

Prevalence of Mood and Anxiety Disorders in a Sample of Iranian Outpatient Opioid Addicts

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Abstract

This study assessed the rate of current mood disorders and anxiety disorders in outpatient opioid addicts. The data were collected from five hundred unpaid opioid-dependent patients who were seeking treatment and referred to private and government clinics. The Research version of structured clinical interview for DSM-IV Axis I Disorders (SCID-I) was used. The mean age of the subjects (487 men and 13 women) was 33.4 yr., ranging from 16 to 67. The majority (68.2%) had private sector job and 13.4% were unemployed. Most of them (59.8%) had education at the level of primary, guidance or high school and only 3.8% were illiterate. Three hundred and thirty-six (67.2%) subjects were diagnosed as having mood disorders, of those 274 (54.8%) had substance induced depression, 37 (7.4%) major depression, 14 (2.8%) dysthymia, 5 (1%) depression due to general medical condition, 3 (0.6%) cyclothymia, 3 (0.6%) bipolar mood disorder, type I, and none was diagnosed as having bipolar mood disorder, type II. One hundred and five (21%) subjects were diagnosed as having substance-induced anxiety disorders, and 11 (2.2%) as generalized anxiety disorders. Of the participants 319 (63.8%) reported more than 5 years use of opioid abuse. Of the subjects only 16 (3.2%) reported no episode of abstinence and the majority 484 (96.8%) reported one or more episodes of abstinences. About 4.2% (21) reported less than 1 gm per day and the majority 86.4% (432) reported between 1 to 5 gm per day current use of opioid. Due to high rates of mood disorders in opioid-dependent subjects, psychiatric services should be open and accessible to the patients, especially those who voluntarily seek help and treatment (German J Psychiatry 2005;8(1):5-7).

Keywords: prevalence, outpatients, mood disorder; anxiety disorder; opioid addicts

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Introduction

Substance-dependent individuals have high rates of depression (Ross et al., 1988; Rounsaville, Weissman, Kleber & Wilber, 1982; Dorus & Senay, 1980), minor psychopathology (Darke et al., 1992; Swift et al. 1990) and personality disorders (Dejong et al., 1993; Nace et al. 1991; Kosten et al., 1982). Research shows that success or failure in detoxification treatment of opioid-dependent outpatients may be predicted by initial psychiatric symptomatology (Rounsaville et al., 1985). Research evidence showed that

coexisting psychiatric disorders especially mood disorders can interfere with the course and treatment of substance dependence; the research also showed that opioid dependents with a depressed mood at the beginning of treatment may be less likely to be abstinent at follow-up than other opioid dependents with a normal mood (Kosten et al. 1986).

In Iran, like many countries, substance use disorders has become a major problem. Iranian drug policy states that substance abuse and dependence are viewed as criminal behaviors and according to this Act, a large number of opioid dependents are currently imprisoned. It should be noted that in Iran illegal substances are alcohol, opioids,

cannabis, cocaine, amphetamines, LSD, and other hallucinogens. Those substance dependents that seek treatment voluntarily are not arrested and could be treated.

Very little is reported about rate of mood and anxiety disorders in the third world nations such as Iran, in opioid-dependent patients, therefore it is of interest to assess the rate of current mood and anxiety disorders among opioid-dependent outpatients in Iran.

Methods

Subjects

The data were collected from 500 consecutive opioid (opium & heroin) dependent outpatients (diagnosed by researchers), using DSM-IV criteria for opioid dependence (APA, 1994; SCID-I, 1996) from one private and one government clinics (for treatment-seeking opioid dependent outpatient) in Shiraz city (the capital of Fares province with a population of over 1.5 millions) in the year of 2001. Informed consent was discussed with all participants. They were assured that all data provided were strictly confidential. All participants had used opioids (opium or heroin) at least for 12 months. Their mean age was 33.4 years (range 16 to 67, S.D. 10.1). Of the subjects 350 (70%) were married, 148 (29.6%) single, 1 (0.2%) divorced and 1 (0.2%) separated

Procedure

The patients were interviewed at least 3 days and at most 10 days after a standard 7-day detoxification treatment, with clonidine. All interviewees were opioid-free for at least 3 days before the interview was made. The interview was conducted by the researchers and under supervision of board-certified psychiatrist and using DSM-IV criteria for mood disorders (APA, 1994; SCID-I, 1996). The interviews were completed over a period of about 3 months. The total daily number of patients, who referred to these 2 sites, was between 4 and 10.

