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ScienceDirect

Procedia - Social and Behavioral Sciences 159 (2014) 712 – 717

Procedia
Social and Behavioral Sciences

WCPCG 2014

Comparison of Depression, Anxiety, Stress and Quality of life in Drug Abusers with Normal Subjects

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Abstract

Objective: This study compared depression, anxiety, stress and quality of life in drug abusers with normal population. Given that the above mentioned factors are pivotal in continuing addiction. **Materials and Methods:** In this comparative study, one hundred drug abusers who were admitted to quit addiction clinic in Rasht with one hundred normal people who were relatives of patients or staff in health centers as control group underwent study. Depression, anxiety and stress were assessed by DASS-21 and sf-36 questionnaire was used for quality of life assessment. Analysis of the results was performed using SPSS software (ver. 16). **Results:** The results showed that compared with normal individuals addicted to opiates significantly depression, anxiety and stress were higher. The quality of life of ordinary people was also significantly higher than those addicted to opiates. Depression, anxiety and stress were found to be negatively correlated with quality of life. **Conclusion:** Based on our findings, we can say, addiction, depression, anxiety and stress are related to the formation of a vicious cycle where addicts due to the loss of prestige and hit a by stander family, and the feelings of guilt and the legal treatment of depression, anxiety and more stress than individuals with and taking refuge in the lap of addiction try to get rid of these thoughts and feelings. This leads to a vicious cycle which will eventually lead to low quality of life for these individuals.

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Peer-review under responsibility of the Academic World Education and Research Center.

Keywords: Depression, Anxiety, Stress, Quality of life

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1. Introduction

Here introduce the paper, and put a nomenclature if necessary, in a box with the same font size as the rest of the paper. The paragraphs continue from here and are only separated by headings, subheadings, images and formulae. The section headings are arranged by numbers, bold and 10 pt. Here follows further instructions for authors. Addiction is a phenomenon that has long existed in human societies. It is now also in parallel with the indisputable scientific advances and increased public awareness still expanding and every year many people take their livestock. Addiction is not just an individual aspect, but it is a social harm and the threat of physical and mental health. It also has irreversible effects on social and economic aspects of the society (Ahmadvand, 1998). All of the ingredients are chemicals that cause changes in brain function and its effects can be excitement, depression, abnormal behavior, anger, or impaired judgment and wisdom to be found as addictive substances (Atashpour 2012). DSM-IV-TR has given a definition of frequent use and increased dependence on a substance that cause symptoms of discomfort and deprivation that has uncontrollable desire to reuse the material (Sadock, Sadock, 2007).

Several factors affect drug abuse and addiction to drugs that interact with each other which can lead to the onset of the addiction (Darvishi Khorramabadi, 2012). Drug in addicts can strengthen its prior behavior by removing the annoying or unpleasant states such as pain, anxiety or depression (Sadock, Sadock, 2007). The results of several studies indicated that physical and mental consequences of addiction can lead to decrease in the quality and life satisfaction (Bizari, 2005 and Smith & Larson, 2003) and a drop in personal interactions, social and mental health (Moalemi, 2010).

Quality of life, is an understanding of the situation in which people live with, the cultural context and value systems which is in communication with their goals, aspirations and standards (Barbot, 2001). Quality of life includes both a physical and a mental function which are related to drug addiction, both of these aspects are related, negative psychological (depression and anxiety will collapse of social relations) and physical outcomes (e.g. bodily pain and physical weakness). Research has shown that physical and psychological consequences of addiction lead to degradation in the quality of substance abuser' life (Bizzarri 2005, Smith and Larson 2003). According to research conducted about comparative aspects of family functioning, quality of life and the relationship of these variables between addicts and non-addicts, drug abusers had lower quality of life than those who were not by (Ghamari, 2010). An study entitled "Comparison of quality of life and religious attitudes towards addicts and non-addicts in Kerman" revealed that smokers compared with those who were not had lower quality of life in the areas of social functioning, general health, social functioning, vitality, emotional role and mental health (Shams Esfandabad and Nezhad naderi 2009). A study comparing the quality of life of addicts and non-addicts in Isfahan came to the conclusion that there are significant differences in the quality of life of addicts and non-addicts (Mahmodi, 2010).

Drug addiction is a chronic disease that is often associated with other psychiatric disorders. Anxiety, depression and stress are among the most common psychiatric disorders in drug addicts there. As research findings show that over 70% of addicts to drug suffer from drug abuse as well as disorders like substance dependent personality disorder, sexual disorder anxiety and depression (Hasin, 2002).

