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Diagnostics of Dysthymic Disorders and Therapy of Patients with Opium Addiction with Anxiety-Depressive Variant of Post-Withdrawal Syndrome

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ABSTRACT

Introduction: The problem of diagnosing depressive disorders in patients with opium addiction is of a certain difficulty since the frequency of detection of these conditions and their diagnostic differentiation differ significantly.

Objective: Our study aimed to study the clinical picture of dysthymic pathology in patients with opium addiction with an anxiety-depressive variant of the post-withdrawal syndrome.

Method: We examined 296 patients with opium addiction (from anamnesis, as well as in the clinical picture of withdrawal and post-withdrawal syndromes), the patients were divided into 2 groups: group 1 - patients with dysthymic pathology - 93 (31.4%) and 2 comparison group patients without dysthymic pathology - 203 (68.6%) patients. We compared the indicators of the patient's affective scales in the withdrawal and post-withdrawal syndromes.

Results: Treatment of patients with opium addiction with dysthymic disorders with escitalopram revealed a positive dynamics of emotional disorders of post-withdrawal disorders with the restoration of good mood. This improvement is significantly more pronounced than in the patients of the comparative group treated with amitriptyline.

Conclusion: It should be noted that the improvement in mood, the disappearance of anxiety is not accompanied by the stimulation of craving for the drug. Digital indicators showed a decrease in the intensity of pathological craving for drugs, at the same time an increase in working days, an improvement in social adaptation and family recovery was recorded. The antidepressant escitalopram reveals the absence of side symptoms in its use, which is of great importance in the clinic of post-withdrawal states.

Key Words: Dysthymic disorders, Opium addiction, Withdrawal syndrome, Post-withdrawal syndrome

INTRODUCTION

According to the frequency and significance of concomitant affective pathology in narcology, there are three types - dysphoria, depression and hypomanic states.[1] The problem of diagnosing depressive disorders in patients with opium addiction is of a certain difficulty since the frequency of detection of these conditions and their diagnostic differentiation differ significantly according to the data of various authors. According to the observations of SivolapYu.P. shallow and reversible depressive disorders are detected in almost half of the patients with opium addiction. The frequency of these depressive disorders corresponds to the duration of chronic drug intoxication and the severity of some-neurological disorders. Some researchers reveal the lack of expression and atypical nature of depressive disorders in opium addiction.[2] Rokhlina and co-authors emphasize the state of despair and apathy in the post-withdrawal period of opium addiction.[3] Krupitsky EM. identifies the symptoms of the post-withdrawal syndrome and the symptoms of anhedonia.[4]

Several authors explain affective disorders in drug addicts as a component of the pathological craving for drugs.[5,6] During the formation of remission, the main task of treatment is to eliminate the pathological craving for drugs, as well as to correct behavioural and emotional disorders.[7-8] Also, during this period, it is necessary to correct neuro-somatic disorders and improve the patient's physical status.

The patient's affective state greatly influences the ability to achieve the cessation of drug use. Emotional disturbances occur in all periods of drug addiction: in abstinence, in the post-withdrawal period, in the early stages of the formation

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of remission. Emotional disturbances take place in the structure of pathological craving for drugs, in the period preceding the intake of psychoactive substances, during the administration of the drug. According to various authors, affective disorders accompany the main symptoms of drug addiction in 30–80% of cases.[1,9]

It should be noted that among scientists discussing this topic there is no single point of view regarding the relationship between affective disorders and the addiction syndrome complex. Currently, biochemical studies are confirming that the mechanisms of addiction to drugs and the genesis of affective disorders are linked by common biological processes.[10]

It should be noted that for the correct approach to therapy, it is necessary to identify the main link and subsequent complications. So, the dispute about the allocation of the main and the secondary link in the pathological relationship of drug addiction is important in practical addiction for the selection of adequate therapy.[11] That is, if a drug addict takes a drug with an ataractic purpose, it is necessary to correct the depressive state. Thus, the correction of mood, in this case, will solve the problem of eliminating addiction, that is, taking antidepressants will solve the problem of emotional disorders.[12] In this case, the therapy of withdrawal syndrome and affective disorders achieves one goal - a decrease in the level of pathological craving for drugs.[7]

While there is a significant number of studies in the field of clinical features and therapy of combined depressive conditions in narcology, most of them are devoted to addictive diseases complicated by various psychotic conditions, but there are much fewer works concerning the combination of opium addiction and dysthymic disorders. The importance of the diagnosis of dysthymic disorders and the differentiation of their variants in patients with drug addiction are obvious.[13] This will allow in a short time to choose the most rational therapy for relieving symptoms, otherwise attempts to carry out therapy without eliminating affective pathology of any severity in patients are usually unsuccessful.

