



A COMPARATIVE STUDY OF PSYCHOLOGICAL WELL-BEING IN SPOUSES OF NORMAL SUBJECTS AND SPOUSES OF PATIENTS DIAGNOSED WITH ALCOHOL DEPENDENCE SYNDROME

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ABSTRACT

Introduction: Alcohol dependence syndrome is a very common condition affecting the general population. Alcohol abuse can result in novelty seeking and risk taking behaviour resulting in violence and road traffic accidents. Long duration abuse can cause several psychiatric disorders like anxiety, depression, and family disharmony. These problems are much more common in countries like India. **Methodology And Results:** In this single stage cross-sectional case control study, the degree of psychological well-being was grossly affected in spouses of patients with alcohol dependence in comparison to spouses of normal subjects. Those in the study group scored lower mean scores in PGWBI total score as well as in domain mean scores. Statistical analysis showed study group had a lower mean value 34.4 (3.4) than the control group whose mean was 78.4 (4.1). **Conclusion:** The spouses of the study group showed lower degree of psychological subjective well-being.

KEYWORDS : Alcohol, dependence, spouses, psychological well-being

INTRODUCTION:

Alcohol has a significant negative impact on the individual as well as family. Most affected people were the spouse and children of alcohol dependent¹. But this problem in spouses who are females often goes unrecognised. The affected spouses go through various negative emotional states and try to seek help from others to cope up with the stress². The effects on the spouse are directly related to degree of violence linked to high risk behaviour of self injury, dysregulated sexual behaviour, or a fatal accident³. There are limited studies in India focussing on the current clinical context in question. If the psychiatric morbidity in the spouse of patients with alcohol dependence syndrome is identified early, effective treatment strategies can be planned accordingly which can have significant positive outcomes not only for the spouse but for the whole family as well.

AIM:

To study the psychological well-being in spouses of patients with alcohol dependence syndrome.

Objective:

To study and compare the psychological well-being among spouses of patients with alcohol dependence syndrome with spouses of individuals who reportedly don't consume alcohol.

Hypothesis:

There is no difference in psychological well-being between study and control groups (Assuming N₀ hypothesis).

Methodology:

A single stage cross-sectional study was carried out on subjects attending Government Hospital for Mental Care (GHMC), a tertiary care hospital in Visakhapatnam for a period of 1 year (September 2017-August 2018). The spouses of patients diagnosed as per ICD 10-DCR as F10-MENTAL AND BEHAVIOURAL DISORDERS DUE TO USE OF ALCOHOL and in category F10.2 DEPENDENCE SYNDROME and subcategories (F10.20 to F10.26) were enrolled for the study group. Control group was recruited from the spouses of the visitors to the hospital who reportedly did not consume alcohol. Informed consent was obtained from spouses of both groups before enrolling them for the study. Prior permission was taken from the Institutional Ethics committee, Andhra Medical College for this study.

Inclusion Criteria-Subjects:

1. Willing to give an informed consent. 2. Age Group of Spouses between 20 to 45 years. 3. Duration of marriage 6 months or above. 4. Living together for at least 1 month. 5. Spouses of patients diagnosed as per ICD 10 DCR as F10.2 Dependence syndrome (F10.20-F10.26) were included. [F10.20-Currently abstinent (in either early or partial or total remission), F10.21-Currently abstinent but in a protected environment, F10.22-Currently on a clinically supervised or replacement regime (controlled dependence), F10.23-Currently abstinent, but receiving treatment with aversive or blocking drugs,

F10.24- Currently using the substance (active dependence with or without physical features), F10.25-Continuous use, F10.26-Episodic use] were enrolled for the study group. 6. Spouses of visitors who reportedly don't consume alcohol were enrolled for the control group.

Exclusion Criteria-Subjects:

1. Unwilling to give an informed consent. 2. Presence of Psychiatric disorders. 3. Presence of comorbid medical, surgical, or substance use disorders. 4. Spouses of control group who were either close relatives of the patient with alcohol dependence syndrome or those who were living in the same family environment as that of the patient. 5. Spouses of study group of those patients falling in other diagnostic categories of F10 (F10.0, F10, F10.3 to F10.7 as F10.0 (Acute Intoxication), F10.1 (Harmful use), F10.3 (Withdrawal state), F10.4 (Withdrawal state with delirium), F10.5 (Psychotic disorder), F10.6 (Amnesic syndrome) and F10.7 (Residual disorders and late-onset psychotic disorder).

Sample Size Estimation:

Sample size was estimated using the formula $4pq/d^2$ (p=prevalence from previous studies and d=allowable error, which is 5-20% of p). The prevalence of alcohol dependence in Southern India was ranging from 25 to 50 percent⁴. A total of 162 subjects were screened for participating in this study. A final adjusted total sample size of 120 with (60 each in study and control group) were recruited by the way of purposive random sampling after excluding 42 subjects due to the following reasons: 10 did not give the consent, 4 did not match the age criteria, 4 comorbid substance use, 10 left the interview midway, 5 had spouses with comorbid medical disorders, 6 did not match criteria for minimum duration of marriage, 1 had depressive disorder on medication, 2 currently not living together with spouse for more than a year.

