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RESEARCH ARTICLE

HAMILTON DEPRESSION MOOD SCALE ON DRUG-ADDICTED PEOPLE IN TOAMASINA

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ABSTRACT

In Toamasina, our study emphasizes that addiction was really a mask of depression which is in high level in 71% of alcoholic-addicted, in 63% of cannabis-addicted, in 34% of tobacco-addicted and in 78% of people addicted in illicit psychotrop drugs. Even if it was the contrary in some studies on literacy, as far as our studies was concerned, in order to improve taking care of drug-addicted people in Toamasina, and it seems also available to cases the other Malagasy areas, we should even recommend to detect systematically depression mood in them, and if it is the case, it should be treated at the same time as the desintoxication cure properly, in order to prevent committing suicide. According to the epidemio-clinical profile of this association of addiction and depression mood in Toamasina, and also because of their multifactor etiologies, its treatment should need then multidisciplinary concertation (Psychiatrist, General physicians, Psychotherapist, social workers).

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INTRODUCTION

Depression Mood symptoms were found on patient suffered from drug addiction admitted in Psychiatric Unit Care in Toamasina Madagascar. The goal of our study is to evaluate the level of depression, to know sociodemographic profile of those patients and to determinate if depression mood was primary or after drug addiction in order to improve the treatment.

MATERIALS AND METHODS

We carried out a prospective descriptive study by filling up anonymous interview files of drug addiction patients in moment of their admission in Psychiatric Unit Care of Toamasina from 01st of January to 30th of May 2017. We're been included all patients suffering from addiction of alcohol, cannabis, tobacco or within psychotrop substances, and were having clinical signs of depression mood. We're been excluded the drug-addicted patients presenting other psychiatric disorders than depression. Depression mood scale of JD Guelfi (1996), which were translated in local dialect was been used. In fact, it determinate the level of depression in 17 items, the total of which is between 10 to 13 (low level of depression), 14 to 17 (average) and over 18 (high level) (2).

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The other parameters were the sociodemographic profile of the patients and the situation of depression even if it occurred before or after addiction.

RESULTS

Forty (40) patients admitted in Psychiatric Unit Care in Toamasina responded on our criteria. We had 35 cases of men (87, 5%) and 5 women (12, 5%). Fifty two per cent took alcohol, 16% took cannabis, 24% tobacco, and 7% took illicit psychotrop drugs such as Clonazepam 2%, Propranolol 2% and Bromazepam 3%. We had high level of depression mood in patients which took illegacy psychotropic in 78% and alcohol ones in 71% of cases. 10 % of the patients had low level of depression mood. Grocers and barmen (22, 5%) were the most affected by both toxicomany and depression mood, in front of artists (17, 5%), pousse-pousse jokers (12, 5%) and students (10%). Almost of our patients suffered from primary depression mood (78% of cases) and secondary depression in 22% (Table 3)

DISCUSSIONS

In our study, men (87, 5%) were the most affected by both depression and addiction compared with women (12, 5%). On literacy, Grant and co. in 1993 found the same case with masculine predomination in people less than 50 years-old (Grant *et al.,* 2008). The analysis of the level of depression mood by Hamilton scale shows that:

Table 1. Toxicomany and level of depression mood

	High level of depression mood	Middle level of depression mood	Low level of depression mood
Patients taking alcohol	71%	23%	6%
Patients taking cannabis	63%	30%	7%
Patients taking tobacco	34%	42%	24%
Patients taking illegacy psychotrops (Clonazepam, Bromazepam, ropranolol),	78%	17%	5%
Middle rate	63%	26%	10,5%

Table 2. About jobs of addicted patients

Jobs	N=40 (100%)
Grocers and barmen	9 (22, 5%)
Artists	7 (17, 5%)
Jokers of pousse-pousse	5 (12, 5%)
Joblessness	5 (12, 5%)
Students	4 (10%)
Dockers	3 (7, 5%)
Public workers	3 (7, 5%)
Ambulant sellers	2 (5%)
Carpenters	1 (2, 5%)
Others	1 (2, 5%)

