

**AFFECTIVE DISORDERS IN PATIENTS WITH ALCOHOLISM COMPLICATED BY
NICOTINE ADDICTION**

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Abstract. The study confirms the observation that “smokers drink and drinkers smoke”. In this study, we aim to assess the relationship between nicotine addiction and the severity of affective disorders in hospital patients with alcohol dependence. The study involved 105 inpatient patients diagnosed with alcohol dependence. They were provided with SCID-I, AUDIT, Fagerstrom test for nicotine addiction, Hamilton Depression and Anxiety assessment scale. The results showed that the average severity of affective disorders was high in patients with alcohol dependence and nicotine addiction, but there was no significant difference between nicotine-dependent and independent groups in the severity of affective disorders. Comparative studies between smoking patients with alcohol dependence and various smoking or non-smoking groups with affective disorders can provide valuable information.

Keywords: alcoholism, nicotine addiction, affective disorders

Extensive research has found that «smokers drink and drinkers smoke». In addition, the most ardent alcohol users are also the most ardent tobacco users. The authors say that patients with severe alcohol dependence are also highly dependent on nicotine [1].

Most adult alcohol or tobacco users first tried these drugs in early adolescence [5]. Gulliver et al., the daily number of smoking cigarettes and tobacco dependence is positively correlated with alcohol dependence [6].

Together between alcohol addiction, tobacco smoking, depression and anxiety, there are certain psychobiological mechanisms of pathology. Neurotransmitters work together in a cascade of excitation or inhibition between complex stimuli and complex reactions, which leads to a pleasant feeling of well-being in an ordinary person. According to Cade's theory of reward, this disruption of intercellular interactions leads to anxiety, anger, and other "bad feelings", or craving for a substance that can help counteract these negative emotions. Alcohol is known to activate the norepinephrine system in the limbic system through an intercellular cascade containing serotonin, opioid peptides, and dopamine. Alcohol can also have direct effects by producing neuroamines that interact with opioid receptors or dopaminergic systems [7, 8]. Nicotine is the main ingredient in tobacco, which causes strengthening. Ultimately, nicotine triggers the release of dopamine in the nucleus accumbens [5]. Alcohol consumption also leads to the release of dopamine, although the mechanism by which alcohol produces this effect is not fully understood. Nicotine and alcohol can cause the same opiopeptide reactions during emotional disorders [9, 10].

Smokers with concomitant Affective Disorders become addicted to nicotine, rise to a more severe level of dependence, and experience more severe nicotine withdrawal symptoms than smokers without Affective Disorders [2]. The presence of depression in Anamnesis has a negative effect on the results of treatment aimed at stopping smoking [3]. Smoking can reduce the likelihood of relapse of depression in some people, and depression can occur after quitting smoking on these subjects [4]. Smoking alcohol needs can reduce the negative effects of a person associated with

depression and anxiety [6]. Alcohol users can add an "alcohol" response to an "alcohol" response to cope with a difficult situation [5]. Surveys of clinical and non-clinical population groups show that at least 90% of people with alcohol dependence also depend on nicotine [10].

The purpose of the study was to assess the correlation between nicotine addiction and the severity of Affective Disorders in alcohol-dependent patients.

Research materials and methods. For the Study, 105 smoking men addicted to alcohol were selected in a row, who were admitted to the Samarkand regional Narcological hospital for two months, the clinical base of the Department of Psychiatry, medical psychology and Narcology of the Samarkand State Medical University.

All patients had to meet the DSM-IV criteria to determine alcohol dependence. Surveys of patients included in the sample were conducted after detoxification, four weeks after the last alcohol intake. All patients gave written consent after fully explaining the results of the study. Individuals under the age of 18 who suffer from mental retardation or cognitive impairment, as well as psychotic disorder, were excluded from the study.

Alcohol consumption disorders detection test (AUDIT): this test allows you to identify people who consume alcohol and identify cases of alcohol consumption, harmful use and alcohol dependence. Fagerstrom nicotine addiction Test (Find): It contains data that assess the number of cigarettes consumed, for the use of interest and addiction. Heatherton et al. fagerstrom studied and completed the tolerance questionnaire.

Research results. The study sample consisted of 105 patients (average age 39.6, 5.1 years, 24-58 years). Of the 105 patients, 86 (81.9%) suffered from nicotine addiction, 61 (58.1%) graduated from elementary school, 85 (80.1%) were individual entrepreneurs, and 77 (73.3%) were married. There were no statistically significant differences in socio-demographic indicators between the two groups, except for the level of Education. In this group of alcohol-dependent patients, the level of education of nicotine-dependent people was much higher. The average age of onset of alcohol consumption for the entire sample was 18.98, 4.72 years (range=12-30), the average duration of intensive alcohol consumption was 3.38, 4.48 years (range= 0.5–25), the average age of onset of smoking was 17.18, the average age of alcohol consumption was 4.19 years (diapason 8-30), and the average duration of smoking was 25.44 and 8.12 (range=13-44).

Severity of nicotine addiction and anxiety violence (General: $R=0.16$, $p=0.07$; mental: $R=0.165$, $p=0.06$; somatic: $R=0.147$, $p=0.11$) or harmful alcohol abuse ($R=0.10$, $p=0.26$). A positive correlation was found between the severity of nicotine addiction and the severity of depression ($r = 0.236$, $p=0.001$).

The average of total anxiety violence among patients with alcohol dependence, as well as nicotine dependence, was 9.6.7,4, mental anxiety-4,59. 3,87 and somatic anxiety-5,4. 3,6. These average scores were above the overall (6.36 and 6.49), mental (3.36 and 2.68) and somatic (3.00-4.42) anxiety levels in the group without nicotine addiction. The average severity of nicotine-dependent group depression is (5.3). 3.2) higher than the nicotine-independent group (3.14. 4.62), compared to the group where correlation was not found. In particular, anxiety was high among people who were and were not addicted to nicotine. The nicotine-dependent group had a higher average rate of depression severity, but the difference did not reach the level of significance ($t(105)=1.38$, $p=0.17$). No significant difference was found in terms of anxiety between nicotine-dependent and non-dependent groups (General: $t(105) = 1.31$, $p = 0.19$; mental: $t(105) = 1.57$, $p=0.12$; somatic : $t(105) = 1.16$, $p=0.24$

Conclusions. 1. Our results did not confirm our hypothesis that among alcohol-dependent patients, nicotine-dependent people are less depressed and less anxious. 2. However, since the rates of depression and anxiety in our sample are below the recommended limits, it can be assumed that smoking can affect Affective Disorders, regardless of whether they are at the level of nicotine addiction or not. 3. Therefore, further research is required to study the interrelationships between these groups.

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