



Study on physical discomfort among alcohol dependents at Integrated Rehabilitation centre for addicts, Kajamalai, Tiruchirappalli.

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ABSTRACT

A glass of wine with dinner, a beer after work, a cocktail in the sunshine on holiday. Alcohol makes an appearance in so many parts of our lives it can be easy to forget that, like many drugs, it's addictive, both physically and psychologically.

This study highly focus on the physical discomfort faced by alcohol dependents at Integrated Rehabilitation centre for addicts, Kajamalai, Tiruchirappalli. This study was designed to examine how individual differences in physical discomfort and is associated with responses to alcohol cues. The researcher adopted 36 samples from Integrated Rehabilitation Centre for Addicts, at Kajamalai, Tiruchirappalli District and used purposive sampling in this descriptive study. The researcher outlines on, various types of physical discomforts in alcohol dependence. Health consequences and Psychosocial consequences. This study is descriptive in nature and tries to find out how alcohol dependents dealing this physical discomfort how it makes them to take increased alcohol taking situation.

KEYWORDS : Physical discomfort, Alcohol dependents, alcohol taking situation, Physical pain

INTRODUCTION

Alcohol dependence can lead to a whole range of serious health problems if a person is dependent on alcohol, he/she increase their risk of developing high blood pressure, stroke, coronary heart disease and liver disease. Prolonged heavy drinking damages their liver. An estimated seven out of 10 people with alcoholic liver disease (when the liver is damaged by alcohol misuse) have an alcohol dependency problem. The most serious form of alcoholic liver disease, cirrhosis, means the liver has been scarred from continuous, long-term damage. Scar tissue replaces healthy tissue in the liver and prevents the liver from working properly. Some of the common alcohol induced physical diseases include

Anemia: Heavy drinking can cause the number of oxygen-carrying red blood cells to be abnormally low. This condition, known as anemia, can trigger a host of symptoms, including fatigue, shortness of breath, and light-headedness.

Cancer: "Habitual drinking increases the risk of cancer," Scientists believe the increased risk comes when the body converts alcohol into acetaldehyde, a potent carcinogen. Cancer sites linked to alcohol use include the mouth, pharynx (throat), larynx (voice box), esophagus, liver, breast, and colorectal region. Cancer risk rises even higher in heavy drinkers who also use tobacco.

Cardiovascular disease: Heavy drinking, especially bingeing, makes platelets more likely to clump together into blood clots, which can lead to heart attack or stroke. In a landmark study published in 2005, Harvard researchers found that binge drinking doubled the risk of death among people who initially survived a heart attack.

Cirrhosis: Alcohol is toxic to liver cells, and many heavy drinkers develop cirrhosis, a sometimes-lethal condition in which the liver is so heavily scarred that it is unable to function. But it's hard to predict which drinkers will develop cirrhosis. "Some people who drink huge amounts never get cirrhosis, and some who don't drink very much do get it,"

Seizures: Heavy drinking can cause epilepsy and can trigger seizures even in people who don't have epilepsy. It can also interfere with the action of the medications used to treat convulsions.

Gout: A painful condition, gout is caused by the formation of uric acid crystals in the joints. Although some cases are largely hereditary, alcohol and other dietary factors seem to play a role. Alcohol also seems to aggravate existing cases of gout.

High blood pressure :Alcohol can disrupt the sympathetic nervous system, which, among other things, controls the constriction and dilation of blood vessels in response to stress, temperature, exertion, etc. Heavy drinking -- and bingeing, in particular -- can cause blood pressure to rise. Over time, this effect can become chronic. High blood pressure can lead to many other health problems, including kidney disease, heart disease, and stroke.

Infectious disease: Heavy drinking suppresses the immune system, providing a toehold for infections, including tuberculosis, pneumonia, HIV/AIDS, and other sexually transmitted diseases (including some that cause infertility). People who drink heavily also are more likely to engage in risky sex. "Heavy drinking is associated with a three-fold increase in the risk of contracting a sexually transmitted disease,"ytt.

Nerve damage: Heavy drinking can cause a form of nerve damage known as alcoholic neuropathy, which can produce a painful pins-and-needles feeling or numbness in the extremities as well as muscle weakness, incontinence, constipation, erectile dysfunction, and other problems. Alcoholic neuropathy may arise because alcohol is toxic to nerve cells, or because nutritional deficiencies attributable to heavy drinking compromise nerve function.