Table 3. Toxicomany and type of depression

	Depression cases before addictionn= 40 (100%)	Depression cases after addiction n= 40 (100%)
Patients taking alcohol	29 (71%)	11 (29%)
Patients taking cannabis	32 (82%)	7 (18%)
Patients taking tobacco	26 (66%)	13 (34%)
Patients taking illegacy psychotrops	37 (93%)	3 (7%)
Middle rate	31 (78%)	9 (22%)

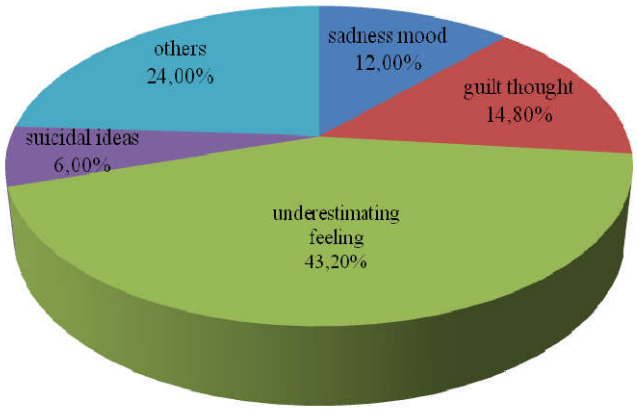

Figure 1. The major clinical signs of depression by Hamilton Scale

- We had high level of depression under addiction of alcohol in 71% of cases in Toamasina. Some French studies by Adamson and co (Adamson *et al.,* 2006) and Hesselbrock (Hesselbrock *et al.,* 1985) published in the same case rate between 8 to 98%.
- In 82% of cases of our study, depression induced cannabis addiction, like published by Epidemiology Catchment Area (ECA) which also found the increase of the frequency of people taking cannabis in depressant patients population compared with general ones (Regier *et al.,* 1990).
- In contrary, there were few cases of depression on people addicted on tobacco in our study. Otherwise, 70% of those taking illicit psychotrop presented high level of depression.

So, it seems important for us to detect depression mood in almost drug-addicted people in Toamasina Madagascar. Thus, we advise to add a prescription of an antidepressant with psychotherapy on desintoxication cure properly, even if the research done by Petrakis and co (Petrakis *et al.,* 2007) in 2007 showed that diagnosis and treatment of depression would not have significant repercussion on addictive behaviors. However, the study of Nunes and co (Nunes *et al.,* 1993) in 1993 showed that 58% of patients having depression before addiction presented good evolution both in mood status and in addiction due to carrying of psychopharmacologic treatment, counseling and psychotherapy. Moreover, we found within our study in Toamasina that in almost cases (78%), depression mood occurred before addiction behaviors. It was the contrary of the research of Helzer and co. in 1988 and Davidson in 1998 in France which found that depression mood was largely the consequence of alcohol addiction in 78% (Helzer and Prizbeck, 1998). In our case that depression preceded addiction, it maybe the results of a fragile psychological profile due to precary conditions. In fact, almost people living in Toamasina must be strong in their mind to struggle against so much life difficulties in particularly to the poverty. For instance, we found that our depressant toxicomaniac people worked in unwell-payed sectors such as the pousse-pousse jokers (12, 5%), ambulant

sellers (5%) or joblessness (12, 5%) (Table 2). It rejoins the results of some studies (Dervaux and Laqueille, 2009) which show that depression associated with cannabis-addiction would be correlated by repeated family conflicts, deception and financial problems. So, cannabis was used as an auto medication against depression like published by Bazargan-Hejazi and co. in 2008. Some studies (Davis *et al.,* 2006; Leventhal *et al.,* 2011) informs that the clinical symptoms of depression mood in toxicomania cases began by nervousity, agressivity, risk behaviors but the real depressant mood signs were be in second place. The sadness state (12%), the guilt thought (14, 8%) and the underestimating feeling (43, 2%) were the major signs observed on our study. According to some authors (Kleber *et al.,* 2007), excessive use of cannabis is associated with attempt suicide risk. In our study, 6% of our drug-addicted people had yet suicidal ideas.

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