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STRESS, ANXIETY AND DEPRESSION AMONG PARENTS OF PATIENTS WITH ALCOHOL USE DISORDER – A PILOT STUDY

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ABSTRACT **Introduction:** Parents play a central role in providing care to the alcohol dependent patients especially in an Indian setting where inter-dependence is prominent. An alcohol dependent person creates imbalance in all aspects and in most cases the parent of the patient is the most affected and experiences severe emotional instability. **Aims And Objectives:** To measure the levels of stress, anxiety and depression among parents of individuals with alcohol use disorder (AUD) and to assess the association between these parameters and related clinical variables. **Methods:** Thirty consenting consecutive parents of patients with Alcohol use disorder presenting to SAIMS Psychiatry OPD were included in the study. The participants were assessed using Perceived Stress Scale (PSS), Hamilton anxiety rating scale (HAM-A) and Hamilton depression rating scale (HAM-D). The data collected was analysed using descriptive statistics and tests of significance were applied wherever applicable. **Results:** Of the 30 parents participating in the study (n=30), 13 were males and 17 were females of which 66.7% belonged to lower middle socioeconomic status. The mean PSS score was 14± 5.22 (indicating moderate stress levels), mean HAM-A score was 16.63 ± 7.17 (indicating low anxiety), and mean HAM-D score was 13.9 ± 6.56 (indicating mild depression). Though statistically significant association of stress, anxiety and depression with clinically related variable was not found, it still demonstrates moderate stress and low anxiety and mild depression among the parents of patients with alcohol use disorder. **Conclusion:** The study highlights the significant psychological burden experienced by parents of individuals with AUD. By recognizing and addressing their stress, anxiety and depression, healthcare professionals and support systems can play a vital role in promoting the overall well-being of families affected by AUD.

KEYWORDS : Alcohol use disorder, stress, anxiety, depression, inter-dependance, withdrawal, tolerance, craving

INTRODUCTION

Alcohol dependence is an omnipresent problem in a flourishing economy like India. As per the World Drug Report 2019, in 2017, an estimated 271 million people, or 5.5% of the global population aged 15–64, had used drugs in the previous year, whereas 35 million people are estimated to be suffering from drug use disorders.[1]

According to the National Mental Health Survey (NMHS), the prevalence of alcohol use disorders in males was 9% and 0.5% in females.[2] It is estimated that by 2050, in India alone, alcohol would cause the loss of 258 million life years by deaths, 552 million QALY due to consumption and a net economic loss of INR 97.9 lakh crores (1.45% of India's GDP).[3]

According to the global Status report on alcohol 2018, Alcohol use disorders account for 1.4% of the worldwide burden of diseases.[4] Alcohol use disorder(AUD) is a chronic disease characterised by uncontrolled drinking and preoccupation with alcohol.

According to the National Mental health survey 2016-17, the prevalence of alcohol use disorder(abuse and dependence) is 4.6% and the number of users may be much higher. In Madhya Pradesh state report 2015-16, the prevalence of Alcohol use disorder is 10.33%.

Alcohol use disorder (AUD) is a group of behavioural and physiological symptoms that can include withdrawal, tolerance and craving. Often considered a family disease, AUD also affects the lives of family members. The increase in unpredictable and unreliable behaviour in individuals with AUD translates into stress, anxiety and depression in the caregivers.

This leads to defective coping and increases their vulnerability to other mental illnesses as well. Family also bears the brunt of domestic violence of all forms, that is, physical, verbal and sexual. Low marital satisfaction, poverty and embarrassment are other determinants to the well-being of caregivers. This ultimately pushes the family to misery.

Parents play a central role in providing care to the alcohol dependent patients especially in an Indian setting where inter-dependence is prominent.

An alcohol dependent person creates imbalance in all aspects and in most cases the parent of the patient is the most affected and experiences severe emotional instability[5].

AIMS AND OBJECTIVES

To measure the levels of stress, anxiety and depression among parents of individuals with alcohol use disorder (AUD).

To assess association between stress, anxiety and depression among the parents of patients with alcohol use disorder and related clinical variables.

