

# THE

# RESEARCH RESERVOIR

## of Paramedical Sciences

International Peer- Reviewed, Referred, Indexed Journal

July - December 2025 Volume: 11 Issue: 2

### A STUDY TO ASSESS DEPRESSION AND ANXIETY AMONG PATIENTS WITH ALCOHOL USE DISORDER IN A SELECTED DE-ADDICTION CENTRE OF ARAVALLI DISTRICT, GUJARAT

K. Ezhilvathana\* | Dr. Robins Thomas\*\*

\*Head of the Department & Professor, Department of Obstetrics and Gynaecological Nursing, Bhavani College of Nursing, Mettur Main Road, Bhavani, Tamil Nadu, India; Ph.D. Scholar, Shri JJT University, Rajasthan, India.

\*\*Professor, Professor, Shri JJT University, Jhunjhunu, Rajasthan, India.

<https://doi.org/10.47211/trr.2025.v11i02.003>

#### ABSTRACT

**Background:** Alcohol use disorder is a major public health problem and is often associated with mental health issues such as depression and anxiety. Individuals undergoing treatment for alcohol dependence frequently experience emotional distress, which can affect their recovery and quality of life. **Aim:** The study aimed to assess the levels of depression and anxiety among patients with alcohol use disorder attending a selected de-addiction centre. **Methods:** A descriptive survey design was used for the study. The research was conducted at a selected de-addiction centre in Aravalli District, Gujarat. A total of 100 patients with alcohol use disorder were selected using convenience sampling. Data were collected using standardized tools to assess depression and anxiety and were analysed using descriptive and inferential statistics. **Results:** The findings revealed that most patients had moderate levels of depression and anxiety. Depression and anxiety scores showed significant association with selected demographic variables such as gender and occupation. A strong positive correlation was found between depression and anxiety scores, indicating that higher depression levels were associated with higher anxiety. **Conclusion:** The study highlights that depression and anxiety are common among patients with alcohol use disorder. Early identification and psychological support are essential to improve mental health and support recovery in this population.

**Key Words:** Depression, Anxiety, Alcohol Use Disorder, De-addiction Centre, Mental Health.

#### ABOUT AUTHORS:



Mrs. K. Ezhilvathana is a Research Scholar at Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, India. She is currently serving as the Head of the Department and Professor in the Department of Obstetrics and Gynaecological Nursing at Bhavani College of Nursing, Mettur Main Road, Bhavani, Tamil Nadu, India. She has extensive teaching and clinical experience in maternal and women's health nursing and is actively involved in nursing education, academic administration, and research.



Dr. Robins Thomas is a Professor at Shri Jagdishprasad Jhabarmal Tibrewala University, Jhunjhunu, Rajasthan, India. He is an active researcher with significant contributions to national and international journals through his scholarly publications. His academic interests include research methodology, health sciences, and interdisciplinary studies, and he is actively engaged in mentoring research scholars and promoting quality.

### INTRODUCTION

Alcohol is probably the only legal and the commonest substance of abuse after nicotine in most regions of the world. Alcohol use started with prehistoric ages and has taken place throughout the past millennia; however, health outcomes of its use became a subject of concern only since last few decades. World Health Organization (WHO) estimates that there are about 2 billion people worldwide who consume alcoholic beverages and 76.3 million have a diagnosable alcohol-use disorder (16). The same report estimates 1.8 million annual deaths (3.2% of total) and 58.3 million (4% of total) of disability adjusted life years (DALYs) attributed to alcohol globally. Alcohol constitutes the largest risk factor for DALYs lost in middle income countries and the third largest in all income group countries.

Alcohol use disorder is a serious and growing public health concern that affects individuals, families, and society as a whole. Alcohol is widely accepted and easily available, which often leads to its excessive and prolonged use. While some people consume alcohol occasionally, continued misuse can result in physical, psychological, and social problems. Over time, alcohol dependence can interfere with daily functioning, relationships, and overall well-being.

Individuals with alcohol use disorder frequently experience mental health problems, especially depression and anxiety. These emotional difficulties may develop due to the effects of alcohol on the brain, stress related to addiction, social stigma, family conflicts, and financial difficulties. Depression can lead to feelings of sadness, hopelessness, and loss of interest in life, while anxiety may cause constant worry, restlessness, and fear. When these conditions remain unrecognized or untreated, they can negatively affect recovery and increase the risk of relapse.