Our study aimed to study the clinical picture of dysthymic pathology in patients with opium addiction with an anxiety-depressive variant of the post-withdrawal syndrome.

MATERIALS AND METHODS

In the study used anamnestic and clinical-psychopathological methods, all studies were carried out under the declaration of Helsinki of the World Medical Association: Recommendations for Physicians for Biomedical Research in Humans (2000). All patients were included in the study sample only after personal consent and familiarization with information about the goals and methods of the study and signing a patient information sheet. The main research methods were: a clinical-psychopathological, clinical-dynamic, psychometric study of the patient's condition in dynamics using psychodiagnostic rating scales.

RESULTS

We examined 296 patients with opium addiction (from anamnesis, as well as in the clinical picture of withdrawal and post-withdrawal syndromes), the patients were divided into 2 groups: The main group 1 - patients with dysthymic pathology - 93 (31.4%) and 2 comparison group - patients without dysthymic pathology - 203 (68.6%) patients. We compared indicators of patient's affective scales in withdrawal and post-withdrawal syndromes (Figure 1).

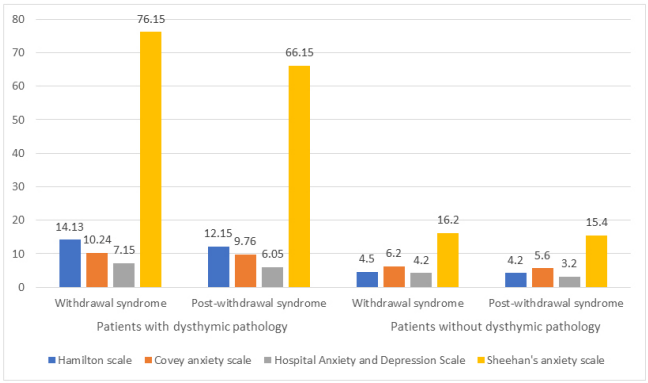

Figure 1: Evaluation of the level of dysthymic disorders in patients with opium addiction in withdrawal and post-withdrawal syndromes.

As can be seen from the indicators in the withdrawal syndrome according to the scales - Hamilton, Hospital Scale, Covey and Sheehan, there is a statistically significant increase in indicators in the main group compared to the comparative group without affective pathology (14.13 ± 1.87 and 4.45 ± 0.73; 10.24 ± 1.93 and 7.15 ± 0.39; 27.15 ± 2.27 and 16.15 ± 7.67; 6.25 ± 0.49 and 4.15 ± 0.87; 76. 15 ± 8.85 and 16.15 ± 2.45, respectively).

A similar, statistically confirmed difference in the indicators of affective tests was also noted in the post-withdrawal syndrome in the main and comparative groups (12.15 ± 1.78 and 4.15 ± 0.33; 9.76 ± 0.43 and 5.59 ± 0. 64; 25.15 ± 1.33 and 17.76 ± 3.48; 6.05 ± 0.39 and 3.15 ± 0.49; 66.15 ± 3.65 and 15.43 ± 3.34).

In 40 of 93 patients with opium addiction, dysthymic disorders were observed in the anamnesis before the onset of opium drug use and were primary, in the remaining 53 patients, mood disorders appeared after abuse and were secondary. In the clinical picture of dysthymia, daily mood swings were noted - the morning maximum of complaints, ideas of inferiority and insolvency, as well as somatic complaints ac-

companied by psychopathological disorders (loss of appetite, weight loss, insomnia or lack of feeling of vigour after sleep, etc.).

