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Characteristics of the Clinical School of Dystimia and Effectiveness of Complex Treatments in Patients with Chronic Alcoholism

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Abstract. Recent research on dysthymia has shown that it is associated with other disorders of the "affective spectrum" (HS Akiskal et al., 1981), that dysthymia is different from "altered depression in personality stereotypes" (R. Hirschfeld, 1973), showed typological limitation (HS Akiskal, 1983, E.V. Kolyutskaya, 1993, A.B. Smulevich s et al., 1996, 2000, 2001). However, the development and clinical manifestations of dysthymia, including co-development with chronic alcoholism, their clinical manifestations, dynamics, and specific course were left out of the researchers' perspective. This, in turn, will be the basis for research on these comorbid nosological units.

The actuality of the problem. It is important to diagnose dysthymic disorders and differentiate variants in patients with chronic alcoholism. This in turn allows the most sensible treatment to be chosen to relieve symptoms, otherwise attempts to treat patients will usually be ineffective. Therefore, diagnosing patients with schizophrenia does not pose particular challenges for a qualified psychiatrist. When previously masked depressions are observed in patients, we may experience some difficulty. Although there is a large body of research in the clinic and treatment of comorbid conditions in psychiatry and narcology, most of which are related to drug combinations, the comorbidity of chronic alcoholism and dysthymic disorders is relatively little studied. Determining and clarifying the nosological relationship of comorbid dysthymic disorders in the early postabstinent period allows optimizing the ongoing psychopharmacotherapy, thereby improving the duration and quality of remission in patients. Such data, obtained as a result of clinical and clinical-psychological studies of patients with comorbid pathology, allow the psychiatrist or narcologist to be more confident in diagnosing comorbid conditions, carefully formulate treatment plans.

Keywords. Dysthymia, depression, chronic alcoholism, sevpram, affective pathology, comorbidity.

THE PURPOSE OF THE STUDY

It consists of studying the clinical picture of chronic alcoholism combined with affective pathology and the effect of the drug sevpram (citalopram).

Research tasks.

1. To study the clinical and syndromic features of dysthymia in patients with chronic alcoholism in its developmental stages;

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2. To study the system and nosological affiliation of dysthymia in patients with chronic alcoholism.

3. Identify the most effective approaches in the differential treatment of different clinical variants of dysthymia in patients with chronic alcoholism;

RESEARCHMATERIALS AND METHODS

The study was conducted in the dispensary department of the Samarkand Regional Psychiatric Hospital for 2017-2020. The study included 48 patients with chronic alcoholism complicated by dysthymic disorders, 26 patients with a disease duration of up to 3 years (group 1), and 22 patients with a chronic alcoholism with a disease duration of 3 to 10 years or more (group 2).) was included.

The main methods of examination of the study included clinical-psychopathological, structural-dynamic methods, in addition to these methods, subjective, objective anamnesis was collected from patients, information was obtained from outpatient cards, medical records. The Hamilton Psychometric Scale (Hamilton Depression Rating Scale, 1973) was used to determine the severity of a depressive condition. The range of sensitivity was determined using the Luscher test (computerized version, complex version). The severity of subdepression was determined on a Beck questionnaire, a hospital scale that identified anxiety and depression. The level of panic was assessed on the Covey scale, and the level of asthenia was assessed on the subjective criteria of a 5-point scale. Statistical data processing was performed using the statistical function of Statistica 5 0 and Microsoft Excel 5 0.

RESEARCH RESULTS

In patients with chronic alcoholism, dysthymic disorders may have occurred before the formation of chronic alcoholism (primary affective disorders) or after chronic alcoholism (secondary affective disorders). In such cases, a comparative study of the clinical picture and course of the disease in a group of patients with chronic alcoholism for some time is required. For this purpose, 26 patients with chronic alcoholism complicated by dysthymic disorders with a disease duration of up to 3 years (group 1) and 22 patients with a chronic alcoholism with a disease duration of 3 to 10 years and more (group 2) were obtained for this purpose. . The clinical and dynamic characteristics of patients with chronic alcoholism are presented in Table 1.