Procedure Of Study:

After appropriate screening, the eligible participants of both study and control groups were administered PSYCHOLOGICAL GENERAL WELL-BEING INDEX. The responses were noted down and appropriate statistical analysis was carried out using IBM SPSS version 23.

Psychological General Well-being Index (PGWBI):

This scale was initially designed by Harold Duphy, a psychologist in 1960 at National Center for Health Statistics and was later modified by Dr Carl Ryff. It contains 22 questions about how things have been going with oneself particularly in the last 4 weeks of subject's lifetime. This scale measures the balance between positive and negative emotional states indicating the subjective well being. Each item is rated on a 6 point likert scale from 0 to 5. It contains 6 domains namely Anxiety, Depression, Positive well being, Self control, General Health and Vitality. The internal consistency value ranges between 0.90-0.94 with an intrasubjective reproducibility (median = 0.8)⁴.

RESULTS AND OBSERVATIONS:

Table 1: Comparison Of Means Of PGWBI Between Study And

Control Groups

PGWBI Score-Group	Mean (SD)	Mann Whitney U	P-value
Study Group	34.4 (3.4)	21.00	0.001
Control Group	78.4 (4.1)		

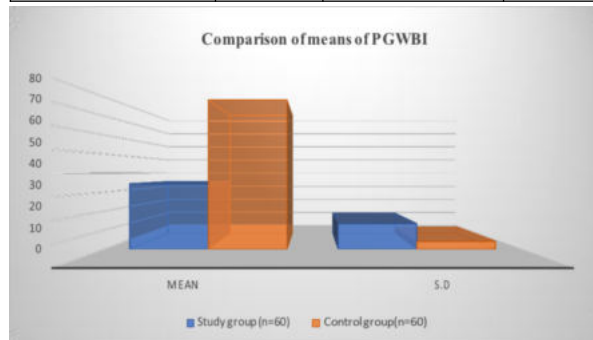


Figure 1: Comparison Of Means Of PGWBI Between Study And Control Groups

Table 2: Comparison Of PGWBI Domain Scores Across The Study And Control Groups

PGWBI DOMAINS	Study Group (N=60)		Control Group (N=60)		Statistical Inference	
	Mean	S.D	Mean	S.D	Mann-Whitney U	P-value
Anxiety	7.6	3.9	19.0	2.0	36.0	0.001
Depression	4.9	2.0	10.3	1.5	99.0	0.001
Positive well-being	6.2	2.8	14.0	2.0	87.0	0.001
Self control	4.5	2.1	10.2	1.4	90.0	0.001
General health	4.9	2.1	10.7	1.4	87.5	0.001
Vitality	6.1	3.0	14.1	1.9	81.0	0.001

DISCUSSION:

Alcohol dependence has a significant negative impact on family members. The majority of the stress is borne by the spouses of these patients who ultimately disrupt the family dynamics owing to psychological malfunctioning in them. To test the Null hypothesis Psychological General Well-being Index (PGWBI) was administered to both study and control groups. The control group scored a higher mean value of 78.4 with SD of 4.1 in comparison to that of study group which scored 34.4 with SD of 3.4. The difference in mean value is statistically significant at a P-value 0.001. This rejects the null hypothesis assumed at the beginning of the study. Further analysis of the sub scales also showed a significant difference in all the 6 factors domains. The mean values of these domains are comparatively higher in the control group indicating a better subjective well-being in control group than in the study group. Study group spouses mainly scored low in domains of self control (mean=4.58 +/-2.1), followed by general health (mean=4.9 +/- 2.1) and depression (mean=4.9 +/- 2.0). These results have been consistent with study of **Levkovich and Zuskova et al. (1991)**⁵ who identified disharmony in marital relationships among spouses of patients with alcohol dependence syndrome. This study was conducted in 50 families of individuals with alcohol dependence with regard to conflicts. The affected spouses mainly showed marked symptoms of anxiety, insomnia, and depression. **Rae and Forbes (1966)**⁷ also identified depression and anxiety in female spouses of individuals with alcohol dependence syndrome in various stressful situations.

Sabhanej (1974)⁷ in her study had identified certain psychiatric symptoms like depression, mania, anxiety and paranoia in spouses of individuals with alcohol dependence patients. Spouses of patients with alcohol dependence are particularly affected due to the intimate nature of their relationship and constant exposure to the unhealthy behaviour of their husbands. This will certainly affect the functional role of the wife in the family. **Manskalenko and Gun's Ko (1994)**⁸ study on 215 spouses of patients with alcohol dependence syndrome living together with husband in comparison with those spouses living separately or divorced, showed borderline psychopathological conditions. Of the psychopathological conditions studied, depression and neurosis have been identified in 15% and 23% respectively. No such psychopathology was identified in 41 women who were divorced and living separately. Many psychological problems arose in spouses of alcohol dependent individuals which are often missed by the clinician

either due lack of awareness or time constraints resulting in a failure to assess these spouses. Thus a holistic approach is required in the management of patients with alcohol dependence, identification and addressing of psychiatric co-morbidities in their spouses. **Limitations of study:** This is a cross sectional study conducted in a tertiary care setting. Therefore its results cannot be generalized to the community. Premorbid Personality structure of spouses was not considered. **Conclusion:** This study showed high degree of psychological maladjustment in spouses of patients with alcohol dependence. **Future recommendations:** Larger sample size drawn from the community with a prospective study design should be considered.

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