The most frequent variants (classification by Kolyutskaya, 1998) of dysthymic manifestations in the 93 patients examined by us were: anxious-depressive 47 (50.4%) - a combination of hypothermia with a feeling of internal discomfort, expectation of some troubles, elements of motor restlessness. The asthenic-adynamic variant was observed in the remaining 46 (49.6%) patients - with a predominance of depressed mood and low self-esteem, with lethargy and indifference to the environment. A characteristic feature of all these dysthymias was the presence in them of elements of behavioural disorders (changes in the personality of a drug addict type), which are an indispensable manifestation of psychopathological disorders in patients with developed drug addiction.

From the anamnesis of patients with affective pathology, it was revealed that drug use in patients with dysthymic pathology usually begins with the desire to eliminate mental distress (to increase mood and activity in subdepressive states, to get rid of anxiety in anxiety depression). That is, the reason for chronic drug intoxication in patients with dysthymic disorders is the desire to improve their emotional state. Patients are trying to eliminate, thus, subdepressive states, to regain their previous status, to improve performance. With anxiety-depressive symptoms, anaesthesia levels the causeless anxiety, melancholy states. With asthenia and apathy, taking drugs gives a state of euphoria, ease in acquiring new acquaintances, an increase in strength and energy, and sexual attractiveness.

Often, narcologists pay little attention to collecting anamnesis, do not find out the reasons for the onset of drug addiction. Treatment of drug addiction is limited to the relief of withdrawal symptoms, patients without correction of affective disorders go back into chronic drug intoxication.

Thus, dysthymic disorders contribute to the aggravation of addictive disorders - psychopathological disorders acquire a large proportion in the withdrawal syndrome, its duration lengthens (7.9 ± 0.6 and 4.9 ± 0.3, respectively). Most patients with combined pathology have a low severity of allergic manifestations of withdrawal syndrome (1.6 ± 0.6) compared with the comparative group (2.7 ± 0.6), but there is a deepening of psychopathological disorders with dysthymic symptoms (2.5 ± 0.4) in comparison with the group without dysthymic pathology - (1.9 ± 0.3): depressive experiences with ideas of self-accusation, of little value appear (diagram 2). This circumstance should be taken into account in the differential therapy of opium addiction at various stages of the disease (especially in the early post-withdrawal period) (Figure 2).

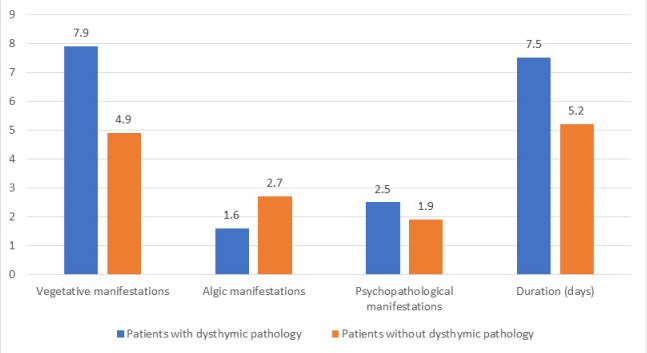

Figure 2: Dynamics and scores of withdrawal symptoms in the examined patients.

Identification of the factors of recurrence of chronic drug intoxication in patients usually indicates a previous violation of the emotional state. In the majority of patients with combined affective pathology in a post-withdrawal state, there is no mindset to stop using the drug, which they consider to be a therapeutic agent. This fact requires appropriate pharmacotherapy.

The presence of a high level of effective link in patients with opium addiction with dysthymic disorders of pathological craving for drugs explains the low therapeutic efficacy of standard therapy and, accordingly, the absence of long-term qualitative remissions. Patients with concomitant pathology need appropriate treatment otherwise, we can expect a remission-free course of the disease.

In drug addiction practice, timely detection of dysthymic disorders in the history of the disease is necessary. Objective data of relatives are needed, indicating the presence of emotional disturbances even before the onset of chronic drug intoxication. Identification of these disorders in the anamnesis, as well as in withdrawal and post-withdrawal syndromes of the disease, will allow the initiation of timely appropriate pharmacotherapy, which will make it possible to form long-term high-quality remissions.

Long-term narcotic intoxication does not serve as an indicator of the futility of treatment and requires a differentiated therapeutic approach to such patients. It should be noted that drug addicts are extremely selective in taking medications and show great ingenuity in violating the treatment regimen. They quickly recognize the side symptoms of pharmacotherapy, and therefore, it is necessary to select antidepressants with a minimum level of side symptoms.