Table# 1

The main clinical and dynamic indicators of patients with chronic alcoholism

	Group #1		Group #2	
	abc.	%	abc.	%
The age of onset of alcohol consumption, years				
16-19	6	23,07±1,8	12	55,45±2,3

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Above 20	20	76,92±4,3*	10	45,45±4,7
Total:	26	100±3,7	22	100±2,3
Formation of abstinence syndrome (from the beginning of systemic consumption)				
Less than 2 weeks	4	15,38±2,3	13	59,09±7,3
Up to 3 months	12	46,15±3,5	5	22,72±3,4
More than 3 months	16	38,46±4,3*	8	18,18±2,9
Total:	20	100±0,3	16	100±0,3
Duration of chronic alcoholism, years:				
Up to 3 years	13	50,11±2,4	0	0
3 to 5 years	13	50,31±2,5	0	0
5 to 10 years and more	0	0	22	100,0
Total	26	100±0,3	22	100±0,3
Frequency and duration of dysthymic disorders in the anamnesis of the disease				
Up to 8 months	3	11,53±3,1	12	50,00±3,9
8-12 months	2	34,61±1,6	15	22,72±0,3
12-24 months	4	53,84±3,3*	10	22,72±2,9
More than 24 months	0	0	0	27,27±3,1
Total	9	88,25±3,3	37	100±0,3

Thus, when chronic alcoholism lasted a long time (3 years to 10 years and more), the number of dysthymic disorders in abstinent syndrome, postabstinent syndrome at different stages of the disease was relatively high. In general, these affective disorders are of a secondary nature.

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It should be noted that secondary affective disorders develop under the influence of chronic alcohol intoxication and no symptoms of schizophrenia or manic-depressive psychosis were observed. In group 2 patients with postabstinent syndrome, often mild pathological symptoms, inadequately prolonged mood swings were detected. These include subdepressive, sometimes latent symptoms, decreased activity and ability to work, decreased previous vital interests, constant presence of a panic component of subdepression, daily mood swings, specific depression (maximum morning complaints), low self-esteem, psychopathological disorders with somatic symptoms observations (worsening of appetite, weight loss, insomnia, inability to feel refreshed after sleep, etc.) were characteristic. Affective disorders observed in patients with comorbid affective pathology are observed in acute abstinence syndrome, postabstenent period (up to 1 month after elimination of abstinence syndrome) and later in remission period (up to half a year after elimination of abstinence syndrome). The most common variants of subdepressive conditions are: simple (with a predominance of low mood and low self-esteem), panic-depressive (hypothyroidism accompanied by elements of internal discomfort, the risk of expecting some discomfort, restlessness) and dysphoric (depressed in the clinical picture). emotional sensitivity, dissatisfaction with others, self-disclosure of negative inner experiences, etc.). Other variants of dysthymia in these patients include: asthenic (subdepression accompanied by sensitivity and weakness), hypochondriac (low mood combined with high attention to unpleasant somatic state), and apathetic (indifference to the external environment in a subdepressive state). In addition, other more complex variants of dysthymia include obsessive and depersonalizing symptoms. A distinctive feature of dysthymia is the presence of elements of panic (not only in the psychiatric-depressive variant), which is a sign that affective disorders are observed in the formation of alcohol dependence in certain periods of alcoholism. In group 2 patients, alcohol consumption begins with the elimination of mental pain (mood swings, increased activity in subdepressive and normal cases, and panic in depressive depression). Often the cause of the onset of alcohol consumption in patients with dysthymic disorders is ataractic motivation. Ataractive disorders often include loss of affective tension, aspiration to be active, getting out of a state of inactivity, increasing personal tone. In some cases, alcohol intake eliminates internal anxiety, anxiety, sadness, restlessness, mental discomfort. In others, it leads to ease, willingness to communicate, overcoming the usual shyness, activism. Increased pathological propensity to alcohol leads to actualization of propensity to alcohol and, finally, massive alcoholism, which in turn leads to a deepening of depressive experiences, an increased risk of suicide (12–15% of patients).

