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Psychiatry

A STUDY OF PSYCHIATRIC IMPACT ON SPOUSES OF ALCOHOL DEPENDENT INDIVIDUALS

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ABSTRACT **Introduction:** Alcohol dependence is a significant public health concern that not only affects the individual but also has profound psychological and social implications on their family, particularly their spouses. Spouses of alcohol-dependent individuals are often exposed to emotional distress, financial instability, and social stigma, leading to psychiatric morbidities. Understanding the pattern, nature, and frequency of these morbidities is essential for early intervention and better mental health outcomes. **Objectives:** This study aimed to assess the psychiatric morbidity among spouses of alcohol-dependent individuals at SIMS, Hapur (a tertiary care centre in Western Uttar Pradesh). **Methods:** A cross-sectional descriptive study was conducted at the outpatient clinic of Saraswathi Institute of Medical Sciences (SIMS). A total of 100 spouses of alcohol-dependent individuals, aged 18-60 years, were recruited based on ICD-11 criteria for alcohol dependence. Psychiatric morbidity was assessed using the Mini International Neuropsychiatric Interview (MINI), while alcohol dependence severity was measured using the Severity of Alcohol Dependence Questionnaire (SADQ) and the Alcohol Use Disorders Identification Test (AUDIT).Data was analysed using Chi square test. **Results:** Findings revealed a high prevalence of psychiatric morbidity among spouses, with depressive and anxiety disorders being the most common. A significant correlation was observed between alcohol dependence severity and psychiatric morbidity ($p < 0.05$). **Conclusion:** The study highlights the substantial psychiatric burden faced by spouses of alcohol-dependent individuals. Targeted mental health interventions, family counseling, and social support systems are essential to mitigate these effects and improve overall well-being.

KEYWORDS :

INTRODUCTION

The International Classification of Diseases, Eleventh Edition (ICD-11) similarly classifies alcohol dependence under "Mental and Behavioural Disorders Due to Psychoactive Substance Use." The ICD-11 criteria for alcohol dependence include a strong desire or sense of compulsion to consume alcohol, impaired control over drinking, a physiological withdrawal state when alcohol use is reduced or stopped, tolerance to the effects of alcohol, and continued use despite clear evidence of harmful consequences.[2,3]

Biological Impact:

- **Liver Damage:**

Chronic alcohol consumption can lead to a spectrum of liver conditions, starting with fatty liver, progressing to alcoholic hepatitis (inflammation), and potentially ending in cirrhosis (scarring) and liver failure. [4]

- **Neurological Issues:**

Prolonged alcohol abuse can cause brain damage, memory loss, and cognitive impairment. [4]

- **Physical Dependence:**

Individuals with alcohol dependence experience physical withdrawal symptoms, including seizures, delirium tremens (DTs), and other life-threatening conditions. [4]

- **Gut-Liver-Brain Axis:**

Alcohol consumption can disrupt the gut-liver-brain axis causing cognitive dysfunction and other neurological problems. [5]

The problem of alcoholism is not just related to the alcoholics but also the lives of those around them are adversely affected, the spouses of individuals struggling with alcohol addiction often express a range of negative emotions, such as guilt, shame, anger, fear, grief, and isolation. They undergo social, occupational and psychological damage. Alcoholism has a significant impact on the functioning of a marital family. They suffer from high levels of anxiety, depression, neuroticism, and low self-esteem, among other issues. Alcoholism leads to strained relationships, communication breakdown, domestic violence, and a lack of trust and intimacy between partners. Domestic violence, emotional abuse, and financial difficulties are common and well-recognized problems faced by wives of individuals with alcohol addiction.

Wives who cohabit with persons with alcohol use disorder face a range of difficulties in the short term and long term. However, these challenges can result in enduring problems that individuals must manage over an extended period. The coping strategies employed by wives of individuals with alcohol addiction refer to the collective attempts, both behavioral and psychological, to manage, endure, lessen, or limit the stress caused by their spouse's drinking. These coping mechanisms are typically categorized into two major approaches: problem-focused and emotion-focused. [6]

Need For Study

A review of the existing literature reveals a consistent pattern of psychiatric morbidity among spouses of alcohol-dependent patients. As reported higher rates of depression, anxiety, and other mood disorders in this population compared to the general population. The interplay of chronic stress, emotional burden, and social stigma contributes to the development and persistence of these psychiatric conditions. Additionally, the literature highlights the impact of coping mechanisms and support systems on the mental health of spouses, underscoring the importance of targeted interventions and support strategies.[7]