Pancreatitis: In addition to causing stomach irritation (gastritis), drinking can inflame the pancreas. Chronic pancreatitis interferes with the digestive process, causing severe abdominal pain and persistent diarrhoea --and "it's not fixable," Saitz says. Some cases of chronic pancreatitis are triggered by gallstones, but up to 60% stem from alcohol consumption

REVIEW OF LITERATURE

1. Andrzej Jakubczyk et al (2015)

In their study on Physical Pain in Alcohol-Dependent Patients Entering Treatment in Poland—Prevalence and Correlates A sample of 366 (73.5% men and 26.5% women) alcohol-dependent subjects was recruited in alcohol treatment centers in Warsaw, Poland. The study group was divided into a "mild or no pain" group and a "moderate or greater pain" group. among the study group, 34.4% of individuals reported moderate or greater physical pain during the last 4 weeks. The statistical analysis revealed that the experience of physical pain was significantly associated with lower level of education, unemployment, experience of sexual abuse before 18 years of age, and severity of alcohol dependence as well as other potential predictors of relapse (impulsivity, sleep problems, general psychopathology). When entered into logistic regression analysis with other dependent variables, the level of general psychopathology, severity of sleep problems, age,

and education were all significantly associated with pain severity. And they conclude that Physical pain is a prevalent and potentially impairing experience in adults seeking treatment for alcohol dependence. Therapeutic interventions aimed at reducing pain in alcohol-dependent individuals should be studied to evaluate their impact on improving overall treatment outcomes.

2. Julia D. Buckner, Meghan E. Keough and Norman B. Schmidt (2007)

The authors made a study on *Problematic alcohol and cannabis use among young adults: The roles of depression and discomfort and distress tolerance*. The study investigated the roles of discomfort and distress tolerance in the relationship between alcohol and cannabis problems and depression among undergraduates (N = 265). Consistent with other reports, depression was correlated with alcohol and cannabis problems. And, distress tolerance mediated the relationships between depression and alcohol and cannabis problems. Interestingly, discomfort intolerance moderated the relationship between depression and cannabis problems such that depressed individuals with high discomfort tolerance were most vulnerable to cannabis problems. There data suggest that distress intolerance may at least partially account for alcohol and cannabis problems among depressed young adults whereas discomfort intolerance may actually serve a protective role in the development of cannabis problems.

3. Angela E. Waldrop et al (2007)

In their study on *Triggers for cocaine and alcohol use in the presence and absence of posttraumatic stress disorder*, they compared high-risk triggers and substance use situations among 72 (34 men, 38 women) individuals with alcohol (AD) or cocaine dependence (CD), with or without comorbid PTSD. Consistent with the self-medication hypothesis, individuals with PTSD reported significantly greater use of substances in response to negative situations, such as unpleasant emotions and physical discomfort, as compared to individuals without PTSD. CD individuals were significantly more likely than AD individuals to report using in temptation situations, regardless of PTSD status. Also, CD individuals with PTSD reported greater use of cocaine during pleasant times with others, as compared to those without PTSD. The findings highlight the importance of addressing individual-specific high-risk situations in relapse prevention.

METHODOLOGY INTRODUCTION

Physical discomfort affects the patients with alcohol dependence syndrome it makes them to depend the substance whatever they take. This is an attempt to study various Physical discomforts which increases the alcohol consumption.

SIGNIFICANCE OF THIS STUDY

Through various review of literature the researcher revealed that the Physical discomfort play a vital role in keeping the patient to be dependent on alcohol. Hence this present study highly focus on the various kinds of physical discomforts pertaining to keep the patient depend on alcohol.

TITLE OF THE STUDY

Study on physical discomfort among alcohol dependents at Integrated Rehabilitation centre for addicts, Kajamalai, Tiruchirappalli.

AIM OF THE STUDY

To study physical discomfort among alcohol dependents at Integrated Rehabilitation centre for addicts, at Kajamalai, Tiruchirappalli.

OBJECTIVES

- To find out the socio-demographic details of the respondent's.
- To assess the Physical discomfort situations pertaining to alcohol use among the patients
- To find out the association between the dependent and independent variables.

HYPOTHESES

- There is no Association between Living arrangement and Overall physical discomfort
- There is a Association between deterioration in standard of living and troubled sleep
- There is no significant difference between total no of family

members of the respondents and their overall Physical discomfort

RESEARCH DESIGN Descriptive research design

UNIVERSE

The universe of the study belongs to Alcohol Dependence patients admitted in Integrated Rehabilitation Centre for the addicts at Kajamalai, Tiruchirappalli.

