



HUNGARIAN
PANCREATIC
STUDY GROUP

Depressive and anxiety symptoms and substance use in relation to pancreatitis disease stages

AIMS

To investigate the relationships between different stages of pancreatitis, anxiety and depressive symptoms, and smoking and alcohol use.

INTRODUCTION

Acute pancreatitis (AP) may progress along a disease spectrum through recurrent acute pancreatitis (RAP) to early chronic pancreatitis (ECP) and acute-on-chronic pancreatitis (ACP). Since anxiety and depression may contribute to maladaptive coping behaviors, we examined associations between disease stage, anxiety/depression symptoms, and tobacco and alcohol use.

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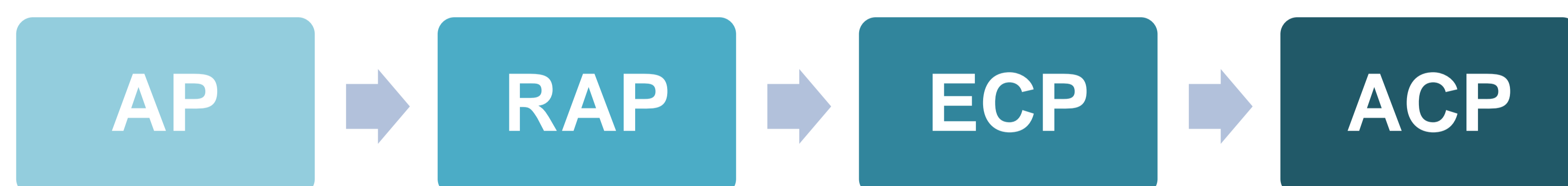
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METHODS

A total of 1977 patients treated for pancreatitis at a tertiary pancreatology center completed the Hospital Anxiety and Depression Scale (HADS). Scores were categorized as normal (0–7), borderline abnormal (8–10), or abnormal (11–21). Smoking and alcohol use were assessed via patient interviews. Associations between disease stage and categorical variables were analyzed using chi-square tests with Cramér's V for effect size. Available-case analyses were conducted.

RESULTS

Disease stage showed the strongest associations with smoking, $\chi^2(3, N = 340) = 18.82, p < .001$, Cramér's V = .235, and drinking status, $\chi^2(3, N = 338) = 13.79, p = .003$, Cramér's V = .202.



Disease stage was also significantly associated with depression, $\chi^2(6, N = 1685) = 13.77, p = .032$, Cramér's V = .064, and anxiety severity, $\chi^2(6, N = 1668) = 26.35, p < .001$, Cramér's V = .089.



Smoking ↑



Alcohol use ↑



Anxiety/Depression ↑

CONCLUSIONS

Smoking and alcohol showed the strongest association with disease stage. Depression and anxiety symptoms were also significantly associated with disease stage, although effect sizes were small. These findings suggest that **psychological factors may be relevant, particularly in advanced stages, supporting comprehensive care approaches** beyond focusing solely on smoking and alcohol cessation.