Despite the substantial body of research on the impact of alcohol dependence on family members, there remain significant gaps in our understanding of the specific psychiatric morbidities experienced by spouses. Existing study often focus on general family dynamics or the impact on children, with less emphasis on the distinct psychological challenges faced by spouses. Furthermore, there is a need for research that examines the effectiveness of various intervention strategies in mitigating psychiatric morbidity among spouses.[8]

Finally, addressing the mental health of spouses is essential for improving the overall efficacy of treatment programs for alcohol dependence, as the well-being of family members plays a critical role in the recovery process.[7]

Rationale Of Study

The spouses of alcoholic patients are often subjected to various forms of physical, psychological, and emotional problems. The spectrum of problems varies from mild emotional insults to physical violence. The present study highlights the problems faced by the spouse of alcoholics into some domains like physical health and mental health.Anxiety, depression, and poor adjustment are commonly reported problems among the wives of alcoholics in literature. Some other authors have also reported negative emotions such as anger, frustration,

desperation, nervousness, fear, guilt, and at times hostility among spouse of alcoholic clients. Some of the authors have even reported the terms neurotic, psychologically maladjusted, and sadistic in context of wives of alcoholic clients. These negative emotional states further affect the self-esteem, self-concept, meaning in life, quality of life, and overall life satisfaction among them

MATERIAL AND METHODS

Study Population: Spouses of patients diagnosed with alcohol dependence syndrome in the outpatient clinic of Saraswathi Institute Of Medical Sciences (SIMS) which is a tertiary care hospital

Study Design: Cross sectional descriptive study.

Sample Size: A sample of 100 subjects whose spouses are alcohol dependent individuals according to ICD 11 criteria.

Sampling Technique: Patients registered in the walk in clinic ,on the respective OPD day who satisfied the inclusion and exclusion criteria were considered for the study

Inclusion Criteria

1) Spouses of individuals who fulfil the criteria for alcohol dependence according to ICD-11
2) Subjects between age of 18-60 yrs
3) Spouse should be living with the patient for atleast one year
4) Those patients/spouses who gave written and informed consent

Exclusion Criteria:

1) Spouses with primary psychiatric disorder and/or with chronic physical illness
2) People having anyone except their spouse as their primary caregiver
3) Those who diagnosed to have any other substance use
4) No other family member with chronic medical illness should be dependent on caregiving spouse

Data Collection Tools

1. Semi-structured proforma – For history taking, general physical examination, and mental state examination.
2. ICD-11 criteria – To clinically diagnose alcohol dependence syndrome.[53]
3. Socio-demographic proforma – To collect details regarding age, education, occupation, income, religion, and domicile of both the spouse and the patient.
4. Mini International Neuropsychiatric Interview (MINI) – To screen for psychiatric disorders in the spouses.
5. Severity of Alcohol Dependence Questionnaire (SADQ) – To assess the severity of alcohol dependence in patients.
6. Alcohol Use Disorders Identification Test (AUDIT) – To evaluate alcohol use patterns

Data Analysis

The collected data was entered into Microsoft Excel and analysed using IBM SPSS (v29.0). Descriptive statistics such as mean ± standard deviation (SD) and frequency distribution were used to summarize the data. Inferential statistical tests, including the Chi-square test, correlation analysis, were applied to determine associations between psychiatric morbidity and alcohol dependence severity. A p-value of <0.05 was considered statistically significant.

Ethical Considerations

1. Institutional Ethical Clearance – Ethical approval was obtained from the Institutional Ethics Committee, and the clearance certificate was attached.
2. Informed Consent – Written informed consent was obtained from all participants after explaining the study's purpose, procedures, and potential risks.
3. Confidentiality – All collected information was kept strictly confidential, and data were anonymized to protect participants' identities.
4. Non-coercion Policy – Participation was voluntary, and non-participation did not affect the medical services offered.
5. Treatment and Referral – Alcohol-dependent patients were provided appropriate treatment and counseling at the de-addiction clinic at SIMS Hospital, Hapur.