SAMPLING

This research adopted 36 respondents as samples from the universe. Sampling technique adopted by the researcher is purposive Sampling.

TOOL FOR DATA COLLECTION

The researcher used IDTS (Inventory for drug taking situations) along with socio demography details of the patient The IDTS, developed by Annis and Martin (1985), is a 50-item self-report questionnaire that provides a profile of the situations in which a client has used alcohol or another drug over the past year was used.

STATISTICAL TEST

Chi-Square Test and one way ANOVA for interpreting the data.

Socio demographic characteristics' of respondents

	Variable	Frequency	Percentage
1	Age		
	20 to 25	13	36.1
	26 to 30	14	38.9
	31 to 35	9	25
2	Religion		
	Hindu	31	86.1
	Christian	3	8.3
	Muslim	2	5.6
3	Occupation		
	Unemployed	1	2.8
	Private concern	17	47.2
	Government Job	8	22.2
	Self employed	4	11.1
	Agriculture	5	13.9
4	Living arrangement		
	Staying alone	1	2.8
	Reside in family units	28	77.8
	Transient arrangements	7	19.4
5	Family Type		
	Joint	16	44.4
	Nuclear	15	41.7
	Extended	4	11.1
	Not applicable for me	1	2.8
6	Marital Status		
	Single	17	47.2
	married	18	50
	separated	1	2.8
7	First used Substance		
	Tobacco	15	41.7
	Cigar/beedi	14	38.9
	Alcohol	7	19.4

8	Social pattern of drinking		
	Drinking only in social situations	9	25
	Drink alone when socially isolated	2	5.6
	Always alone drinker	25	69.44
9	Deterioration in standard of living		
	Yes	24	66.6
	No	12	33.3

OVERALL PHYSICAL DISCOMFORT

SI No	Physical discomfort	Frequency N=36	Percent
1	Rarely	1	2.78
2	sometimes	10	27.78
3	frequently	18	50
4	Very frequently	7	19.44

Association between Living arrangement and Overall physical discomfort

SI.no	Living arrangement	Overall Physical discomfort				Statistical inference
		Rarely (n=1)	Sometimes (n=10)	Frequently (n=18)	Very frequently (n=7)	
1	Staying alone	0	0	0	1	X ² =10.667 Df=2 P >0.05 Not significant
2	Reside in family units	0	7	15	6	
3	Transient arrangements	1	3	3	0	

Association between deterioration in standard of living and troubled sleep

SI.no	Deterioration in standard of living	Troubled sleep				Statistical inference
		Rarely (n=6)	Sometimes (n=6)	Frequently (n=7)	Very frequently (n=17)	
1	Yes	2	3	5	14	X ² =22.222 Df=3 P <0.05 Significant
2	No	4	3	2	3	

One-way ANOVA difference between total no of family members of the respondents and their overall Physical discomfort

SI.no	Overall Physical discomfort	Mean	S.D	SS	Df	MS	Statistical inference
1	Between Groups			2.175	2	1.087	F = 2.439 P > 0.05 Not Significant
	G1 (n=7)	3.43	.535				
	G2 (n=28)	3.50	.694				
	G3 (n=1)	2.00					
2	Within Groups			14.714	33	.446	

G1 = 1-3 / G2 = 4-6 / G3 = 7 & above

Conclusion

The researcher finds out Regular practice of endurance exercise was related to a more favourable conditions to avoid physical discomforts. There was a strong association between deterioration in standard of living and troubled sleep which tends to be resistant to alcohol addiction. Physical exercise help them to gain physical and psychological well-being. People who engaged regularly in physical activity have lower anxiety-depression, and displayed much less social behavioural inhibition than their less active counterparts. It is likely that discussion of recreational or exercise involvement may provide a useful point of entry for facilitating dialogue among respondents about concerns relating to physical discomfort and alcohol use. In terms of psychotherapeutic applications, physical activity has many additional rewards for alcohol dependents. It is probable that by promoting

physical fitness, increased physical performance will provide more positive social feedback and recognition from peer groups, and this will subsequently lead to improvement in an individual's life style.

In this context and in the emerging scenario of increasing harm from alcohol, it is crucial to evolve policies and programs which would improve health of the people. This requires a greater political commitment, professional involvement, cooperation of the media and an empowered society. In this entire process, health, safety and security of people and society should occupy the centre stage; it is time to move forward with a public health agenda and a coherent and rational approach. In the end, improving health of our society is the collective responsibility of one and all.

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