METHODS

In the present study, thirty consenting consecutive parents of patients with Alcohol use disorder presenting to SAIMS Psychiatry OPD were included. The participants were assessed using Perceived Stress Scale (PSS)[6] to measure stress, Hamilton anxiety rating scale (HAM-A)[7] to measure anxiety and Hamilton depression rating scale (HAM-D)[8] to measure depression. The data collected was analysed using descriptive statistics and tests of significance were applied wherever applicable.

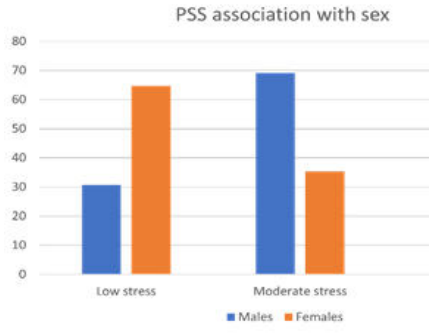

Figure 1:- Association of sex with perceived stress

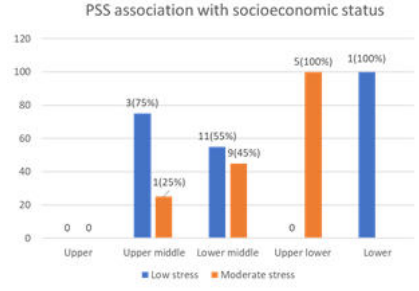

Figure 2:- Association of socioeconomic status with perceived stress

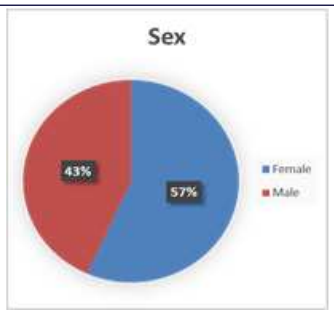

Figure 3:- Distribution of sex

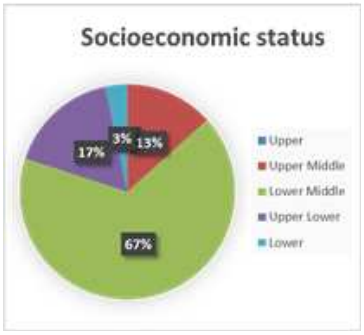

Figure 4:- Distribution of Socioeconomic status

Table 1:- Correlation between various parameters

Variables	p Value
PSS and Duration of alcohol intake	0.23
PSS and Daily dose of alcohol	0.11
HAM-A and Duration of alcohol intake	0.43
HAM-A and Daily dose of alcohol	0.35
HAM-D and Duration of alcohol intake	0.24
HAM-D and Daily dose of alcohol	0.07

Table 2:- Value of significance between level of stress and sex, socioeconomic status, duration and daily dose of alcohol intake

	PSS	Low stress Frequency(%)	Moderate stress Frequency(%)	Pearson chi square test value
Sex	Males	4(30.8%)	9(69.2%)	0.065
	Females	11(64.7%)	6(35.3%)	
Socioeconomic status	Upper	0(0.0%)	0(0.0%)	0.066
	Upper Middle	3(75%)	1(25%)	
	Lower Middle	11(55.0%)	9(45.0%)	
	Upper Lower	0(0.0%)	5(100.0%)	
	Lower	1(100%)	0(0.0%)	
Duration of alcohol intake	1-5 years	4(80.0%)	1(20.0%)	0.233
	5-10 years	5(55.6%)	4(44.4%)	
	> 10 years	6(37.5%)	10(62.5)	
Daily dose of alcohol	<1 quarter	2(100.0%)	0(0.0%)	0.116
	1-2 quarter	6(66.7%)	3(33.3%)	
	> 2 quarter	7(36.8%)	12(63.2%)	

Table 3:- Significance between level of anxiety and sex, SES, daily intake and duration of alcohol