RESULTS

Table 1: Severity of Alcoholic Dependence among Alcohol Dependent Patients

SADQ-C (Interpretation)	Frequency (n)	Percentage (%)
Low Dependence	17	17.0%
Moderate Dependence	27	27.0%
Severe Dependence	56	56.0%

Table 3 shows the severity distribution of alcohol dependence among the alcohol-dependent patients in the study. According to the SADQ-C (Severity of Alcohol Dependence Questionnaire – Clinical), the majority of patients had Severe Dependence (56%), followed by Moderate Dependence (27%) and Low Dependence (17%).

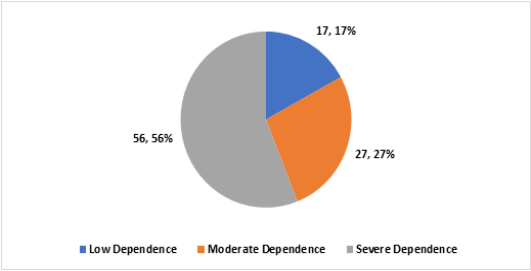

Figure 1 Severity of Alcoholic Dependence among Alcohol Dependent Patient

Table 2: Comparison of Alcohol Use Disorders Identification Test Score with Severity of Alcohol Dependence

SADQ-C (Interpretation)	Audit Score (Mean ± SD)	P Value
Low Dependence	15.5 ± 9.0	<0.001*
Moderate Dependence	23.2 ± 3.5	
Severe Dependence	33.0 ± 4.0	
Total	27.4 ± 8.5	

Table 4 shows the comparison of the Alcohol Use Disorders Identification Test (AUDIT) Score with the severity of alcohol dependence. The mean AUDIT score for patients with Low Dependence is 15.5 ± 9.0, which is significantly lower compared to the Moderate Dependence group (mean score of 23.2 ± 3.5) and the Severe Dependence group (mean score of 33.0 ± 4.0). The total mean AUDIT score across all patients is 27.4 ± 8.5, indicating a generally higher level of alcohol-related issues within the sample. The P value of <0.001 shows that there is a statistically significant difference between the AUDIT scores across the different levels of alcohol dependence, with higher scores correlating with more severe dependence.

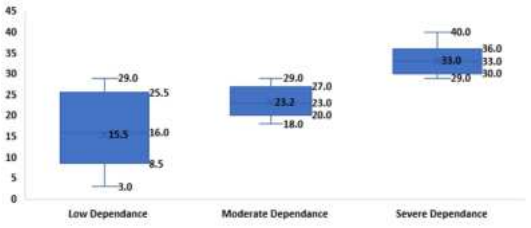

Figure 2: Comparison of Alcohol Use Disorders Identification Test Score with Severity of Alcohol Dependence.

Table 3: Incidence Of Major Depressive Disorder In Spouses Due To Severity Of Alcohol Dependence

Major Depressive Disorder	Low Dependence (n, %)	Moderate Dependence (n, %)	Severe Dependence (n, %)	Total (n, %)
Present	2 (5.1%)	10 (25.6%)	27 (69.2%)	39 (100%)
Absent	15 (24.6%)	17 (27.9%)	29 (47.5%)	61 (100%)
P-value	0.025*			

The P-value of 0.025 shows a statistically significant association between the presence of Major Depressive Disorder among spouses and the severity of alcohol dependence in patients.

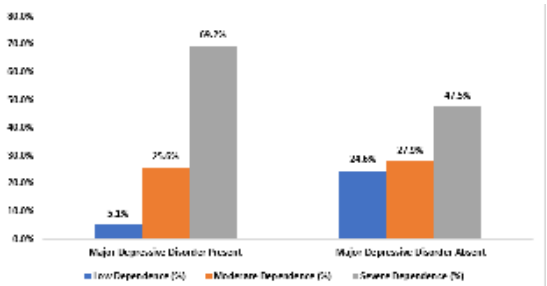

Figure 3: Incidence Of Major Depressive Disorder In Spouses Due To Severity Of Alcohol Dependence

Table 4: Incidence Of Anxiety Disorder In Spouses Due To Alcohol Dependence

Anxiety	Low Dependence (n, %)	Moderate Dependence (n, %)	Severe Dependence (n, %)	Total (n, %)
Generalized Anxiety Disorder	2 (6.1%)	12 (36.4%)	19 (57.6%)	33 (100%)
Social Anxiety Disorder	2 (11.1%)	2 (11.1%)	14 (77.8%)	18 (100%)
Absent	13 (26.5%)	13 (26.5%)	23 (46.9%)	49 (100%)
P-value	0.035*			

