients had severe depression with negative intimation in each case. Depression and anxiety is often observed in patients with SUDs. On the one hand, the occurrence of anxiety and depression is clearly linked, on the other hand, to the severity of drug related issues.

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