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ASSESSMENT OF CAREGIVER BURDEN OF THE PATIENTS SUFFERING FROM ALCOHOL DEPENDENCE

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ABSTRACT **Introduction:** Caregiver burden is characterised as the strain or stress experienced by caregivers in response to the challenges and difficulties inherent in their role as caregivers to the recipient of care. **Objectives:** 1. Assessment of Caregiver Burden of the patients Suffering from Alcohol dependence. 2. Evaluate factors associated with the caregiver burden. **Material And Methods:** Site of study: Department of Psychiatry, SIMS, Hapur. Study of design: Cross-sectional observation study.Study duration: From August 2025 to October 2025. Sample size: The study sample consisted of 50 subjects and their accompanying caregiver. Sample.Study Tools 1. Informed Consent Form. 2. Socio-demographic and Clinical Data Sheet. 3. ICD 10 Criteria of Alcohol Dependence 4. Burden assessment scale (BAS). 5. Severity of Alcohol Dependence Questionnaire (SADQ). Statistical Analysis: Data were encoded and analyzed using Microsoft Office Excel and the Statistical Package for the Social Sciences (SPSS) version 23. **Results:** In our Study Majority of subjects was in age group of 31-40 years of age group. Study also depicted majority of subjects has mild alcohol dependence (n=30), followed by moderate alcohol dependence (n=19), and severe dependence (n=1) in the study. Participants with Low Burden exhibit a majority of mild Alcohol dependence (n=39%), followed by moderate Alcohol dependence (n=10), and a smaller proportion of severe Alcohol dependence (n=1). In contrast, individuals experiencing High Burden display a more balanced distribution between moderate Alcohol dependence (n=29) and mild Alcohol dependence (n=21), with severe Alcohol dependence absent.**Conclusion:** Caregiver of alcohol dependent patients often grapple with depression, adopt maladaptive coping mechanisms, and Physical and Financial Burden.

KEYWORDS : Alcohol use Disorder, Burden Assessment, Caregiver burden

INTRODUCTION

Alcoholism is characterised as a pathological state stemming from the excessive consumption of alcoholic beverages. As delineated by the American Psychiatric Association, the diagnostic criteria for alcoholism comprise three main facets: firstly, the manifestation of physiological symptoms such as hand tremors and blackouts; secondly, an insatiable compulsion to consume alcohol; and thirdly, the emergence of behavioural disruptions that significantly impede occupational functioning. Concurrently, alcohol dependence syndrome is conceptualised as a constellation of physiological, behavioural, and cognitive manifestations where in the consumption of alcohol supersedes other behaviours previously deemed of greater significance to the individual.[1]

The surveys focusing on alcohol and drug use yield valuable data regarding current alcohol consumption. According to a survey done in 2019,the prevalence of current alcohol use in India is reported at 14.6%.[2] The National Survey on Extent and Pattern of Substance use in India (NNCDMS) 2017-2018 conducted during the same period reported a similar prevalence of 15.9%, indicating that current alcohol use in India is significantly lower than the global average reported by the World Health Organization (WHO) which estimated nearly 57% of the global population reporting alcohol consumption in the past 12 months.

Drinking pattern has been classified into three categories according to frequency of drinking (during the previous six months) and amount of alcohol intake : (1) continuous drinkers = (almost) daily alcohol consumption without binges; (2) frequent heavy drinkers = frequent alcohol consumption (more than 3 days/week) with frequent intoxication (more than one/week); (3) episodic drinkers = less frequent, irregular alcohol consumption with longer (>5 days) sober periods, and some binges (less than one/week).[3]

Caregiver is defined as an individual, such as a family member or guardian, who takes care of a child or dependent adult. Caregiver burden In many families, individuals who assume the role of caregivers for patients with alcohol dependence syndrome experience profound repercussions. Caregivers often grapple with familial conflicts, economic turmoil, and even instances of abuse perpetrated by the affected patients, culminating in a loss of purpose and feelings of hopelessness. Caregiver burden is characterised as the strain or stress experienced by caregivers in response to the challenges and difficulties inherent in their role as caregivers to the recipient of care. This condition arises from the demanding nature of care giving tasks and the limitations it imposes on the caregiver, leading to discomfort.[4] The impact of caregiver burden extends across multiple domains, affecting caregivers physical, psychological, emotional, and functional well -being.[5] Frequently, caregivers experience symptoms of depression, resort to maladaptive coping mechanisms, and express apprehension about their overall quality of life.