The P-value of 0.035* shows a statistically significant association between the presence of Anxiety disorder among spouses and the severity of alcohol dependence in patients

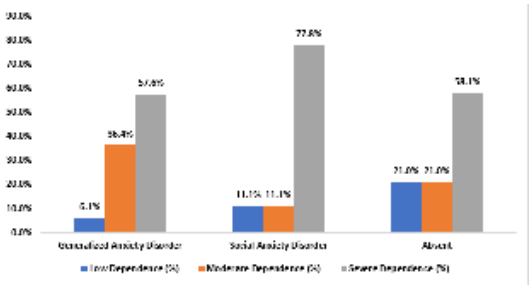

Figure 4: Incidence Of Anxiety Disorder In Spouses Due To Alcohol Dependence

DISCUSSION

Our study found that the majority of alcohol-dependent patients (56%) had severe dependence, while 27% had moderate dependence, and 17% had low dependence, as measured by the Severity of Alcohol Dependence Questionnaire-Community Version (SADQ-C). These findings show a substantial proportion of patients experiencing a high severity of alcohol dependence in our sample.

Stockwell et al. [9] emphasized that the SADQ-C was developed to assess dependence severity across a broad spectrum rather than merely distinguishing between dependent and non-dependent individuals

Our study found a significant association between Alcohol Use Disorders Identification Test (AUDIT) scores and the severity of alcohol dependence, with a mean AUDIT score of 15.5 ± 9.0 in the low-dependence group, 23.2 ± 3.5 in the moderate-dependence group, and 33.0 ± 4.0 in the severe-dependence group ($p < 0.001$). This demonstrates a clear trend where increasing dependence severity is reflected in higher AUDIT scores.

Similarly, Rubinsky et al. [10] reported that higher AUDIT scores were associated with an increased likelihood of alcohol dependence, a greater number of endorsed alcohol use disorder criteria, and higher daily alcohol consumption.

Alcohol dependence also places a substantial burden on spouses and families. Singh et al. [11] reported that spouses of alcohol-dependent individuals experience significantly higher burden scores compared to non-affected controls, which likely includes financial strain, though this was not explicitly measured

Our study found a significant association between the presence of Major Depressive Disorder (MDD) among spouses of alcohol-dependent patients and the severity of alcohol dependence ($p = 0.025$). The prevalence of MDD was highest among spouses of patients with severe alcohol dependence (69.2%), compared to those with moderate (25.6%) and low dependence (5.1%).Singh et al. [11] also reported a significantly higher burden of care among spouses of alcohol-dependent individuals, which may further predispose them to mental health disorders, including depression.

Women, who often take on caregiving roles, may be particularly vulnerable to developing depression due to the chronic stress of dealing with a spouse's alcohol dependence. Previous research has shown that the psychological toll of caregiving for an alcohol-dependent partner is associated with high levels of emotional distress, anxiety, and depression (Vaishnavi et al.) [12].

Our study found a significant association between the presence of anxiety among spouses of alcohol-dependent patients and the severity of alcohol dependence ($p = 0.035$). Generalized Anxiety Disorder (GAD) was present in 57.6% of spouses of patients with severe alcohol dependence, while Social Anxiety Disorder (SAD) was found in 77.8% of this group. Spouses of patients with lower dependence levels showed lower rates of anxiety disorders, suggesting a direct link between increasing alcohol dependence severity and spousal anxiety.

The psychological distress experienced by spouses of alcohol-dependent individuals has been widely documented. Vaishnavi et al. [12] reported that caregivers, including spouses, face significant emotional, financial, and familial burdens, with this burden increasing with the severity of alcohol dependence. Anxiety is a common response to chronic stress, and the unpredictable behavior of an alcohol-dependent spouse— combined with financial strain, social stigma, and family disruption—can contribute to the development of anxiety disorders.

CONCLUSION

Our study revealed the severity of alcohol dependence, 56% of the patients had severe dependence, as assessed by the SADQ-C score. The AUDIT scores correlated significantly with the severity of dependence ($p < 0.001$), reinforcing the validity of these screening tools in identifying high-risk individuals.

The study further shows a significant association between the psychiatric morbidity of spouses and the severity of alcohol dependence. Major depressive disorder ($p = 0.025$) and anxiety disorders ($p = 0.035$) were significantly higher in spouses of severely alcohol-dependent patients.

Conflict Of Interest: None

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