Table #2.

Dynamics of abstinence syndrome (AS) in the control groups and assessment in scores

Group	Transition weight			Duration of acute abstinence syndrome
	Vegetative signs	Algic signs	Psychopathological signs	
Group #1	0,6±0,4*	1,7±0,6*	1,9±0,3	5-6 days

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Group #2	2,4±0,3	2,6±0,6	2,5±0,4	(up to 8 days)

The predominance of the panic component in the case of abstinence syndrome in a wide range of affective disorders in group 2 patients is noteworthy. In the case of abstinence syndrome, affective disorders are observed in the form of panic, panic-depressive, panic-dysphoric, panic-phobic, panic-subdepressive-hypochondriac, astheno-subdepressive-hypochondriac, dysphoric syndromes. The presence of affective symptoms in the structure of abstinent syndrome in the detection of affective disorders in group 1 makes it difficult to diagnose. Thus, in group 1, simple syndromes (subdepressive, asthenic) are characteristic of abstinent syndrome. Psychopathic disorders are the result of personality changes and are more characteristic of group 2 patients, where psychoorganic disorders accompanied by dysphoric and psychopathic disorders are of particular importance. An important feature in the diagnosis of dysthymic disorders observed in group 2 is that affective pathology is associated with prolonged alcohol consumption. It has been proven that alcohol resuscitation in these patients alters their previous emotional state when analyzed again. Absolute abstinence from alcohol intake was not observed in the majority of group 2 patients in the early postabstinent period, which was considered as a means of treatment. In this case, in addition to pharmacotherapy, appropriate psychotherapeutic measures are required. In group 2, the expression of vegetative components of abstinence syndrome was observed more than in group 1 when alcohol consumption was stopped. Such patients took alcohol much longer than in group 1. Personality psychopathization intensified, they tried to add new doses of alcohol, lost their place in the family, spent money in the family to buy alcohol. They went to public places, to work, to study, in a state of alcohol intoxication. When their relatives placed them in a drug hospital, they were forced to stop consuming alcohol and started taking alcohol again after they left the hospital. In most patients in group 2, less pronounced affective symptoms were observed in abstinence syndrome, but subdepressive symptoms were exacerbated: self-blame, depressive experience followed by downward thoughts. In addition to affective symptoms, neurotic disorders were observed in these patients: obsessions, mental exhaustion, sensitivity, and so on. In the structure of abstinence syndrome, secondary propensity to alcohol, agripnia, panic at the subpsychotic level were clearly visible. Fewer patients were diagnosed with panic disorder (38%), panic-subdepressive (23%), panic-phobic (17%) disorders when alcohol intake was discontinued. When the subdepressive state disappears or deepens, the propensity for alcohol decreases or decreases, tolerance decreases. Comorbid subdepressive disorders manifest themselves in the clinic of chronic alcoholism. In abstinent syndrome, a sad affect with angedonia, the idea of guilt begins to dominate, which persists even after the somato-vegetative symptoms of suspension syndrome have been eliminated. The nature of affective pathology gradually changes with a decrease in the period of abstinence. Dysphoric disorders appear, diastolic changes with diurnal changes and agripnia begin to predominate. Depending on the degree of duration of consumption, somatic symptoms of intoxication, somatic decompensation in abstinence syndrome, exacerbate, forcing patients to seek medical attention.

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Thus, affective disorders occur after the formation of chronic alcoholism, which indicates a more progridient course of alcoholism after the development of obvious affective pathology, ie aggravation of addictive disorders. In patients with dysthymia in abstinence syndrome, panic-dysphoric and dysphoric disorders often predominate. At the same time, there is no correlation between the expression of psychopathic disorders in group 1 patients with chronic alcoholism, in contrast to the symptoms of dysthymia in group 2 patients. The association of dysphoric and dysthymic-type affective disorders with psychopathic disorders in patients with chronic alcoholism suggests that these disorders allow the consideration of secondary affective disorders and behavioral disorders resulting from chronic alcohol intoxication within a single clinical complex. This should be taken into account in the comparative diagnosis of dysthymia in the early postabstinent period of chronic alcoholism.