Alcohol dependence is commonly referred to as a "family disease" as it extends far beyond the patients to encompass their immediate social circle. The financial, physical social and psychological burden on the caregiver is immense and many a times this could lead to a co-morbidity in the caregiver itself. They themselves are mostly neglected as the primary focus is on the patient. There still aren't many studies to assess this burden in caregivers. Hence this study was done to highlight the burden felt by caregivers of the patients of alcohol dependence and to support them as well.

OBJECTIVES

1. Assessment of Caregiver Burden of the patients Suffering from Alcohol dependence.
2. Evaluate factors associated with the caregiver burden.

MATERIALS AND METHODS

This was a cross- sectional observational hospital-based study to assess the caregiver burden in alcohol dependence patients. Patients and caregivers attending the psychiatry OPD in Department of Psychiatry, SIMS, Hapur were recruited. All the diagnosed patients of alcohol dependence as per the International Classification of Disease 10 (ICD-10), and age more than 18 years with history of alcohol dependence were included while those with other mental illness and additional organic disease or intellectual disability were excluded. The caregivers who assisted the patients in their daily functions, were performing their medical monitoring and treatment, who do not perform this work as a professional job, and who are more than 18 years of age are included in the study. Total 50 alcohol dependence patients with their caregivers included in the study. The study excluded caregivers not willing to participate, with an intellectual disability or disease affecting their cognitive or mental functions. After obtaining written informed consent from all the participants they were enrolled

in the study. The assessment was done by preformed semi-structured proforma. After obtaining data clinical assessment of patient group was done using severity of alcohol dependence questionnaire (SADQ) while those of caregivers with Burden Assessment Scale (BAS). The SADQ is twenty item questionnaire and for mild dependence the score was from 8-15, for moderate dependence the score was 16-30, and for severe dependence the score was >30. The Burden assessment scale has 19 items questionnaire and each item has score from 1 to 4. The optimal cut-off point for the BAS was 19–39 for low burden and 40–76 for high burden. The maximum score for burden assessment scale was 76 and minimum was 19. There was no financial funding in study.

Data was analysed with IBM SPSS statistics version 26 Chicago, IL statistical software. Data were presented as frequencies, percentages, mean, And standard deviation. Correlation between severity of alcohol dependence and caregiver burden and duration of alcohol dependence with caregiver burden and sociodemographic of subjects and caregiver with caregiver burden were assessed using Pearson's correlation coefficient.

RESULTS

Table 1 - Age group wise distribution of patients and care givers

Age groups (years)	Patients (n=50)	Caregiver (n=50)
21-30	13	6
31-40	21	25
41-50	10	13
51-60	4	5
More than 60	2	1

This table shows the age distribution of 50 alcohol-dependent patients and their 50 caregivers, grouped into 21–30, 31–40, 41–50, 51–60 and more than 60 years. The largest proportion of patients falls in the 31–40 year age group (42%), followed by 21–30 years (26%), while caregivers are also predominantly 31–40 years (50%), with fewer caregivers at the extremes of age. This indicates that alcohol dependence most commonly affects individuals in early and middle adulthood and that caregivers tend to be slightly older but still largely in the working-age range.

Table 2- Gender wise distribution of patients and care givers

Gender	Patients (n=50)	Caregiver (n=50)
Male	50	4
Female	0	46

All patients in the sample are male (100%), whereas 92% of caregivers are female (46 out of 50), with only 4 male caregivers. This highlights that alcohol dependence in this setting is predominantly a male problem, and caregiving is overwhelmingly undertaken by women, reflecting gendered roles in Indian families.

Table 3 - Marital status wise distribution of patients and care givers

Marital status	Patients (n=50)	Caregiver (n=50)
Single	10	2
Married	31	44
Divorced	5	1
Widow	4	3

Among patients, 62% are married, 20% single, 10% divorced and 8% widowed, while among caregivers, 88% are married, 4% single, 2% divorced and 6% widowed.

Table 4 - Education wise distribution of patients and care givers

Education status	Patients (n=50)	Caregiver (n=50)
Illiterate	3	10
Primary	20	18
Higher secondary	18	16
Graduate	9	6

Among patients, most have primary or higher secondary education (40% and 36% respectively), with 18% graduates and 6% illiterate; caregivers show a similar pattern, but with a higher proportion of illiteracy (20%) and primary education (36%). Overall, the sample largely belongs to a low to middle educational background, which may influence awareness of illness and access to resources.

