

PSYCHOLOGICAL CORRELATES OF SUBSTANCE RELATED ADDICTIVE DISORDERS IN MALES

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ABSTRACT

OBJECTIVE

To investigate anger, depression, anxiety and stress in patients with substance related addictive disorders.

STUDY DESIGN

Cross sectional research design.

PLACE AND DURATION OF STUDY

From four hospitals of the Lahore, Pakistan including Lahore General Hospital, Jinnah Hospital, Punjab Institute of Mental Health, and Services Hospital data collection was carried out during the period of 10 month

SUBJECTS AND METHODS

Eighty male patients with substance related addictive disorders from four hospitals were drawn with the help of nonprobability purposive sampling technique. Measures for data collection were demographic questionnaire, Clinical Anger Scale and Depression, Anxiety and Stress Scale.

RESULTS

Anger and stress were at severe level whereas depression and anxiety were at moderate level was found in patients with substance related addictive disorders. Correlation analysis (Pearson product moment) was computed for the relationship among anger, depression, anxiety and stress. Results indicated that there is positive association among all the above mentioned variables in present patient population.

CONCLUSION

Psychological outcomes of addiction in the form of anger, depression, anxiety, and stress are alarming. For drug addiction treatment these factors should also be address for relapse prevention.

KEY WORDS

Depression, Anxiety, Stress, Anger, Substance related addictive disorders.

INTRODUCTION

Addiction is a multifaceted neurological disorder that can be revealed by excessive substance use in spite of adverse effects. Patients of addictive disorder have preoccupation with use of drugs to the extent where even their lives can damage. They continuously and persistently use drugs deliberately knowing it can cause death. They may suffer from distorted cognitions, disruptive behaviour, psychological disorders and mal functioning of bodily functions.¹

Anger is a completely normal, typically sound, human feeling.² However, when it escapes from control it can get to be damaging. Wild outrage can prompt genuine issues at work and in individual connections, and may undermine the singular's general personal satisfaction. Psychological risk factors of drug dependence are clinical anger, violence and isolation that are important regarding addiction.³

Depression is an ailment of low mood and abhorrence to activity which affect somebody's cognitions, sentiments, behaviour, and wellbeing. Depression even affects individual's way of daily life activities of sleeping including insomnia or hypersomnia, eating including low appetite or over eating and lack of interest in doing chores. It also accompanied with feeling of hopelessness, low self-esteem, anhedonia and even suicidal thoughts and wishes.⁴

Anxiety is a condition characterized by extreme worry, irrational fears, restlessness, irritability. It also carries some physical symptoms e.g heart racing, shivering, sweating, and wobbling of legs, difficulty in speaking.⁵ People with drug addiction usually feel symptoms of anxiety and depression, sometimes independently and some time it becomes a vicious cycle.

Stress is a kind of response towards any stimuli in vivo or imagined. It is body defense mechanism widely known as fight or flight response. Stress is helpful and normal pattern of response which enhances person's skills to handle his problems and life challenges, but extreme and prolonged sort of stress causes damages to brain, body and emotional wellbeing.⁶

In Pakistani context the phenomena of substance use is most common in recent years. The results of the study would be helpful in making most reliable and suitable intervention plans for patients with substance related addictive disorders. The results of the study will provide knowledge about the strategies that psychologist can use for client to cope with their anger, depression, anxiety and stress. The study has hypothesized the following;

H1: Patients with substance related addictive disorders would likely to be high scorers on anger, depression, anxiety and stress tools.

H2: There would likely be a positive relationship among anger, depression, anxiety and stress in patients with substance related addictive disorders.

SUBJECTS AND METHODS

Participants

A nonprobability purposive sample of 80 male drug addicts was drawn from four hospital of Lahore City. The inclusion criterion is defined as adult (18 years old and above) patients of substance related addictive disorders with least duration of addiction as 2 years or above. The exclusion criterion was set as co morbidity of any other psychiatric illness or neurological/ physical problems were excluded.

Instruments

In order to obtain information regarding participants demographics including his age, qualification, marital status, profession and family system a demographic sheet was developed.

Clinical Anger scale⁷ (CAS)

Clinical Anger Scale was used to assess level of anger in patients with substance related addictive disorders. It has 21 groups of statements, each group of statement had 4 statements. Each group has 4 point likert type scale to be scored accordingly. Subject responses on clinical anger scale were summed and higher score correspondent higher clinical anger.

Depression, Anxiety and Stress Scale⁸ (DASS)

The DASS consisted of three subscales was used in this study to measure the depression, anxiety and stress in patients with substance related addictive disorders. The depression subscale assesses symptoms of depression such as low mood, sadness, low self-esteem, hopelessness, helplessness, lack of pleasure, and inactivity. The anxiety subscale examines restlessness, irritability, worry, fear and other anxiety related physical symptoms. The Stress subscale measures apprehension, impatience, feelings of distress and like. Adequate reliability and validity was stated for said scale.