The high incidence of affective disorders as a result of persistent propensity to alcohol in group 2 ensures a low quality of remission and a lower duration compared to group 1 patients. Thus, in group 2 patients, psychopathological symptoms play a major role in the remission of alcoholism. They require rapid awareness and appropriate treatment, otherwise rapid relapse will result. Examination of patients in both groups revealed a number of reliable differences between the data obtained:

1. High levels of subdepression and panic disorder after reduction of symptoms in the early postabstinent period in group 2;
2. The presence of a link between pathological tendency to alcohol and affective disorders in the early postabstinent period in patients with chronic alcoholism;

The predominance of affective disorders in the structure of the withdrawal syndrome, however, the above symptoms require careful collection of medical history and diagnosis of mood disorders in patients with comorbid chronic alcoholism. Conducting differential psychopharmacotherapy in the postabstinent period of comorbid depressive pathology and supportive treatment of affective disorders in remission improves the quality of remission in these patients, prolongs its duration.

Clinical comparative studies in group 2 patients during chronic alcoholism revealed a number of specific features. These results allow physicians to pay attention to the details needed to diagnose these affective disorders, reduce the time to detect affective disorders in patients, allow patients to choose a rational treatment that clearly affects the active state, which bypasses traditional ineffective anti-alcohol attempts in patients.

Prolonged chronic course of chronic alcoholism does not testify to absolute therapeutic resistance, which indicates the use of antidepressants in the complex treatment process. It should be borne in mind that patients with chronic alcoholism are very sensitive to the development of side effects, often complicated by antidepressants. Conventional tricyclic antidepressants (TTsA): imipramine (melipramine, amitriptyline), clomipramine (anafranil) gave satisfactory results in the treatment of dysthymia (improved by 40-60%). Recently, in the treatment of dysthymic conditions, many are using selective antidepressants (SIOZS) that inhibit the reabsorption of serotonin, which, unlike tricyclic antidepressants, is relatively well tolerated by patients. Comparative studies have shown a positive effect of the new antidepressant-cytolopram on the tricyclic antidepressant effect. It should be noted that the drug is mainly focused on the inflammatory and somatovegetative symptoms of the syndrome.

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The diversity of research results when using antidepressants serves to apply a variety of selective antidepressants, however, their use in all patients with chronic alcoholism characterizes the clinical characteristics and heterogeneity of comorbid affective disorders. We therefore proposed highly selective antidepressants as an effective tool in stabilizing remission in patients with chronic alcoholism with mild to moderate dysthymia, in most cases the formation of alcoholism remission was observed in the early stages. Often sevpram (estsitalopram) is a highly selective inhibitor and is optimal in terms of efficacy and mild exposure. It has a good effect in remission in patients with affective pathology alcoholism. We compared the efficacy of different agents in the clinical treatment of alcoholism complicated by dysthymic disorders. Various correction schemes have been proposed for the use of a group of antidepressants in postabstinent cases in patients with dysthymic disorder alcoholism. It is precisely the proliferation of resistant forms of chronic alcoholism that has led to the formation of new schemes of antidepressants.

Identification of underlying mechanisms of addictive behavior based on the relapsing nature allows to reduce the pathological tendency, to eliminate the psychological discomfort observed after cessation of alcohol consumption, as well as to seek drugs aimed at maintaining remission.

All patients in group 2 with alcoholism complicated by affective disorders were divided into two groups: primary and comparative group (patients did not differ in age and disease duration). Group 1 patients (14 individuals) were given sevpram at a dose of 10 mg for 20 days. Complex therapy included means in the form of general supportive multivitamins, individual, group psychotherapy. The second comparison group (12 individuals) received amitriptyline at a daily dose of 25 mg in combination with the above basal therapy for 20 days.