Depressive symptoms are common in people suffering from substance abuse or dependency to drug, about a third to a half of people who are opioid abuser once in a lifetime were diagnosed with the criteria for major depressive disorder (Sadock, Sadock, 2007). Researches have also shown that addiction has the most frequent co-morbidity with anxiety and depression (Flavio 2005; Harrell & Karim 2008). It seems that apart from depression, stress may play a role in patients' substance abuse. Numerous factors, including the types of social stress, economic, and psychological has effects of addiction. Physiological aspect of stress is anxiety. Distress is an unpleasant emotional experience, and can naturally arise for instance in the case of a person with chronic illnesses over time in the family, gradually he loses the sympathy from the family and friends and they are less likely to meet his needs and listen to his sorrows. They may not exactly understand what he is experiencing and emotional support to the person's needs are denied to him. Given the above, this study examines stress, anxiety, depression and quality of life in addicts and people who looked normal. Given that the above mentioned factors are pivotal in continuing addiction.

2. Method

This study was a cross-sectional comparative study consisted of 100 addicts who were admitted to a quit addiction clinic in Rasht and 100 relatives of patients or staff and workers in health centers as normal (with an age range from 20 to over 40 years). Matching about age, socioeconomic situation such as occupation, marriage situation was done between two groups.

3. Research Tools

3.1 Quality of Life Questionnaire sf-36

To assess quality of life in the study of standardized scale to measure quality of life. This scale has a dimension of eight physical performance, functional limitation due to physical problems, physical pain, general health, vitality, social functioning, functional limitation due to emotional problems and mental health of the scoring questions based on scoring system rand from zero to 100. The score after high score indicates the quality of life.

3.2 Standard questionnaire DASS-21

The questionnaire consisted of 21 questions in which the measurement of each of the symptoms of depression, anxiety and stress, have used the 7 items. The questionnaire used was designed Likert multiple - choice items at never, low, high and very high. It will also be filled out as a self-report questionnaire. The lowest score for each question is zero and the maximum score is three.

4. Results

Out of 200 subjects, 120 persons (60%) were men and 80 (40%) women with mean age of 47 ± 2.3 years (from 20 to over 60 years), 125 patients (62%) married and (40%) had diploma or higher degree of education.

Table 1: examination of differences depression, anxiety, and stress in addicts and control groups

Subscales	samples	N umber	Mean	Standard Deviation	T	df	sig
Depression	Addicted	100	6.33	5.05	3.92	198	0.000
	Control	100	3.63	4.67			
Anxiety	Addicted	100	5.05	4.12	3.94	198	0.000
	Control	100	2.80	3.95			
Stress	Addicted	100	8.29	4.70	3.46	198	0.001
	Control t	100	5.85	5.24			

There are significant differences between depression, anxiety, and depression between addicts and controls, and addicts scored higher on all three subscales.

Table 2 : Differences in mean subscales of the quality of life of two groups

Subscales	samples	number	mean	Standard Deviation	T	df	Sig
Emotional Health	Addicted	100	319.40	106.94	-2.25		0.25
	Non-addict	100	352.40	99.84			
General Health	Addicted	100	320.43	88.54	-3.65		0.000
	Non-addict	100	373.50	115.24			
Physical	Addicted	100	760	264.19	-3.26		0.001

performance	Non-addict	100	863.50	175.35		
Physical	Addicted	100	161.40	40.21	-1.30	0.194
Pain	Non-addict	100	168.10	32		
Physical	Addicted	100	245	144.51	-5.12	0.000
limitations	Non-addict	100	336	103		
Social	Addicted	100	144.25	48.70	-2.77	0.005
functioning	Non-addict	100	161.75	39.95		
Emotional	Addicted	100	205	117.52	.7	0.398
limitations	Non-addict	100	217	79.20		
Excitement	Addicted	100	254	79.82	0	0.348
Energy	Non-addict	100	264	73.43		
Overall	Addicted	100	2481.48	646.26	-3.88	0.000
quality Life	Non-addict	100	2804	522.15		

t-test was used to show inferences about the quality of life and its consequences in addicts and non-addicts. The result has been shown in Table 2.

There are significant differences between addicts and non-addicts. Also in subscales of general health, physical functioning, physical limitations, social functioning, there are significant differences between addicts and non-addicts. The amount of t degree in the four scales, respectively are (-3.65, -3.26, -5.12 and -2.77) with 198 degrees of freedom (p<0.001).

