

# Alcohol & depression



Dr David Storor

*A multidisciplinary team cares for patients battling depression and substance abuse at Brisbane Private Hospital*

Hospitalisation is key in the treatment and rehabilitation of many patients suffering major depression and substance-use disorder, with up to a third of patients suffering both diseases simultaneously.

A quarter of people diagnosed with major depression are shown to have a substance-use disorder, most commonly alcohol abuse or dependence, while one third of patients suffering alcohol dependence have a co-morbid major depression.

According to Brisbane Private Hospital psychiatrist David Storor, the role of inpatient detox and rehabilitation is crucial to the treatment of depression and Alcohol Use Disorder (AUD), aiding greatly in determining which is the primary condition needing treatment.

“Major depression and alcohol abuse and dependence are common disorders that frequently co-occur, however it is

important to attempt to establish a chronology because this has significant bearing on treatment,” he said.

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Given the relatively frequent occurrence of these problems in society, Dr Storor said it is not surprising that many patients present with depression and a co-morbid alcohol disorder.

At Brisbane Private Hospital’s alcohol and prescription drug unit, Damascus, patients are cared for by a multidisciplinary team including psychiatrists and allied health professionals, as well as physicians and gastroenterologists who can provide assessment and management of poor physical health in relation to drinking.

Dr Storor said the majority of patients at Damascus present with a primary AUD with psychiatric co-morbidity – the most common being depression – and the first step is abstinence.

“After a detox period of about four to five days, the patients enter a two-week, group-based rehabilitation program facilitated by allied health professionals, which focuses on motivational interviewing, relapse prevention, life skills treatment strategies, cognitive behaviour therapy and mindfulness strategies,” he said.

“Post-discharge, patients are seen for day patient sessions on a weekly to fortnightly basis for a period of several months. This gives the psychiatrist an opportunity to review the patient regularly and monitor treatment and medication for both the alcohol problem and depression.”

As with the majority of psychiatric disorders, treatment is focused on three areas: biological, psychological and social.

“Social interventions focus on the family, the workplace and lifestyle factors,” Dr Storor said.

“The main stay of psychological treatment of patients with depression and an AUD is formulating a plan for relapse prevention. Taking the alcohol out of a dependant’s life creates a vacuum that must be filled with more healthy and adaptive behaviours.

“The biological treatment of depression in the setting of alcohol excess is not straightforward, as it is difficult to establish whether someone has had an effective trial of an antidepressant if they continue to drink to excess – this is why our first step at Damascus is detox.” 

*By Karla Simpson*