PROCEDURE

After getting permission from related authors of above mentioned scales, data collection was started. The request was launched for letters of permission for data collection by all heads of psychiatric department of teaching hospitals of Lahore. Written informed consent was signed by all participants. All ethical standards were followed for conducting and writing of present study. Patients were also offered free of cost counseling sessions.

RESULTS

Table 1 depicted that among 80 male patients with substance related addictive disorders, 42 were married and 34 were unmarried males. Most of them were employed (58) and belonged to joint family system. The mean age of the participants were 31.54(± 10.73) with mean educational level of 8th grade. Table 2 suggested that internal consistency that is Alpha coefficient of all scales were adequate. Results in table 3 indicated that positive correlation existed among anger, depression, anxiety and stress in patients with substance

related addictive disorders. Anger had weak positive relationship with depression, anxiety and stress. While stress had moderate positive correlation with anxiety and depression. Depression and anxiety were also moderately correlating with each other.

Table 1
Demographic Description of the Participants N=80

Variables	f	%
Marital Status		
Single	34	42.5
Married	42	52.5
Separated	1	1.2
Divorced	2	2.5
Widowed	1	1.2
Family System		
Joint	55	68.8
Nuclear	25	31.2
Employment		
Employed	58	72.5
Un Employed	22	27.5

Table 2
Mean, standard deviation and Alpha Coefficient of anger, depression, anxiety and stress in patients with substance related addictive disorder

Variables	M	SD	Ranges	a
			Min mix	
CAS	26.90	11.43	1.91	.86
Depression	21.31	7.83	1.36	.71
Anxiety	19.28	7.14	2.05	.69
Stress	24.63	6.84	1.38	.67

Note: CAS=Clinical Anger Scale, a=Alpha Coefficient

Table 3
Correlation among anger, depression, anxiety and stress in patients with substance related addictive disorder (N=80)

Variables	CAS	Stress	Anxiety	Depression
CAS	–	.395**	.269*	.398*
Stress	–	–	.497**	.703**
Anxiety	–	–	–	.557**
Depression	–	–	–	–

*p<.05, **p<.01

DISCUSSION

Present study results proved the hypotheses and are also in line with previous literature that those who indulged in drug addiction will be at greater risk for psychological problems like anger, depression, anxiety and stress. Young people and adolescent grown-ups from separated families can show trust troubles, apprehensions of disloyalty, and reluctance to submit seeing someone. They frequently depend on alcohol, marijuana, cocaine or different

substances to adapt to these reasons for alarm.⁹ Drug addicts scored higher on both state and trait anger scales and also expressed their anger more towards others and examiner's questions and also their anger control was less when compared with general public¹⁰.

Another study results indicated that idiosyncratic anger is a precarious correlates of alcoholism addiction in depressed men than antisocial personality¹¹. The relationship between social support and clinical anger was investigated in drug addicts and concluded that all the sub-groups in clinical anger demonstrated a critical contrast. It was built that larger part of drug addicts had serious level of clinical anger with positive recognition about family. Findings showed significant relationship between anger and drug addiction¹².

Present study results showed significant positive connection among anger, depression anxiety and stress. It was also supported by other researches much as a research was conducted to see the relationship between substance use disorders, anxiety and mood problems. Results indicated that all of these have significant positive connection¹³. Depression is among critical clinical issues with addictive disorder. The National Co morbidity Study found that if compared with general public men with alcohol dependence had rates of depression three times higher^{14,15}. Individuals who have recurrent major depression, or dysthymia or both major depression and dysthymia also diagnosed with substance related addictive disorder. These findings indicated the presence of depression in substance related addictive disorder patients¹⁶.

Results of a study indicated that trait anxiety and trait anger were associated with primary diagnoses of cannabis and opioid dependence, alcoholism, and cocaine abuse in a group of a rehabilitation Centre. There is a significant causal relationship obtained between alcohol use disorder and anxiety disorder¹⁷.

Another study showed fright related to negative evaluation was positively related with the psychological distress among addicts. The results elaborated that social anxiety also predicted depression and behavioural avoidance in patients with addictive disorder¹⁸. Likewise social anxiety and psychological distress was seen connected with augmented use of alcohol, anti-anxiety and other drugs, frequently to fulfill everyday hassles of life including personal/ occupational issues and sometimes were used in a deliberate effort to reduce distress¹⁹. Research finding has consistent with theoretical perspective of anger depression, anxiety and stress in patients with substance related addictive disorders.

CONCLUSION

Results indicated that drug addiction is associated with anger and stress and moderate depression and anxiety. There is significant positive relationship obtained between anger, depression, anxiety and stress in present population.

LIMITATIONS

Sample size was small, only male patients and from public hospitals which guarded its generalizability. Therefore it is suggested to be cautious while generalize the result upon other segments of the population.

CLINICAL AND RESEARCH IMPLICATIONS


Clinicians should take into account these psychological variables as well as risk factors in their treatment plan to decrease the rate of relapse in patients with substance related addictive disorder.

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