So there are significant differences between addicts and non-addicts in the quality of life in general and in each of the dimensions of general health, physical functioning, social functioning, and physical limitations. To examine the relationship between depression, anxiety and stress, with quality of life, the Pearson correlation test was used to separate the groups, the results of which are included in the table below.

Table 3: Correlation of depression, anxiety, stress and quality of life

Variable	Index	Depression	Anxiety	Stress
Quality of life	Correlation coefficient	-0.72**	-0.80**	-0.58**
	Significant level	0.000	0.000	0.000
	Number	200	200	200

Table 3 shows the relationship between depression, anxiety and stress with quality of life is significant. Relationship between depression, anxiety and stress with quality of life, respectively (-0.72, -0.80, -0.58) were obtained in all (p<0.01) is significant, so it can be concluded that, depression, anxiety and stress is inversely related to quality of life.

In order to predict the quality of life using the three variables, depression, anxiety and stress, the following stepwise regression analysis was used.

Table 4. Variables in the regression model based on quality of life, depression, anxiety and stress

Variables	R	R square	Adjusted RSquare	Std. Error of the Estimate
Anxiety,	0.803	0.645	0.643	363.09
Depression	0.829	0.687	0.683	342.07

Table 4 shows that in the first step anxiety variables which has a stronger correlation with quality of life, was taken into the regression has explained 64.5% of life quality. In the second step, the variable depression which has a stronger correlation with quality of life after anxiety entered the regression and these two variables equation together were 68.7% of the variance in quality of life. Variables such as the stress associated with poorer quality of life, is not able to predict not entered the equation.

Table 5: Regression coefficients quality of life based on three variables, depression, anxiety and stress

Variable	B	Std.Error	Beta	t	sig
Anxiety	-116.74	6.15	-0.803	-18.97	0.000
Anxiety,	-84.58	8.56	-0.582	-9.87	0.000
Depression	-36.28	7.10	-0.301	-5.10	0.000
Stress	-0.436	7.48	-0.004	-0.058	0.954

5. Discussion and Conclusions

Present study was done with the goal of comparing depression, anxiety, stress and quality of life among addicts and ordinary individuals. According to the findings obtained from this study it can be concluded that between depression, anxiety and stress, there is a difference between addicts and normal. That is, addicts suffer more from depression, anxiety and stress than ordinary people. The results of the research findings of Hasien and colleagues (2002), Flavio and colleagues (2005), Harrel and Karim (2008), Blume and Marlatt (2000), Gorman (1988), Compton and colleagues (2000), Swendsen and Merikangas (2000) high levels of depression, anxiety and more stress among substance abusers compared with the control group showed consistent (Salovay et al, 2000). So it seems the drug addicts always use a vicious cycle in order that is people use drug because they believe that the drug can reduce their negative emotions, or amend these conditions. And lack of energy, low mood and fatigue in depressed patients in the short term can be eliminated by drug. On the other hand, it leads to a positive reinforcement resulting in continuity of use. The results showed significant difference between the quality of life of addicts and normal people there. That is, the quality of addicts' lives is lower than ordinary people. But the scale of quality of life is determined by reference to the following scale from 4 to 8-fold in the subscale of general health, physical functioning, physical limitations and social functioning among addicts and non-addicts here is a significant difference. The results of the present research findings, Smith and Larson (2003), Vaarwerk and Gaal (2001), Shams esfandabad and Nezhadnaderi 2009, Ghamari (2010) and Mahmodi and colleagues (2010), are in line and showed that all addicts compared with non-addict people have lower quality of life. Addiction changes normal life with making change in behavior, self-esteem, nutrition, work and social relationships, aggression, lack of interpersonal trust and these changes will lead to reduced quality of life. The results of the study showed that between depression, anxiety, stress and quality of life of individuals there was a significant inverse relationship. So, the more the level of depression, anxiety and stress is, the lower the quality of life levels will be and vice versa. The results of research findings Rezie Adriani and colleagues (2007), Sheikhan and colleagues (2013), Rahimian-Boogar and Rezaei (2012), WickströmEne and colleagues (2006) and Fleming and colleagues (2006), all of which are consistent with the inverse relationship between depression, anxiety, stress and the quality of life. In explaining these results, it must also be said that depression and anxiety with physical and mental limitations, including reduced social activities, decreased mobility, preoccupation, eating and sleep disorders can adversely affect the quality of life.

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