Table 5 - Occupation wise distribution of patients and care givers

Occupation	Patients (n=50)	Caregiver (n=50)
Unemployed	6	18
Unskilled labour	13	21
Skilled labour	21	7
Self employed	10	4

Among patients, 42% are skilled labourers, 26% unskilled, 20% self-employed and 12% unemployed, whereas among caregivers, 36% are unskilled labourers, 36% unemployed, 14% skilled and 8% self-employed.

Table 6 - Socioeconomic status wise distribution of patients

Socioeconomic status	Patients (n=50)
Upper middle	4
Lower middle	11
Upper lower	15
Lower	20

The majority of patients (40%) belong to the lower class, followed by upper-lower (30%), lower-middle (22%) and only 8% in the upper-middle class. This indicates that alcohol dependence in this sample is concentrated among economically disadvantaged groups.

Table 7 - Relationship of the caregiver with the patients

Relationship	Patients (n=50)
Parent	18
Spouse	30
Sibling	2

Spouses constitute the largest caregiver group (60%, 30 out of 50), followed by parents (36%, 18 out of 50), with only 4% siblings. This pattern underscores that the immediate family—especially wives and parents—bears the primary caregiving responsibility for alcohol-dependent individuals.

Table 8 - Correlation between SADQ severity of patients and BAS score in caregivers

SADQ severity	Low Burden	High Burden	P value
Mild	18	12	0.0454
Moderate	5	14	Chi value
Severe	0	1	6.1828

Among mildly dependent patients, 18 caregivers report low burden and 12 high burden, whereas among moderately dependent patients, 5 caregivers have low burden and 14 high burden; in the severe group, the single case has high burden. The chi-square value 6.1828 with P = 0.0454 indicates a statistically significant association between greater severity of alcohol dependence and higher caregiver burden.

DISCUSSION

The present study demonstrates that caregivers of patients with alcohol dependence experience substantial burden, and that this burden increases significantly with the severity of dependence as measured by SADQ. Most patients were in the productive age group of 21–40 years and all were male, while caregivers were predominantly female, usually spouses or parents, belonging mainly to lower socioeconomic and lower educational strata. This sociodemographic profile reflects the typical pattern seen in Indian alcohol-dependence services, where alcohol use is largely a male phenomenon and caregiving is embedded in traditional family structures.[6]

The significant association found between SADQ severity and BAS-measured caregiver burden in this study is consistent with several Indian reports that show higher dependence severity correlating with higher burden. A study from India examining severity of alcohol dependence and caregiver burden reported that more than half of caregivers had severe burden and that SADQ scores were positively correlated with caregiver burden scores, very similar to the trend seen in the current work. Another Indian study using standard burden scales also concluded that caregivers of alcohol-dependent patients experience significant objective and subjective burden, with financial stress and disruption of family routines being particularly prominent. The current findings, with rising proportions of high burden as dependence shifts from mild to moderate and severe, reinforce the notion that caregiver strain is closely linked to the clinical severity of the patient's alcohol use.[7,8]

Recent Indian work has further refined this association by examining resilience alongside burden. An observational study from rural South India using SADQ and a caregiver burden scale showed that nearly half of caregivers of severely dependent patients faced moderate to severe burden and that higher dependence severity was associated with poorer resilience among caregivers. Another eastern Indian study similarly reported that caregiver burden scores were highest among families of severely dependent patients and that burden correlated

positively with both age and dependence severity. The present study, though not assessing resilience, aligns with these findings in demonstrating that as dependence becomes more severe, caregivers bear a disproportionately higher psychological and functional load.[9,10]

CONCLUSION

This hospital-based cross-sectional study from a tertiary centre in North India shows that caregivers of alcohol-dependent patients experience substantial burden, which increases significantly with the severity of alcohol dependence as measured by SADQ. Patients were predominantly married men from lower socioeconomic backgrounds, while caregivers were mainly female spouses and parents with low educational and occupational status, reflecting the gendered and socio-economic concentration of caregiving roles. The pattern of high caregiver burden and its positive association with dependence severity is in line with findings from other Indian and international studies on alcohol dependence and family burden. These results highlight the need to routinely assess caregiver burden in alcohol-dependence services and to incorporate structured family-focused interventions, psychoeducation and social support into treatment programmes, especially for families of patients with moderate to severe dependence.

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