

## COMORBIDITY OF PSYCHIATRIC DISORDERS IN IRANIAN TREATMENT-SEEKING OPIOID ADDICTS

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### • ABSTRACT

**Background:** Many studies from the West have documented the comorbidity of psychiatric disorders among patients with substance use disorder but, little has been published on this subject from Iran.

**Objective:** To investigate the comorbidity of psychiatric disorders among substance use disorders in two central and southern provinces of Iran. **Method:** Psychiatric and substance use disorder comorbidity was assessed by means of the Research Version of Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) during the admission process of 89 treatment-seeking opioid addicts.

**Results:** All psychiatric disorders comorbidity (excluding substance use disorder) during lifetime and current time frames were 78.7% and 74.8%, respectively. Mood disorder was found to be the most frequent, although most of this rate is accounted for by substance-induced mood disorder (57.3% of the subjects).

**Conclusion:** Psychiatric disorders comorbidity, especially substance-induced mood disorder, was common among the subjects, and Axis I psychiatric disorder does not seem to precede opioid dependency in the majority of opioid addicts seeking treatment.

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**Key Words** • Substance dependence • comorbidity • opiate related disorders

### Introduction

The prevalence of psychiatric disorders other than substance dependence in patients with opioid addiction is of concern to clinicians. Mapping the concurrent epidemiology of opiate dependency with other psychiatric disorders is an essential step in determining the degree to which psychopathology can modify their prognosis and response to treatment.<sup>1</sup> Many studies have shown high rates of psychiatric disorders among opiate addicts.<sup>2,3</sup> More studies using structured clinical interviews have provided evidence of a strong association between substance use and other mental disorders.<sup>1,4,5</sup> While, most of the cited studies refer to western populations, to this author's knowledge, no published study has been conducted in Iran to assess the frequency of psychiatric disorders in opiate addicts, which is the most frequent mode of narcotic addiction in this part of the world. In a previous unpublished study, it was found that during the last few years the motivation for drug use and some demographic characteristics of Iranian opioid addicts have changed and the findings were remarkably different from similar statistics found in the west.<sup>6</sup> The authors showed that, in contrast to the west where alcohol and cannabis are the commonest consumed drugs, the urgent problem in Iran is the use of opium.<sup>7</sup> In another study seeking of pleasure was a major reason for substance use among Iranian medical students.<sup>8</sup> The present study addresses the frequency of lifetime and current psychiatric disorders in patients seeking treatment for opioid addiction in Iran.

### Patients and Methods

The subjects were referrals seeking treatment for opioid dependency from two opioid dependence outpatient clinics of Fars (n=45) and Yazd (n=44), central and southern provinces of Iran. Diagnosis of opioid use disorder was made by means of the Research Version of Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I).<sup>9,10</sup> Eighty-nine consecutive patients undergoing treatment for

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opioid dependency were interviewed from August to September 1999. Information for making diagnostic judgment was collected in accordance to SCID-I. Diagnosis with SCID-I was made for both the current period (current prevalence rates when criteria were met in the 30 days prior to interview) and for lifetime (lifetime prevalence). The interviews were conducted by the author and under the supervision of an another experienced psychiatrist. Extensive reviews of the diagnostic interviews were done, and in the event of diagnostic disagreement, reconciliation meetings were held.

For individuals who used psychoactive substances regularly, psychiatric symptoms were counted unless they took place only during a period of marked change, i.e. either a marked increase or a marked decrease in the amount of the substance used. Informed consent was obtained and assurance of confidentiality given. Subjects were all unpaid volunteers. Three fifths of the subjects were interviewed within three days of registration, when subjects were free from substance effects or withdrawal symptoms (e.g. slurred speech, sedation or agitation) and their score of cognitive function was higher than 26 on a Mini-Mental State Examination.<sup>11</sup> Axis I diagnoses were rated as substance-induced if they seemed to be initiated and sustained by substance use, i.e., major changes in patterns of substance use preceding disorder onset and end, e.g., marked increase or decrease in amount or frequency of use several weeks before the onset and the end of psychiatric disorder. A diagnosis was coded as "independent" if multiple episodes were reported and one was judged unrelated to changing patterns of substance use. The frequencies reported here included disorders which were considered induced or independent. Impairment of function was assessed by use of DSM-IV Global Assessment Functioning (GAF) Scale.<sup>9</sup>

## Results

### Demographic characteristics:

The subject group was predominantly male (97.8%), adult( mean age = 34.38; SD=9.61), with low education (67% less than grade 12) and married (76.4%). The age distribution and educational level are shown in Tables [1](#) and [2](#), respectively.

### Current psychiatric disorders:

In addition to substance use disorders, 74.8% of treatment-seeking opioid addicts also met the criteria of SCID-I for at least one other current disorder ([Table 3](#)). Regarding mood disorders 68.5% met criteria for some current disorders, although most of this was accounted for by substance-induced mood disorders, which was diagnosed in 57.3% of the subjects. The rate for current major depressive disorder was 3.4% and there was only 1.1% current bipolar I disorder. The rate for current dysthymic depressive disorder was 3.4%. Current anxiety disorders were diagnosed in 26.8% of the subjects, of which specific phobia was responsible for 18%. Current schizophrenia was detected in only one of the subjects. The most common current comorbid substance use disorders with opioid addicts were sedative-hypnotic anxiolytic dependence, in 19.1% and cannabis dependency in 3.4% respectively. At least one other current substance use disorder was found in 20.2% of the subjects ([Table 4](#)). The mean score of global assessment function was 52.45 (SD = 14.6).