Results

Table 1 shows age distribution, Table 2 gives occupational status, Table 3 shows educational status, Table 4 summarizes frequency distribution of mood disorders, and Table 5 gives frequency distribution of anxiety disorders in opioid-dependent patients. As the Table 4 shows, the majority 274 (54.8%) reported having substance-induced depression, and as Table 5 shows, 105 (21%) reported having substance-induced anxiety disorder.

Of the subjects, 319 (63.8%) reported more than 5 years and 181 (36.2%) reported between 1 to 5 years current use of opioid.

Table 1. Frequency distribution of opioid dependent patients by age (N=500)

Age group	N	%	Mean age	SD
< 20	8	1.6	17.63	0.74
20-29	205	41	24.92	2.72
30-39	156	31.2	33.74	3.11
40-49	93	18.6	43.38	2.82
>50	38	7.6	56.29	5.68
Total	500	100	33.37	10.09

Table 2. Frequency distribution of the opioid dependent patients by occupational status (N=500)

Status	N	%
University students	1	0.2
Housewife	11	2.2
Soldier	3	0.6
Factory-Worker	8	1.6
Farm-Worker	5	1.0
Employee	49	9.8
Retired	15	3.0
Unemployed	67	13.4
Private sector job	341	68.2
Total	500	100.0

Table 3. Frequency distribution of opioid dependent patients by educational status

Education	N	%
Illiterate	19	3.8
Elementary School	182	36.4
Secondary (guidance, i.e., the first 3 years of high school) and High school	117	23.4
Diploma Holder	139	27.8
Higher Education	43	8.6
Total	500	100.0

Table 4. Frequency distribution of opioid dependent patients by current mood disorders

Mood disorder	N	%
Substance-induced depression	274	54.8
Major depression	37	7.4
Dysthymia	14	2.8
Depression due to general medical condition	5	1
Cyclothymia	3	0.6
Bipolar mood disorder (Type I)	3	0.6
Bipolar mood disorder (Type II)	0	0
Total	336	67.2

Table 5. Frequency distribution of opioid-dependent patients by current anxiety disorder

Anxiety disorder	N	%
Substance-induced anxiety disorder	105	21.0
Generalized anxiety disorder	11	2.2
Total	116	23.2

The majority 432 (86.4%) reported between 1 to 5 gm per day, 47 (9.4%) reported more than 5 gm per day and only 21 (4.2%) reported less than 1 gm per day current use of opioid.

Only 16 (3.2%) reported no episode of abstinence and the majority 484 (96.8%) reported one or more episodes of abstinences.

Discussion

Most opioid dependent individuals in the community never reveal their condition and only a small proportion seeks treatment or any other psychiatric help voluntarily. In this study 336 (67.2%) of the subjects were diagnosed as having mood disorders. The most prevalent type of mood disorders was substance-induced depression (54.8%), followed by major depression (7.4%) and dysthymia (2.8%). Bipolar mood disorder type I was rarely seen (0.6%) and none was diagnosed as bipolar mood disorder type II.

Many studies, as the current research, showed high rates of psychiatric disorders, especially mood disorders in opioid-dependent patients (Woody et al., 1985; Khantzian & Treece, 1985; Rounsaville et al., 1982).

Because of high rates of mood and anxiety disorders in Iranian opioid-dependent patients, psychiatric services should be open and accessible to the patients, especially those who voluntarily seek help and treatment.

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