The range of sensitivity was determined using the Luscher test (computerized version, complex version). The senestopathic components of hypochondriac syndrome were evaluated on subjective sensations. Subdepression was assessed on the Hamilton scale, panic and depression hospital scale, and Beck survey, panic level was assessed on the Covey scale, and asthenia was assessed on the subjective criteria of the 5-point scale. The complex examination was performed twice - before the start of pharmacotherapy and 20 days after inpatient treatment.

Table #3

Scale of the dynamics of psychopathological symptoms in the main and comparative groups of patients with chronic alcoholism complicated by dysthymic disorders

Symptom	Treatment days	Main group (n=26)	Control Group (n=22)
Low mood	0	2,23	2,4
	10	1,0	1,6

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	20	0,54	1,1
Apathy, indifference, lack of desire, lack of initiative	0	2,15	2,23
	10	1,38	1,66
	20	0,64	1,1
Ideas of self-blame, self-dissatisfaction	0	1,46	1,45
	10	0,62	1,1
	20	0,27	0,6
Panic-phobic disorders	0	1,77	1,77
	10	0,69	1,1
	20	0,36	0,6
Affect lability	0	1,77	1,6
	10	1,23	1,4
	20	0,63	0,8
Hypochondriac symptoms	0	1,3	1,88
	10	0,54	1,3
	20	0,36	0,9
Senestopathic components	0	0,54	0,55
	10	0,07	0,1
	20	0	0,03
Asthenia (weakness,extreme	0	2,15	2,3
	10	1,0	1,9

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fatigue)	20	0,63	1,6
Sleep disorders	0	1,85	2,0
	10	0,77	1,44
	20	0,54	0,9

Note. The degree of symptom expression was rated on a scale of 0 to 3. 0 - no symptoms; 2 - averaged; 3 - strongly expressed.

The use of Sevpram gave a positive result in 70% of patients. In such cases, a change for the better was observed in the first week of treatment in most patients. Against the background of pharmacotherapy in both groups of patients with alcoholism, along with the improvement of mood, there is a stabilization of emotional and volitional, an increase in intellectual capacity. These include mood swings, decreased levels of pathological propensity to alcohol, elimination of asthenodepressive, panic-phobic experiences, reduction of feelings of sadness in life, normalization of sleep, alertness, the appearance of rest after waking up.

In the clinical picture, recurrence of senesto-hypochondriac components was observed. If the subdepression rate on the Hamilton scale was 10–16 points before treatment was started (minor depressive episode), then the pharmacotherapy complex was 0–3 points after completion (no depressive episode). At this time in group 2 (amitriptyline) was 4-6 points at the completion of the pharmacotherapy complex;

The summary scores on the hospital scale for panic and depression were 9-13 (subclinically and clinically expressed panic and depression), and decreased to 7 at the end of sevpram pharmacotherapy (no reliable symptoms of panic and depression). According to Beck's survey, the severity of subdepression was 27 ± 8 before examination (mean depression), and at 30 days of pharmacotherapy, these values decreased to 16 points. After the end of the course of treatment, there was a marked stagnation in both the emotional and volitional spheres, with the disappearance of the daily change of mood. Previously lost social connections were restored, the level of working capacity increased sufficiently, and patients began to make clear plans for the future.