### Lifetime psychiatric disorders:

A lifetime psychiatric disorder excluding substance use disorder was detected in 78.7% of the sample. Most of these disorders were accounted for by mood disorders (67.4%) and anxiety disorders (21.3%).

## Discussion

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Many reports document a high rate of comorbidity in opioid abusers<sup>2,3,12-14</sup> and conclude that most comorbidity involved mood disorders. Almost three quarters of the subjects had a current non-substance use disorder and more than three quarters had a life-time non-substance use disorder. Almost 80% of the 533 opioid abusers in a study by Rounsaville et al,<sup>3</sup> had a comorbid diagnoses by using the Research Diagnostic Criteria. Brooner et al<sup>15</sup> reported a rate of 77% by DSM-III-R, and Kokkevi et al<sup>16</sup> reported a rate of 66.1% of any current mental disorder in opioid-dependent subjects; in the present study this rate was 74.8%.

Lifetime mood disorder in earlier studies were 19%<sup>15</sup>, 60%<sup>2</sup>, and more than 70%<sup>3</sup>; this rate was 67.4% in the present study. The difference in comorbidity rates may be due to variations in populations and methods of interview. For example most of the diagnostic evaluations in the present study were made at the time of admission.<sup>2,3,17</sup> This time is associated with increased symptoms reporting;<sup>17,18</sup> while in one other study diagnostic evaluation was made 3 to 4 weeks after admission.<sup>15</sup>

Variations in diagnostic systems may also produce different rates of comorbidity, especially for mood disorders. Rounsaville et al<sup>3</sup> used research diagnostic criteria that included diagnoses absent in the DSM-III-R system,<sup>2,14</sup> potentially biasing opioid seeking-treatment service admission toward more distressed patients accompanied with high likelihood of having a comorbid disorder. This is consistent with the report that opioid abusers entering treatment had higher rates of mood disorders than those not seeking-treatment.<sup>19</sup> Kokkevi et al<sup>16</sup> reported a 90.3% lifetime prevalence of any mental disorder, excluding substance use disorder, however, in the present study the rate was 67.4%.

Multiple mental diagnoses were common in the study of Kokkevi et al.<sup>16</sup>, with 62.5% presenting two or more non-drug lifetime psychiatric disorders and 29.3% with current ones, but the rates in the present study were 15.7% and 13.4%, respectively. Therefore, in this survey the rate of multiple mental diagnoses especially lifetime non-substance diagnoses was lower than the study of Kokkevi et al.<sup>16</sup> The most prominent lifetime DSM-III-R Axis I disorders were anxiety and affective disorder.<sup>16</sup> In the aforementioned study the rates of lifetime and current anxiety disorders (except generalized anxiety disorder) were 31.8% and 16.5% respectively. In another study by Brooner et al. the rates of lifetime and current anxiety disorders were 8.2% and 5%, respectively, and less than the rate of mood disorder.<sup>15</sup> In the present study, the rate of anxiety disorder was less than mood disorder; 21.3% for lifetime and 26.8% for current. In the study of Brooner et al.<sup>15</sup> the most common anxiety disorder was simple phobia, 3.5% lifetime and 2.7% current. The same was true in the present study, with rates of 16.9% and 18%, respectively. Kokkevi et al.<sup>16</sup> reported lifetime and current rates of alcohol abuse/dependency disorder in opioid dependent subjects to be 28.5% and 3.5% respectively. In this study the prevalences were lifetime abuse, 28%, lifetime dependency, 4.5%, but a current dependency of zero. In the present study the most common comorbidity of opioid dependency disorder among substance use disorders was diazepam abuse and dependency. Brooner et al.<sup>15</sup> reported that cannabis dependency and abuse disorder rates among opioid abusers were 50.8% and 14.9% during lifetime and 16.2% and 2.4% during the last month. In the study, the rates of cannabis lifetime abuse and dependency and current dependency were 27%, 11.2% and 3.4% respectively. Unfortunately figures on psychiatric comorbidity in Iranian general population is not available. Therefore the subjects of the present study can not be compared with the indigenous population.

On the basis of [Table 3](#), in most of the subjects the comorbidity with non-substance use disorder was more common than with substance use disorder.

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Except for the data of Kokkevi et al<sup>8</sup> our results are very similar to most of the studies mentioned above. Therefore, the possibility of the impact of sociocultural differences on comorbidity of psychiatric disorder in opioid addicts seeking-treatment is remote. Psychiatric comorbidity, especially substance-induced mood disorder was common in the subjects, and Axis I psychiatric disorder does not seem to precede opioid dependency in the majority of opioid addicts seeking-treatment.<sup>16</sup>

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