



Psychopharmacotherapy of Depressive Disorders in Alcoholism

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ABSTRACT

This article presents a paper that examines the relationship of pathological attraction to psychoactive substances with affective disorders. Taking into account the results obtained, the practical experience of therapy of pathological attraction to psychoactive substances using antidepressants is presented. A clinical study with the use of antidepressants was conducted in 44 patients (men – 26, women – 19). The optimal effectiveness of treatment is presented in this article. 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.

Keywords:

pathological drives, affective disorders, psychoactive substances, mental disorders, alcohol dependence, antidepressants

The relationship between depression and addiction is of great clinical importance not only because of the high prevalence of these disorders in the general population, but also because of their frequent combination in one patient. The true cause of attraction to psychoactive substances may be a primary mental disorder. As a result, patients with depression and alcoholism or drug addiction are forced to struggle not only with depressed mood and craving for psychoactive substances, but also with the feeling that they themselves are to blame for the development of these diseases. The relationship between depression, mental and physical dependence is extremely confusing, since an important role is played in the etiology and pathogenesis of these disorders a lot of provoking factors. It should be noted that nicotine addiction causes persistent physical and mental dependence.

Quitting smoking, especially for women, is extremely difficult. It is known that nicotine inhibits the activity of monoamine oxidase, that is, it has the properties of antidepressants. Unfortunately, smoking is one of the main risk factors for cancer and cardiovascular diseases.

The purpose of the study

To evaluate the effect of the antidepressant fevarin and the tranquilizer grandaxin on depression and the severity of symptoms of substance dependence.

Materials and methods

44 outpatient patients with a diagnosis of alcohol dependence associated with depressive disorder (according to ICD-10 criteria) were under observation. To assess the effectiveness, the following scales were used: Hamilton scale (HAM-D17), European Scale of severity of

addiction syndrome (Europ ASI) and the scale of the General clinical impression of the severity of the disease and the subscale of the dynamics of improvement (CGI-S, CGI-I). The assessment was carried out at the beginning of therapy, then at the 3rd, 14th weeks.

Results and discussion

We have clinically observed emotional pathology in alcoholism. The clinical picture of alcoholism is saturated with emotional pathology, which requires, depending on its nature and origin, different therapeutic approaches. But before assessing the clinical features of this pathology, it is necessary to clearly separate it from non-pathological emotional shifts. In particular, from a bad mood, when it is a psychologically understandable, natural and adequate emotional reaction to an unfavorable life situation. There are more than enough such situations in patients with alcoholism: family breakdown caused by drunkenness, financial or legal problems, dismissal from work, deprivation of parental rights, conflicts with loved ones, loneliness and others. Negative emotional experiences can be a reaction to illness, hospitalization in a psychiatric hospital. In all cases, a bad mood often indicates mental safety, rather than his painful condition and does not require special treatment. Emotional disorders are divided into primary and secondary. A smaller part is made up of primary emotional disorders, which sometimes in an explicit, then in an erased form differ even in the premorbid period, that is, before the onset of alcoholism. Such disorders (mainly endogenous type of depression) occur in 5-15% of patients with alcoholism; they are noted in 15-20% of women, in 7% of men. Secondary emotional disorders are formed against the background of alcoholism, as a rule, at its advanced stages. They include both syndromologically isolated conditions (mainly depressions that differ little from endogenous ones and require appropriate antidepressant therapy) and conditions that are part of the structure of the main syndromes of alcoholism.

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. Secondary depressions occur in 40-60% of alcoholism patients. They are especially characteristic of an unfavorable disease, for its late stages and

for a periodic (binge) type of alcohol abuse. The latter means that certain pathogenetic shifts occur in the course of the disease, associated with the involvement of diencephalic structures that are "responsible" for both the frequency of the course and for emotional pathology (depression). A significant part of secondary emotional disorders are components of pathological attraction to alcohol, alcohol withdrawal syndrome and alcohol degradation. The emotional component of the pathological attraction to alcohol is the main source of suicidal danger for patients with alcoholism. In the structure of alcohol withdrawal syndrome, almost half of the cases show different variants of atypical depression – anxiety, hypochondriac, dysphoric. Of course, there is emotional instability with expressiveness, tearfulness, hysterical reactions. It is possible to note a large amplitude of emotional reactions from tearful despondency to reckless fun.

There is no doubt that timely diagnosis and adequate therapy of concomitant depression is a prerequisite for effective treatment of patients in this category. Antidepressants are effectively used for concomitant depression in patients with alcoholism. In particular, antidepressant therapy can reduce cravings for alcohol and reduce the frequency of relapses of alcoholism during detoxification therapy. Antidepressants are effective in treating patients with alcoholism, nicotine addiction or drug addiction, especially if the course of treatment takes into account the psychosocial aspects of these diseases.

In the treatment of this category of patients, preference should be given to drugs of this class, since benzodiazepines quickly cause physical and mental dependence, which is not observed with antidepressant therapy. Antidepressants of the new generation are highly effective, safe in the treatment of patients. Long-term practice shows that patients need to start therapy with antidepressants much earlier, which will overcome the craving for alcohol and the risk of relapse of the disease. In addition, taking into account the physical condition of the patient, the dose of antidepressants has to be

reduced, paying special attention to the anticholinergic and cardiovascular side effects of drugs of this class. Often, the use of tricyclic antidepressants is limited or impossible due to alcoholic liver and myocardial damage. A large number of clinical studies of the effectiveness of serotonergic drugs in the treatment of patients with alcoholism and depression have been conducted. As the results of our study have shown, the drug fevarin demonstrates the effectiveness of in the treatment of patients with alcohol dependence associated with depression. 40 patients received outpatient treatment. The median age was 45 years. Of these, 70% are men. The majority of patients had a primary episode of major depression – 65% of cases, in 35% of cases a repeated depressive episode was diagnosed. Fevarin was used for 14 weeks. The average daily dose is 75 mg.

Undesirable effects throughout the treatment were noted by 6% of patients. The reason for this may be several factors: the use of short-acting venlafaxine, the presence of a concomitant disease and the additional use of other medications. It should also be noted that no significant changes in blood pressure were recorded.

In the treatment of patients, grandaxin is widely used, since the drug gives a mild psychostimulating effect, causes an anxiolytic effect, not accompanied by a pronounced sedative effect. Course treatment with grandaxin is carried out for 6 weeks.

The average daily dose is 100 mg. The best and fastest effect in treatment is achieved with a combination of 2 drugs: grandaxin and fevarin. In addition, the drug rexinet has proven itself well in the treatment of our patients.

Conclusions

1. The dose of a new generation of antidepressants during therapy did not require a downward correction, which was due to the good tolerability of these drugs both with a short-term course of cupping therapy and with long-term preventive use.
2. Patients noted that long-term use of modern antidepressant drugs helps to feel like a full-

fledged person, enjoy life, improve relations with relatives, colleagues.

3. The effectiveness of antidepressants varies, and the success of treatment largely depends on the conscientiousness of the patient.

4. New generation antidepressants contribute to the preservation of remission and can be considered as additional medications in the treatment of patients with addiction.

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