It should be noted that tricyclic antidepressants currently widely used in psychiatry in the treatment of emotional disorders have a certain prevalence (due to their cheapness and availability), but they have not found wide application in drug addiction practice, since they have rather pronounced side symptoms. In recent years, antidepressants with selective inhibition to increase serotonin levels (SNRIs) have be-

come quite widespread due to their significant effectiveness in the treatment of depressive conditions of varying severity.

In drug addiction practice, sporadic data are indicating a positive therapeutic experience with the antidepressant citalopram, the antidepressant effect of which is comparable to amitriptyline.[15] There are also data on the therapeutic effect of this drug in addictive patients with anxiety-depressive symptoms with autonomic disorders in the withdrawal syndrome.[16] Considering the above, the use of SSRI antidepressants has the prospect of using them in opium addiction patients with dysthymic disorders in the early stages of post-withdrawal disorders.

The drug escitalopram (sevpram) is a representative antidepressant from the SSRI group, which combines fairly pronounced antidepressant properties, as well as good tolerance, in this regard, this drug is proposed as an effective tool for the treatment of patients with opium addiction with dysthymic disorders. The increase in the number of therapeutically resistant variants of opium addiction, complicated by dysthymic pathology, requires differentiated therapy with the addition of antidepressants.

We carried out a comparative assessment of the therapy of 47 patients with opium addiction complicated by dysthymic disorders. These patients were divided into two groups - the main group - patients treated with escitalopram and the comparison group - patients treated with amitriptyline. The groups did not differ in terms of age and duration of chronic drug intoxication. Patients of the first group (25) received the antidepressant escitalopram (10 mg) for one month. The basic treatment consisted of general strengthening therapy - saline 0.9% - 100 ml plus multivitamin drug demon (10 ml) in the form of drip infusions. The second comparison group included 22 patients who received the antidepressant from the group (TCA) amitriptyline (25 mg) for one month in combination with the basic therapy indicated above.

The degree of dysthymic disorders was determined according to the Hamilton scale, the hospital scale of anxiety and depression, the value of anxiety - according to the Covey and Sheehan tests. The results of treatment were recorded - at the beginning of treatment, after 15 days and after 1 month of stay in the narcological hospital. The therapy was also assessed according to the scale of the dynamics of clinical symptoms in two groups of patients with opium addiction complicated by dysthymic symptoms (dysthymia with anxious components). The data obtained indicate that the introduction of escitalopram in standard therapy gives a positive trend in patients with opium addiction.

A pronounced dynamic of improvement in all these indicators was revealed in patients treated with escitalopram, compared with patients in group 2. The digital indicators of the components of the pathological craving for drugs decrease significantly by the 15th day of therapy. During therapy, patients treated with escitalopram reported an improvement in mood (2.54 ± 0.44 before receiving therapy and 0.64 ± 0.23 after 30 days as a result of therapy). Anxiety disorders decreased (- 2.45 ± 0.53 before receiving therapy and 0.45 ± 0.05 after 30 days as a result of escitalopram pharmacotherapy); lability of affect (1.65 ± 0.23 before therapy and 0.74 ± 0.34 after 30 days as a result of therapy); hypochondriasis (1.22 ± 0.43 before therapy and 0.54 ± 0.22 after 30 days as a result of therapy).

There was also a decrease in the level of pathological craving for drugs in patients treated with the antidepressant escitalopram (2.23 ± 0.23 before therapy 0.55 ± 0.14 30 days after the end of therapy), relief of weakness (2.23 ± 0.21 before treatment and 0.32 ± 0.03 after 30 days), normalization of sleep function (1.93 ± 0.15 before therapy and 0.23 ± 0.04 after 1 month of therapy), with deepening sleep and ease at the end of sleep.

During the period of use of the antidepressant escitalopram, a decrease in the level of senestopathic symptoms in the form of headaches and other algic sensations was noted (0.65 ± 0.13 points at the beginning of treatment and 0.06 ± 0.02 points after 30 treatments). Patients treated with escitalopram became less hypochondriacal (1.22 ± 0.43 before therapy and 0.54 ± 0.22 after 30 days). Patients expressed a positive attitude towards therapy with escitalopram not only due to the effective antidepressant effect but also due to the absence of side effects of the drug, even in patients with organic cerebral pathology, cardiovascular diseases and other somatic chronic disorders. It should be noted that in patients treated with amitriptyline, there were undesirable side symptoms - weakness, lethargy, increased blood pressure, impaired urination, heart palpitations. From the indicators according to the depressive scales before treatment, the numerical data in the two groups did not differ much (Figure 3.).