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Figure #1

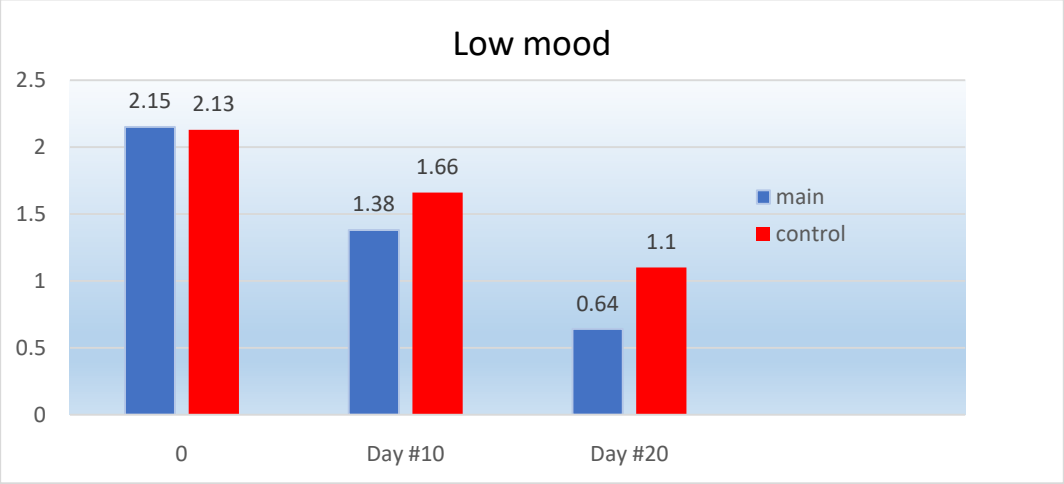

Figure #2

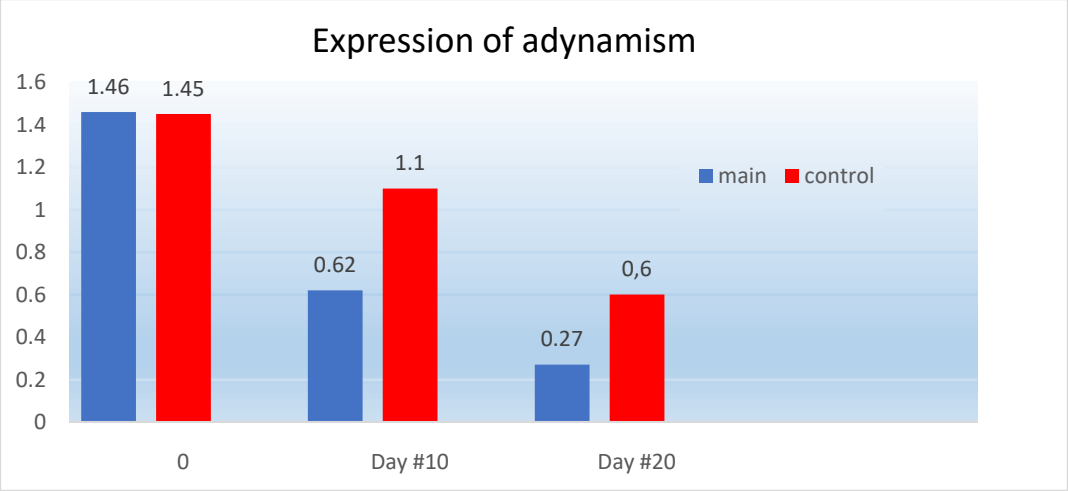

Figure #3

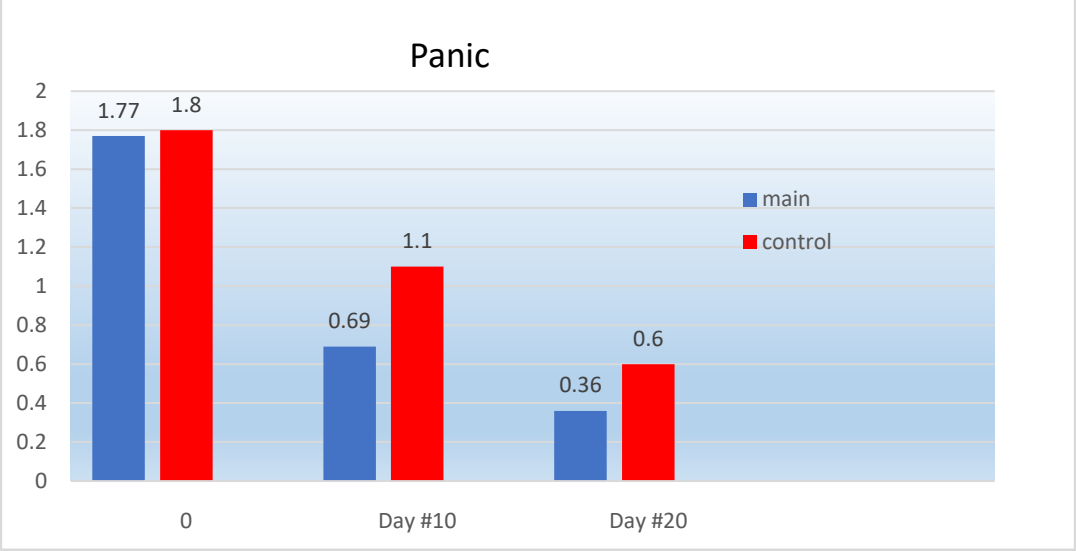

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Figure #4

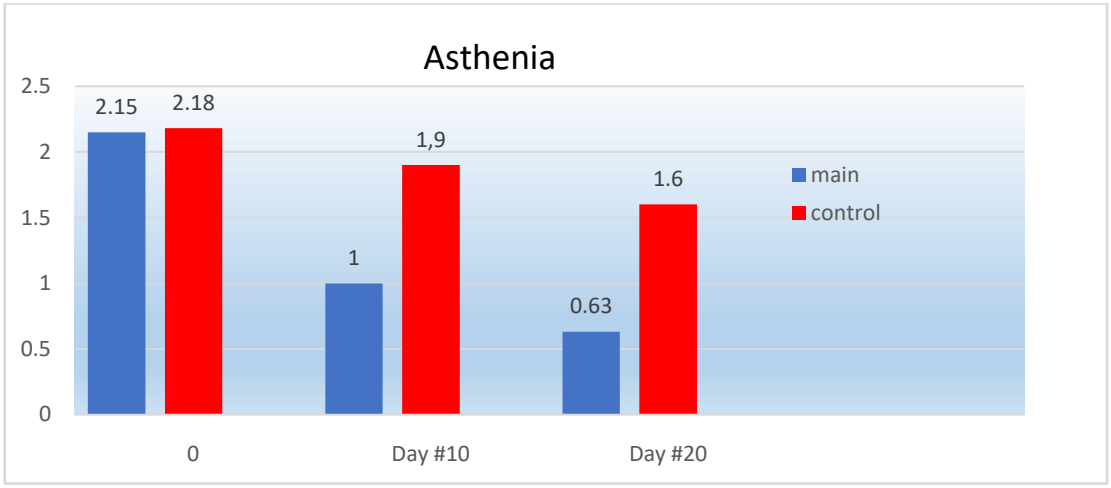


Figure #5

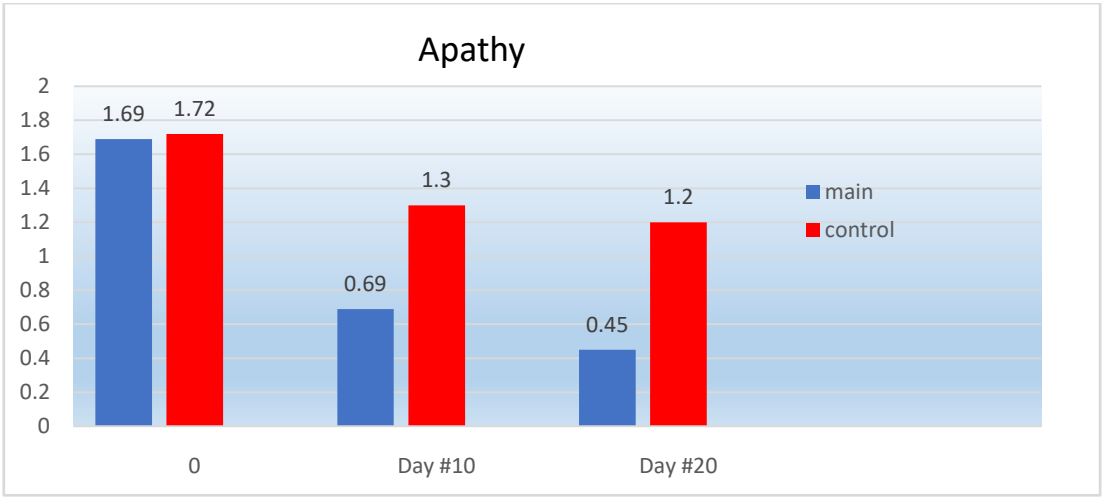
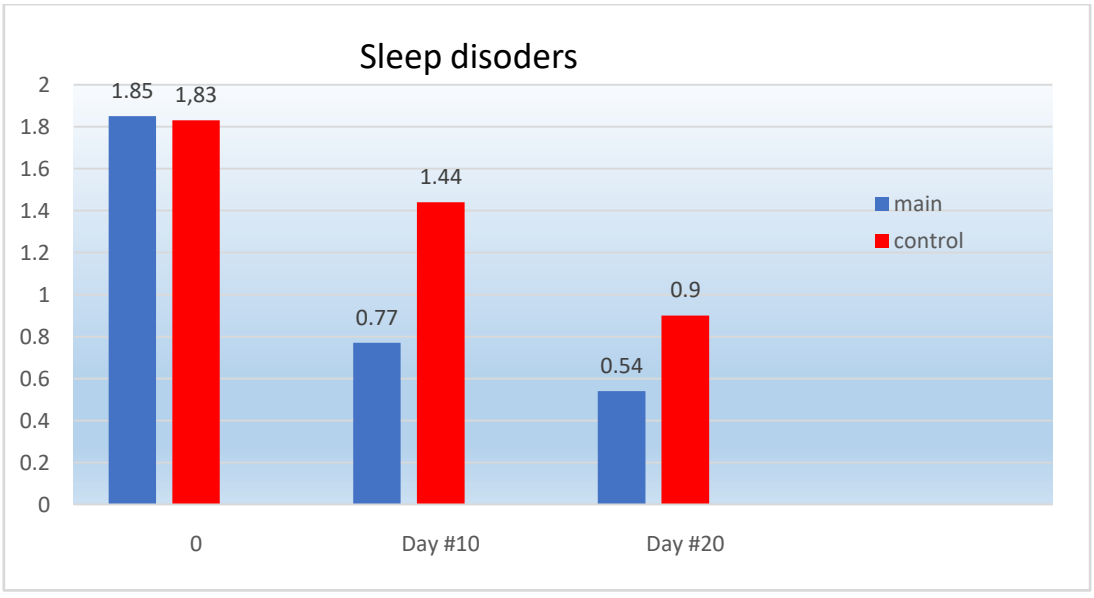


Figure #6



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The panic level assessed on the Covey scale was 5–8 points at the start of treatment in the main group (panic condition) and decreased to 2 points at the end of the treatment course (no panic attack). The panic level was 60 to 80 before treatment with sevpram in the control group on the clinical assessment scale of panic disorder, and decreased to 10 to 30 at the end of the pharmacotherapy course (no clinically expressed panic).