Patients seeking treatment in de-addiction centres often face emotional challenges in addition to physical withdrawal symptoms. Understanding their psychological state is essential for providing holistic care. Early identification of depression and anxiety can help healthcare professionals plan appropriate interventions, improve treatment outcomes, and enhance the quality of life of individuals undergoing rehabilitation.

Therefore, assessing depression and anxiety among patients with alcohol use disorder is important. The findings of such studies can guide mental health professionals and nurses in developing effective counselling, support, and rehabilitation programs tailored to the emotional needs of these patients.

### REVIEW OF LITERATURE

Alcohol use disorder (AUD) is frequently associated with a wide range of psychological problems, particularly depression and anxiety. Several studies across different populations have consistently reported a strong relationship between alcohol dependence and mental health disorders, indicating that these conditions often coexist and influence one another.

Burns and Teesson (2002) conducted a large population-based study using data from the Australian National Survey of Mental Health and Well-Being. Their findings revealed that individuals with alcohol use disorders were significantly more likely to experience comorbid anxiety and depressive disorders compared to the general population. The study emphasized that the presence of these comorbid conditions increased the severity of symptoms and negatively affected treatment outcomes.

Boschloo et al. (2012) examined the longitudinal relationship between alcohol use disorders and the course of depression and anxiety. The study found that alcohol use disorders adversely influenced the progression and persistence of depressive and anxiety disorders. Individuals with AUD showed poorer recovery and higher relapse rates, highlighting the bidirectional relationship between alcohol dependence and psychological distress.

The World Health Organization (2018) reported that alcohol consumption is one of the leading risk factors for disease burden worldwide. The report emphasized that harmful use of alcohol contributes significantly to mental health disorders, including depression and anxiety. It also highlighted that individuals in low- and middle-income countries are particularly vulnerable due to limited access to mental health services, reinforcing the need for early screening and intervention.

Grant et al. (2004) explored the prevalence and co-occurrence of substance use disorders with independent mood and anxiety disorders in a large epidemiological study. The results showed a high prevalence of comorbid depression and anxiety among individuals with alcohol use disorder. The authors concluded that untreated psychological disorders often complicate the course of alcohol dependence and increase the risk of chronicity.

Smith and Randall (2012) reviewed clinical evidence on the comorbidity of anxiety and alcohol use disorders. Their review highlighted that anxiety disorders frequently precede the development of alcohol dependence, as individuals may use alcohol as a coping mechanism to reduce anxiety symptoms. The authors emphasized the importance of integrated treatment approaches that address both anxiety and alcohol dependence simultaneously.

Overall, the reviewed literature clearly indicates that depression and anxiety are highly prevalent among individuals with alcohol use disorder. These psychological conditions not only affect the severity and course of alcohol dependence but also influence treatment outcomes and relapse rates. The literature supports the need for comprehensive assessment and integrated mental health care in de-addiction settings, which forms the basis for the present study.

### METHODS

A descriptive survey approach was adopted to assess depression and anxiety among patients with alcohol abuse disorder. The conceptual framework of the proposed study to assess depression and anxiety among patients with alcohol abuse disorder provided by the researcher is based on the Roy's adaptation model. The setting for the present study is Akshar de addiction centre, Modasa. The sample size was 100 patients with alcohol abuse. Convenience sampling technique was adopted to select the subjects. Data collection is the gathering of information needed to address a research problem. Data was collected from 06<sup>th</sup> January 2025 to 27<sup>th</sup> February 2025. Data was analyzed by using descriptive and inferential statistics.

### RESULTS

Among the samples 63% of patients with alcohol use disorder had moderate depression, 24% had mild and 13% had severe depression. The obtained range, mean, median, standard deviation and mean percentage of depression score were 20-71, 42.32, 40.50, 13.64 and 47.02 respectively. This indicates that the patients with alcohol use disorder had severe depression. The patients with alcohol use disorder had moderate level of depression symptoms in both areas- "physical symptoms" and "Psychological symptoms" with mean percentage of 66.50 and 43.67 respectively.

