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Depression and Alcohol Dependence: One Syndrome or Two? A Comparison of Disability, Suicidal Risk and Coping Styles

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Depression and Alcoholism are common disabling conditions and are associated with high suicidal risk. The present study was conducted at Vidya Sagar Department of Psychiatry, PGIMS, Rohtak (Haryana). Patients, each of severe depression (n = 30) and alcohol dependence (n = 30) as per ICD-10 were evaluated on Disability Assessment Schedule, Suicide Risk Estimator Scale, Defense Style Questionnaire and Hamilton Depression Rating Scale. The two groups were compared on these parameters. Alcohol group had significantly higher number of men, married and rural patients, than the depressive group. Depressive group showed higher disability and suicidal risk. However, striking similarities in the socio-demographic variables and coping strategies may be indicative of the common etiological link between these disorders.

Keywords: depression, alcohol dependence, disability, suicide risk

Depression and alcoholism are responsible for significant loss in terms of health and economy throughout the world (World Health Organization, 1998). Earlier researchers and psychoanalysts have focused mainly on defects in defense mechanisms and coping strategies. Now social scientists and psychiatrists are concerned with disabilities and high suicides associated with these disorders (Miller & Hersen, 1974; Temoche, Pugh, & Mohan, 1964; VonGastel, Schotte, & Maes, 1997).

Alcohol dependence is a major health problem having prevalence rate of 120 million and causes wide variety of personal, financial and social disabilities in patients (Akishal, 2000; VonKroff, Ormel, Katon, & Lin, 1992). Similarly, depressive disorder is a common disabling condition afflicting 20% of women and 12% of men at sometime during their life (WHO, 1998). Out of 9 million people committing suicide every year, majority suffer from depression or alcoholism (Murphy, Wetzel, & Robin, 1992; Pokorny, 1964). Rates of suicide in both depressive disorders and alcohol dependence are very high, occurring in about 15% of patients (O'Brien, Holion, Hurren, Wati, & Hussanayes, 1987; Pokorny, 1983; WHO, 1998). Alcoholics drink more during interpersonal stress to cope with the situation.

Coping strategies have a specific pattern in these patients, as they use certain coping strategies in excess to others (Lam & Wong, 1997).

In addition to applying coping, some patients try to self medicate themselves with alcohol and may appear as alcohol dependent patients (Gustafson & Kallman, 1989; Warheit, 1979).

Alcohol dependence and depression are considered to be disorders of the same spectrum and various researchers have considered them as different expressions of the same disorder, having psychological vulnerability as a common denominator (Davidson, Bunting & Raistrick, 1989; Hensel & Dunner, 1979). Common genetic link has also been found between alcohol dependence and depression which makes them diseases of the same spectrum (Cadoret, Winoker, & Langbehn, 1996).

Both these disorders, i.e., depression and alcohol dependence have significant disability and suicidal risk and might have commonalities in coping strategies. On perusal of literature, disabilities, suicide risk and coping strategies have been studied, both in depression and alcohol dependence; but different studies have focussed on one area or the other (Judd et al., 2000). Hence, there is clearly a need to investigate these disorders.

Aim and Objectives

The objective of the study was to compare socio-demographic variables, disability, suicidal risk and coping strategies of severe depression with alcohol dependence.

Method

Sample

Sample consisted of 60 patients comprising two groups.

Group-I

It consisted of 30 patients of severe depression, diagnosed as per ICD-10 guidelines.

Group-II

It consisted of 30 patients of mental and behavioral disorders having alcohol dependent syndromes diagnosed as per ICD-10 criteria.

Instruments

Following instruments were applied to assess, disability, suicidal

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risk, coping strategies and severity of depression.

1. Disability Assessment Schedule (WHO, 1988)
2. Suicide Risk Estimator Scale (Motto, Heilborn & Juster, 1985)
3. Bond's Defense Style Questionnaire (Bond & Wesley, 1996)
4. Hamilton Depression Rating Scale (Hamilton, 1960) [In depression group only]

Procedure

The above mentioned instruments were administered on the two groups and data was subjected to statistical analysis.

Results

Comparison of socio-demographic profile revealed that the two groups differed significantly on the basis of gender (χ^2 = 10.8, p < .05), marital status (χ^2 = 8.53, p < .05), urban/ rural background (χ^2 = 2.13, p <.05), family type (χ^2 = 2.13, p < .05) and duration of illness. (χ^2 = 36.45, p < .05) (Table 1). There were no significant difference in age, education status, occupation and annual income.

Comparison of disabilities showed disability in overall behavior to be significantly higher (M =3.56, SD = 0.63) in depressive group as compared to the alcoholic dependent group (M = 2.91, SD = 0.50). Disability in social role performance (M = 3.26, SD = 0.43) and Global disability (M = 4, SD = 0.59) in depressive group was also high as compared to alcoholic dependent group (M = 2.94, SD =0.46; M = 3.53, SD = 0.68) (Table 2).

Comparison of suicidal risk showed risk to be significantly higher (M = 625.67, SD = 161.85) in depressive group than in the alcohol dependent group (M = 474.87, SD = 136.18) (Table 3).

On comparing coping strategies in severe depression and alcohol dependence there were more maladaptive coping strategies (M = 183.27, SD = 41.77) in the depressive group as compared to the alcohol dependent group (M = 172.40, SD = 55.69). Image distorting coping strategies were used more by alcohol dependent patients (M = 80.10, SD =21.57) than the depressive patients (M = 72.37, SD = 19.22). Self sacrificing coping strategies (M = 48.27, SD = 12.94) and Adaptive coping strategies (M = 39, SD = 10.91) were also higher in alcohol dependent group than the depressive group (M = 45.40, SD = 11.89; M =35.23, SD = 11.29). However, the differences were not statistically significant (Table 4).