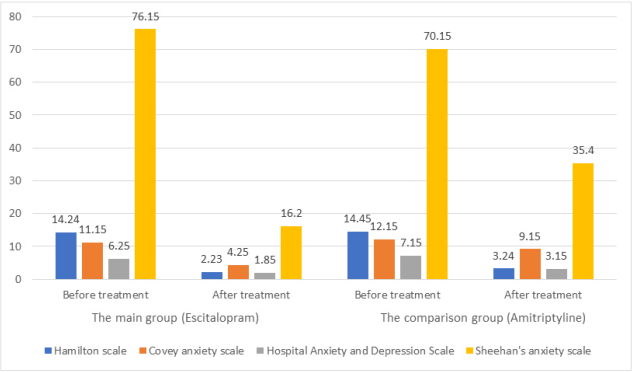

Figure 3: Comparative level of dysthymic disorders according to affective tests as a result of comparative therapy.

It should be noted that before treatment with escitalopram, the value of dysthymia on the Hamilton scale was 14.24 ±

2.21 (minor dysthymia), and at the end of pharmacotherapy, 2.23 ± 0.52 (without signs of dysthymia), which is 6.4 times lower indicators before treatment (background figures). At the same time, in the comparative group (amitriptyline) at the end of therapy, 3.24 ± 0.45 points were recorded, which is 3.4 times lower than the indicators before the start of therapy. In patients treated with escitalopram, according to the hospital scale, digital data were 11.15 ± 1.93 (insignificant anxiety). At the end of therapy, these indicators decreased and amounted to 4.25 ± 0.53 (no statistically pronounced anxiety), 2.5 times less than the indicators before escitalopram treatment. In the comparative group where amitriptyline was used, this figure is less - 1.3).

Anxiety figures (Covey test) in patients treated with escitalopram were 6.25 ± 0.49 (anxiety) before treatment, and as a result of pharmacotherapy decreased to 1.85 ± 0.39 (no anxiety). The multiplicity of the decrease in indicators was 3.4 times in the main group, and 2.3 times in the comparative group, respectively. According to the Sheehan anxiety test in the group treated with escitalopram, the anxiety figures were 76.15 ± 8.85, at the end of the treatment period 16.15 ± 3.56 (no clinical indicators of anxiety). The multiplicity of reduction is 4.8 times with escitalopram therapy and 2.1 times with amitriptyline treatment. In the comparative group, where amitriptyline was used as an antidepressant, the dynamics of improvement was noted, but significantly less than in patients treated with escitalopram. At the end of the treatment period, there was a marked improvement in affective status without fluctuations during the day. The number of complaints in patients significantly decreased, social adaptation improved. The number of working days increased, families were recovered (Figure 4).

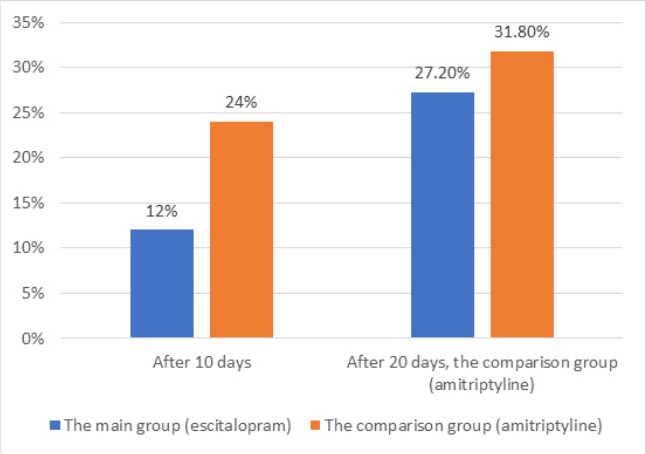

Figure 4: Comparative level of dysthymic disorders according to affective tests as a result of comparative therapy.