Against the background of the use of the drug Sevpram was observed a reduction in the pathological tendency to alcohol. There was a decrease in pathological, somatovegetative symptoms in the form of dizziness, hyperhidrosis, headache. This drug is well tolerated even by patients with poor somatic condition, patients with brain injury, patients with cerebrovascular disorders, patients with viral and bacterial infections, patients with ischemic heart disease, hypertension, meteorologically sensitive patients, patients with gastrointestinal tract disease received. At this time in the control group of patients receiving amitriptyline side effects were observed dry mouth, tachycardia, hyperhidrosis, difficulty urinating. Thus, the use of sevpram in patients with alcoholism associated with dysthymic disorders led to a steady and marked improvement in patients, regression of clinical signs of postabstinent status, distinguished from these positive changes in patients in the control group receiving amitriptyline. Against the background of stabilization of the emotional sphere, sleep was normalized, mood without panic and agitation increased, alertness appeared, the intensity of pathological tendency to alcohol decreased, adynamism, weakness, fatigue decreased, social adaptation and quality of life improved significantly, sevpram was well tolerated. It should be noted that such a complex of treatments has been recommended in the positive dynamics of postabstinent cases, increased the ability of patients to work and opened up a wide range of promising ways in the pharmacotherapy of alcoholism.

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