Among 59% of patients with alcohol use disorder had moderate anxiety and 35% had mild anxiety and only 6% had severe anxiety. The obtained range, mean, median, standard deviation and mean percentage of anxiety score were 16- 66, 37.97, 37.50, 12.71 and 42.19 respectively. This indicates that patients with alcohol use disorder had moderate level of anxiety. The patients with alcohol use disorder had mild level of anxiety symptoms in "physical symptoms" and moderate level of "Psychological symptoms" with mean percentage of 33.82 and 50.55 respectively.

There was a significant association of depression score with gender ( $\chi^2= 6.297$ ), occupation ( $\chi^2= 12.864$ ) and type of family ( $\chi^2= 7.394$ ). Thus the null hypothesis was rejected for gender, occupation and type of family. There was a significant association of anxiety score with gender ( $\chi^2= 6.297$ ), religion ( $\chi^2= 7.397$ ) and occupation ( $\chi^2= 8.687$ ). Thus the null hypothesis was rejected for gender, religion and occupation.

The Karl Pearson's coefficient of correlation, 'r' was 0.924 between depression score and anxiety score among patients with alcohol use disorder. Therefore the correlation obtained was highly positive.

### INTERPRETATION AND CONCLUSION

The findings of the present study clearly indicate that depression and anxiety are common psychological problems among patients with alcohol use disorder. A majority of the patients experienced moderate levels of both depression and anxiety, suggesting that emotional distress is a significant concern in individuals undergoing treatment for alcohol dependence. These psychological issues may arise due to prolonged alcohol

# THE

# RESEARCH RESERVOIR

## of Paramedical Sciences

International Peer- Reviewed, Referred, Indexed Journal

July - December 2025 Volume: 11 Issue: 2

consumption, withdrawal symptoms, social isolation, family conflicts, and the stress associated with addiction and recovery.

The study also revealed significant associations between depression and selected demographic variables such as gender, occupation, and type of family, as well as between anxiety and variables like gender, religion, and occupation. These findings suggest that social and personal factors play an important role in influencing the mental health status of patients with alcohol use disorder. Understanding these associations can help healthcare professionals identify high-risk individuals and provide targeted psychological support.

A strong positive correlation between depression and anxiety scores was observed, indicating that patients who experience higher levels of depression are also more likely to experience increased anxiety. This highlights the interconnected nature of these psychological conditions and emphasizes the need for comprehensive mental health assessment rather than addressing symptoms in isolation.

In conclusion, the study underscores the importance of early identification and management of depression and anxiety among patients with alcohol use disorder. Health professionals, particularly nurses and mental health practitioners working in de-addiction centres, should be trained to recognize psychological distress and provide holistic care. Incorporating mental health screening, counselling, and supportive interventions into routine de-addiction programs can improve treatment outcomes, reduce the risk of relapse, and enhance the overall quality of life of individuals recovering from alcohol dependence.

### REFERENCES

1. Burns, L., & Teesson, M. (2002). Alcohol use disorders comorbid with anxiety, depression and drug use disorders: Findings from the Australian National Survey of Mental Health and Well-Being. *Drug and Alcohol Dependence*, 68(3), 299–307. [https://doi.org/10.1016/S0376-8716\(02\)00220-X](https://doi.org/10.1016/S0376-8716(02)00220-X)
2. Boschloo, L., Vogelzangs, N., van den Brink, W., Smit, J. H., Veltman, D. J., Beekman, A. T. F., & Penninx, B. W. J. H. (2012). Alcohol use disorders and the course of depressive and anxiety disorders. *British Journal of Psychiatry*, 200(6), 476–484. <https://doi.org/10.1192/bjp.bp.111.097550>
3. World Health Organization. (2018). *Global status report on alcohol and health 2018*. World Health Organization.
4. Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., Dufour, M. C., Compton, W., Pickering, R. P., & Kaplan, K. (2004). Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders. *Archives of General Psychiatry*, 61(8), 807–816. <https://doi.org/10.1001/archpsyc.61.8.807>
5. Smith, J. P., & Randall, C. L. (2012). Anxiety and alcohol use disorders: Comorbidity and treatment considerations. *Alcohol Research: Current Reviews*, 34(4), 414–431.