Severity of depression correlated significantly with disability in social role performance (r = .457, p < .05), home atmosphere (r = .415, p < .05), global disability (r = .482, p < .01 and maladaptive coping strategies (r = .512, p < .01) (Table 5).

Table 1

Comparison of Socio-Demographic Characteristics of Severe Depression and Alcohol Dependence (N = 60)

	Severe depression *f*	Alcohol dependence *f*	χ^2
Gender			
Men	24	30	10.8*
Women	6	0	
Marital status			
Married	23	28	8.53*
Unmarried	4	2	
Others	3	0	
Background			
Rural	22	24	2.13*
Urban	8	6	
Family type			
Nuclear	19	24	2.13*
Urban	11	6	
Duration of Illness			
< 1 year	14	0	36.45*
1 to < 3 years	8	0	
3- 10 years	7	17	
< 10 years	1	13	

*p < .05.

Table 2

Comparison of Disabilities in Severe Depression and Alcohol Dependence (N = 60)

Disabilities	Severe depression		Alcohol dependence		
	M	*SD*	*M*	*SD*	*t*
Overall behavior	3.56	0.63	2.91	0.50	4.40*
Social role performance	3.26	0.43	2.94	0.46	2.91*
Home atmosphere	4.47	2.34	3.87	1.66	1.14
Social support	1.43	0.77	1.33	0.88	0.47
Global disability	4	0.59	3.53	0.68	2.84*

*p < .01.

Table 3

Comparison of Suicidal Risk in Severe Depression and Alcohol Dependence (N = 60)

Group	*M*	*SD*	*t*
Severe depression	625.67	161.85	3.90*
Alcohol dependence	474.87	136.18	

* p < .01.

Table 4

Comparison of Coping Strategies in Severe Depression and Alcohol Dependence (N = 60)

Coping strategies	Severe depression		Alcohol dependence		
	M	*SD*	*M*	*SD*	*t*
Maladaptive	183.27	1.77	172.40	55.69	0.85
Image distorting	72.37	19.22	80.10	21.57	1.47
Self sacrificing	45.40	11.89	48.27	12.94	.89
Adaptive	35.23	11.29	39	10.91	1.31

p = n.s.

Discussion

The present study compared depressive group and alcohol dependent group on socio-demographic variables, and alcoholic group significantly comprised more men as compared to the depressive group. This may be due to socio-cultural reasons where alcohol consumption by women is considered a taboo. Previous epidemiological studies in India have also highlighted such differences (Ganguli, 2000; Reddy & Chandrashekar, 1998). Among other socio-demographic variables, alcoholic group had significantly more married patients and in depressive group patients belonged predominantly to the rural background. These two groups did not differ in any other socio-demographic variables, i.e., age, education, occupation and annual income. This finding again goes in favor of the possibility of alcohol dependence and depression

Table 5

Correlation of Disabilities, Suicidal and Coping Strategies with Severity of Depression (N = 60)

Variables	*r*
Disabilities	
Over all behavior	.335
Social role	.457*
Home support	.415*
Social support	.201
Global disability	.482**
Suicidal risk	.448*
Coping strategies	
Maladaptive coping strategies	.512**
Image distorting coping strategies	.025
Self Sacrificing coping strategies	.261
Adaptive coping strategies	.056

*$p < .05$. **$p < .01$.

being expression of single disorder with common etiological denominator as hypothesized by previous researchers (Angst & Merikangas, 1997; Winokur, 1997).

In the present study duration of illness was significantly more in alcohol group as compared to depressive group. This finding goes well with the nature of alcohol dependence, which has been established as one of the long-standing illnesses (Leibenluft, Madden, & Dick, 1993; Schuckit, 1998).

Significantly high disability pertaining to overall behavior, social role performance and global disability has been found in the depressed group as compared to the alcoholic group. Such comparisons of disability in depression and alcohol dependence have not been found in the previous studies. However, studies have established depression as a more disabling condition than alcohol dependence (WHO, 1998).

Suicidal risk was also found to be significantly higher in the depressive group as supported by previous findings (Suominen, Isomesta, & Lonnquivst, 1997; Martin, Pearce, & Rozances, 1995, Roy, 2000). It was also found that disabilities and suicidal risk increased with severity of depression.

Coping strategies were similar in both groups. No significant difference between coping strategies is an important finding; corroborative of hypothesis of Davidson et al. (1989) and Cadoret et al. (1996), which considered these two disorders having common etiological substrate. This further emphasizes the possibility of depression and alcohol dependence being disorder of the same spectrum. The differences seen in disabilities and suicidal risk also do not weaken the above possibility, as these may be due to severity of depression.

Conclusions

The study reveals both depression and alcohol groups to have similar psychological repertoire as reflected in their similar coping strategies. Depressive group had significantly higher disability and suicidal risk than alcoholics. Striking similarities in socio-demographic profiles and coping styles spark off the possibility of these two disorders having common etiological roots. However, in addition to study of psychosocial parameters, biological studies are needed to support or refute the hypothesis.

Limitations

The limitations of the study are small sample size and being based only on hospitals. Cross-sectional design needs to be kept in mind before making any generalizations

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