

*Comorbidity of Substance Misuse in
Patients with Major Depressive Disorder or
Bipolar I Disorder
(A Comparative Study)*

Thesis

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in Psychiatry and Neurology

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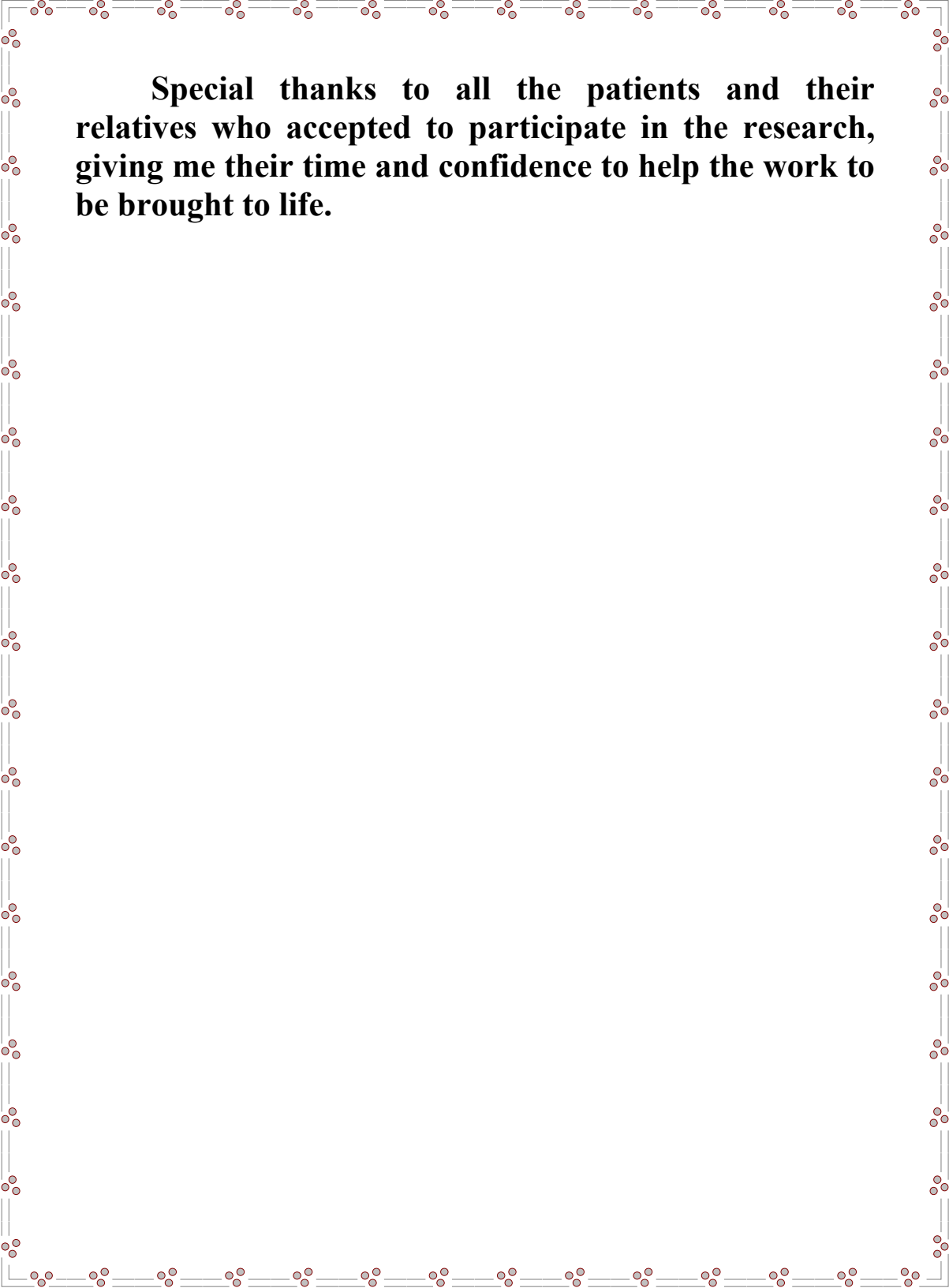
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Abstract

Key words:

Comorbidity

Major depressive disorder

Bipolar I disorder

Substance use disorders

SUDs commonly co-occur in patients with MDD and BPD. This comorbidity affects the clinical course and prognosis of both disorders. The clinical courses of comorbid SUDs with either MDD or BPID were studied and compared in this study. Method: A consecutive sample of 100 patients, 50 with MDD and 50 with BPID from a Governmental Hospital in UAE were examined and those with comorbid SUDs were further studied. Hamilton Depression Rating Scale, Young Mania Rating Scale, and Addiction Severity Index were applied. Conclusion: Comorbid SUDs with BPID patients are affected more than comorbid SUDs with MDD patients in: severity of symptoms of MD, compliance to treatment of MD, number of MD relapses, type of substances used, number of substances used, number of previous relapses of substance abuse after treatment for addiction, and some ASI-subscales: (employment/support, family/social, drug/alcohol use, legal, family history for substance use and/or mood disorders).