		HAM-A			
		Mild Frequency(%)	Mild to moderate Frequency(%)	Moderate to severe Frequency(%)	Pearson chi square test value
Sex	Males	7(53.8%)	5(38.5%)	1(7.7%)	0.389
	Females	11(64.7%)	3(17.6%)	3(17.6%)	
Socioeconomic status	Upper	0(0.0%)	0(0.0%)	0(0.0%)	0.127
	Upper Middle	3(75.0%)	1(25.0%)	0(0.0%)	
	Lower Middle	14(70.0%)	4(20.0%)	2(10.0%)	
	Upper Lower	0(0.0%)	3(60.0%)	2(40.0%)	
	Lower	1(100.0%)	0(0.0%)	0(0.0%)	
Daily dose of alcohol	<1 quarter	2(100.0%)	0(0.0%)	0(0.0%)	0.438
	1-2 quarter	6(66.7%)	3(33.3%)	0(0.0%)	
	> 2 quarter	10(52.6%)	5(26.3%)	4(25.0%)	
Duration of alcohol intake	1-5 years	4(80.0%)	1(20.0%)	0(0.0%)	0.353
	5-10 years	6(66.7%)	3(33.3%)	0(0.0%)	
	> 10 years	8(50.0%)	4(25.0%)	4(21.1%)	

Table 4:- Significance between level of depression and sex, SES, daily intake and duration of alcohol

		HAM-D				
		Normal Frequency(%)	Mild Frequency(%)	Moderate Frequency(%)	Severe Frequency(%)	Pearson chi square test
Sex	Males	1(7.7%)	8(61.5%)	4(30.8%)	0(0.0%)	0.231
	Females	5(29.4%)	5(29.4%)	6(35.3%)	1(5.9%)	
Socioeconomic status	Upper	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	0.210
	Upper Middle	1(25.0%)	0(0.0%)	3(75.0%)	0(0.0%)	
	Lower Middle	5(25.0%)	9(45.0%)	6(30.0%)	0(0.0%)	
	Upper Lower	0(0.0%)	3(60.0%)	1(20.0%)	1(20.0%)	
	Lower	0(0.0%)	1(100.0%)	0(0.0%)	0(0.0%)	
Daily dose of alcohol	<1 quarter	1(50.0%)	1(50.0%)	0(0.0%)	0(0.0%)	0.240
	1-2 quarter	4(44.4%)	3(33.3%)	2(22.2%)	0(0.0%)	
	> 2 quarter	1(5.3%)	9(47.4%)	8(42.1%)	1(5.3%)	
Duration of alcohol intake	1-5 years	2(40.0%)	3(60.0%)	0(0.0%)	0(0.0%)	0.078
	5-10 years	4(44.4%)	2(22.2%)	3(33.3%)	0(0.0%)	
	> 10 years	0(0.0%)	8(50.0%)	7(43.8%)	1(6.3%)	

DISCUSSION

The total participants were (n=30) with the female (56.7%) and male (43.3%) ratio being 0.7. Out of the total participants, 66.7% belonged to lower middle socioeconomic status.

The mean PSS score was 14± 5.22 (indicating moderate stress levels), mean HAM-A score was 16.63 ± 7.17 (indicating low anxiety), and mean HAM-D score was 13.9 ± 6.56 (indicating mild depression).

No statistically significant associations were found between stress, anxiety and depression with any related clinical variable, however significant stress, anxiety and depression was found in the parents of patients with Alcohol use disorder.

CONCLUSIONS

Though statistically significant association of stress, anxiety and depression with clinically related variable was not found, it still demonstrates moderate stress and low anxiety and mild depression among the parents of patients with alcohol use disorder.

Limitations of the study include the small sample size and the possibility of self-report bias. The study underscores the urgent need for screening, comprehensive support programs and therapeutic interventions targeting the psychological well-being of parents who have children struggling with AUD.

Such interventions could include counseling, psychoeducation, pharmacotherapy, if needed and self-help groups to address their unique emotional challenges and empower them to cope effectively. The study highlights the perceived psychological burden experienced by parents of individuals with AUD.

By recognizing and addressing their stress, anxiety and depression, healthcare professionals and support systems can play a vital role in promoting the overall well-being of families affected by AUD.

Conflict of interest – None

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