No complications were observed with the appointment of citalopram, the termination of its administration was not accompanied by the development of a withdrawal syndrome. While taking citalopram, there was no increase in pathological craving for the drug, an increase in anxiety, and dysphoric symptoms.

CONCLUSION

The treatment of patients with opium addiction with dysthymic disorders with escitalopram revealed a positive dynamic of emotional disorders in post-withdrawal disorders with the restoration of good mood. This improvement is significantly more pronounced than in the patients of the comparative group treated with amitriptyline. It should be noted that the improvement in mood, the disappearance of anxiety is not accompanied by the stimulation of craving for the drug. Digital indicators showed a decrease in the intensity of pathological craving for drugs, at the same time an increase in working days, an improvement in social adaptation and family recovery was recorded. The antidepressant escitalopram reveals the absence of side symptoms in its use, which is of great importance in the clinic of post-withdrawal states. This circumstance can be used in the wide practice of drug addiction since patients with opium addiction are extremely sensitive to side complications of drugs. The data obtained make it possible to use this antidepressant not only in the hospital but also in outpatient practice.

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REFERENCES

1. Minko A.I., Linsky I.V. Mood Disorders in Substance Dependence. Int Med J 2003;9(3): 28–30.
2. Abdullaeva VK, Sakhozhko AN, Khamraev MM. Clinical and psychopathological features of affective disorders in patients with opium addiction. Bull Neurol Psych Neurosurg 2015;7: 21-24.
3. Onyeka IN, Beynon CM, Uosukainen H, Korhonen MJ, Ilomäki J, Bell JS. Coexisting social conditions and health problems among clients seeking treatment for illicit drug use in Finland: The HUUTI study. BMC Public Health 2013; 13: 380.
4. Krupitsky EM, Burakov AM, Romanova TN, Vostrikov VV, DidenkoTY, Grinenko N, et al. Questionnaire for the assessment of anhedonia syndrome in detoxified patients with opium addiction. Que Narcology 2000;4:43-46.

5. Abdullaeva VK, Chelma YU. Comorbid psychopathological disorder dysthymia. - XVI Congress of Russian Psychiatrists. All-Russian scientific-practical conference with international participation. Psychiatry at the stages of reforms: problems and prospects. 2015; 46.
6. Sultanov SH, Khodzhaeva NI, Gaibullaev EA, Khaidarov AM. Diagnostics of dysthymic disorders in patients with opium addiction. Materials of the status praesens conference of psychiatry. Interdisciplinary Council; St. Petersburg, 2019;120-121.
7. Erezhepov NB. The role and place of anti-relapse and supportive therapy in the system of modern drug treatment . J Narcol 2010;12: 62-91.
8. Nadezhdin AV, Voronkov AA, Tetenova EY, Avdeev SN. Antidepressant fevarin in the complex therapy of heroin addiction. Vopr Narcol 2002; 3: 26-33.
9. Abdullaeva VK, Sakhozhko AN, Khamraev MM. Clinical and psychopathological features of affective disorders in patients with opium addiction. Bull Neurol Psych Neurosurg 2015;7: 21-24.
10. Abdullaeva VK. Clinical-psychological and pathochemical mechanisms of the opioid addiction of persons with comorbid pathology. ISJ Theor App Sci 2016;01 (33): 58-63.
11. Marsch LA, Bickel WK, Badger GJ et al. Comparison of pharmacological treatments for opioid-dependent adolescents: a randomized controlled trial. Arch Gen Psych 2005; 62(10):1157-1164.
12. Gonzalez G. Oliveto A, Kosten TR Combating opiate dependence: a comparison among the available pharmacological options. Expert Opin Pharmacother 2004; 5(4):713-25
13. Erezhepov NB. The role and place of anti-relapse and supportive therapy in the system of modern drug treatment. J Narcol 2010;12: 62-91.
14. Talimbekova V, Nurkhodjaev S. Personality disorders at Opioid-dependent. Med Health Sci J 2010; 2(2):100-103.
15. Druz OV. The effect of antidepressant pharmacotherapy on the process and results of rehabilitation of patients dependent on opioids. Narcology 2014;9:28-32 .
16. Druz OV. Antidepressant therapy and rehabilitation of opioid-dependent patients with severe depressive symptoms. Que Narcol 2013; 4:39-50.