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List of Abbreviations

<i>Abbreviation</i>	<i>Meaning</i>
AA	Alcoholic anonymous.
AD	Alcohol dependence.
ASI	Addiction severity index.
AUDs	Alcohol use disorders.
BPD	Bipolar disorder.
BPID	Bipolar one disorder.
BPIID	Bipolar two disorder.
Bz	Benzodiazepines.
CBT	Cognitive-behavioral therapy.
DSM-III	Diagnostic and statistical manual of psychiatry, third edition.
DSM-IV	Diagnostic and statistical manual of psychiatry, fourth edition.
ECA study	Epidemiologic catchment area study.
FDA	Food and Drug Administration.
IPT	Interpersonal therapy.
MDD	Major depressive disorder.
MDs	Mood disorders.
NA	Narcotic anonymous.
NCS	National comorbidity survey.
NESARC	National epidemiologic survey on alcohol and related conditions.
PCP	Phencyclidine.
SSRIs	Selective serotonin reuptake inhibitors.
SUDs	Substance use disorders.
TCAs	Tricyclic antidepressants.
UAE	United Arab Emirates.

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INTRODUCTION

Substance-related disorders are commonly associated with mood disorders (*Sadock& Sadock, 2002*). Many of those who misuse drugs report depression and anxiety, but it is seldom clear whether these are the causes or the consequences of drug misuse and dependence (*Michael et al, 2001*).

The use of substance may be involved in precipitating an episode of illness or, conversely, may represent patients' attempts to treat their own illnesses (*Sadock& Sadock, 2002*).

Alcohol dependence frequently coexists with mood disorders. Both patients with major depressive disorder and those with bipolar disorders are likely to meet the diagnostic criteria for an alcohol use disorder (*Strakowski et al, 1998*).

The relationship between alcohol consumption and mood is complex. On the one hand, some depressed patients drink excessively in an attempt to improve their mood; on the other hand, excess drinking may induce persistent depression or anxiety (*Michael et al, 2001*).

Benzodiazepines use is extremely wide spread and it has been reported that 10% of the population of Europe and USA use Bzs as anxiolytics or hypnotics (*Micheal et al, 2001*). In the United Kingdom 4 millions are Bzs addicts (*Drummond, 2003*).

Research findings suggest that many factors may contribute to these substance abuse problems including mood symptoms which are either brought on or perpetuated by substance abuse, and similar risk factors that may influence the occurrence of both bipolar disorders and substance use disorders (*Strakowski et al, 2002*).



Treatment for occurring substance abuse, when present, is an important part of the overall treatment plan (*Strakowski et al, 1998*).

Hypothesis:

Patients with major depressive disorder or bipolar I disorder differ in the course of the illness and prognosis when they have comorbid substance use disorder.

Aim of the work:

The aim of the work was:

To study the difference between course of illness (specially the severity of symptoms) and prognosis (specially the relapse rates) of substance use patients with Major Depressive Disorder and with Bipolar I Disorder by comparing between:

- 1- Patients with Major Depressive Disorder who are using substances versus those who are not using substances.
- 2- Patients with Bipolar I Disorder who are using substances versus those who are not using substances.
- 3- Patients who are using substances with Major Depressive Disorder versus substance users with Bipolar I disorder.



CHAPTER (I)

Shared points between comorbidity of Major Depressive Disorder or Bipolar Disorders and Substance Use Disorders

I- General considerations:

1- Definitions:

Comorbidity refers to the co-occurrence of any two psychiatric disorders (*Hirschfield et al., 1990; Murphy, 1990; Kessler, 1995*). A narrow definition of comorbidity was the simultaneous coexistence of two or more active diseases (*Enns et al., 2001*).

Of those in the general population who meet the criteria for an axis (I) disorder, half meet the criteria for two or more other mental disorders (*Kessler et al., 2005*).

Whereas the term “dual diagnosis” is specific to co-occurring substance (alcohol or other drugs) and non-substance use disorders (*Hirschfield et al., 1990; Murphy 1990; Kessler 1995*), the simplicity of this terminology is misleading because relationships between the two components may be difficult to disentangle. Substance use may exacerbate or alter the course of a pre-existing mental disorder, or may mask it. Alternatively, a primary mental disorder may precipitate a substance use disorder, which in turn can lead to psychiatric syndromes (*Ghods, 2002*).

The co-occurrence of SUD and MD had been frequently reported in SUD and psychiatric patient samples (*El-Guibaly, 1990*). The combination of a substance use disorder and other psychiatric disorders is recognized to be increasingly common