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Research Paper

Family Burden in Substance Use Disorders

Medical Science

KEYWORDS : Family burden, coping, substance dependence, caregivers.

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ABSTRACT

Aim: Assessment of burden in caregivers is important in long-term management of these patients. The present study aims to assess family burden in caregivers of patients of Substance use disorders.

Method: 50 consecutive key relatives of patients of Substance use disorder attending De-addiction OPD at Pt BD Sharma PGIMS, Rohtak comprised the study sample. A specially designed proforma was used to take the sociodemographic profile of the patients and caregivers. The family burden was assessed on the Interview Schedule developed by Pai and Kapur.

Results: It was found that maximum number of caregivers included the spouses i.e., wives (80%) in the study group. Both subjective and objective perceived burden was perceived as moderate to severe by the caregivers with maximum burden in the area of financial burden and disruption of family routine.

Conclusion: Substance dependent subjects cause considerable amount of distress to their caregivers.

Introduction

Substance use disorders result in adverse impact on the caregivers. The burden on families on account of substance abuse by a family member has begun to come into focus since the 1990s (Pai and Kapur, 1981). The term burden is defined differently by different people. For the research purpose, burden has been operationally defined as 'effects of subject upon family' on various areas, namely financial, family routine, family leisure, family interaction, and physical and mental health of others. Hoenig and Hamilton attempted to distinguish between subjective and objective burden. The former includes the effects of illness on finances and routine of family, while the latter is defined as the extent to which the family members are affected by objective burden (Hoenig and Hamilton, 1966).

The presence of individual with drug dependence in the family affects various aspects of family like leisure time activities, family and social relationships and finances. The financial burden, one of the major burden areas, is likely to be experienced due to loss of patient's income and use up of funds to procure substances (Bush et al., 1996). The perceived and experienced burden and its consequences depend on the degree of tolerance and acceptance of the behavior of individual with substance dependence by the family members. The coping strategies used by caregivers include pleading, threatening, arguing, avoiding, withdrawing, being indulgent, taking greater control or responsibilities, seeking outside help and taking steps towards separation (Orford et al., 2005). The families of substance dependence, specially the spouses, have increased risk of stressful life events, medical and psychiatric disorders, and greater use of medical care services (Lennox et al., 1992; Connors et al., 2001; Bhowmick et al., 2001; Ray et al., 2007). Thus, the present study was attempted to study the impact of substance abuse has on the family system, especially in the family of developing country where family tie is more supportive and cohesive. The present study aims to study the burden on families of patients of substance dependence.

Material and methods:

It was a cross-sectional study. 50 consecutive key relatives of patients of Substance dependence attending De-addiction outpatient department at Pt B.D. Sharma PGIMS, Rohtak comprised the study sample. All the participants signed written informed consent. Approval for the study was granted from Ethical Board of Post Graduate Institute of Medical Sciences, Rohtak, Haryana.

Inclusion criteria-

Key relatives of the patient:

- Either sex
- Above 18 years
- Duration of substance dependence according to ICD-10 criteria (WHO, 1992) of more than one year.
- Staying with the patient during the last one year prior to the study.

Exclusion criteria

- Patients with major chronic psychiatric illness (Schizophrenia, mania, depression or other psychoses).
- Family history of major psychiatric disorder or chronic physical illness.
- Participants who did not give consent.

Measures

The socio-demographic profile was taken on a specially designed proforma which included details regarding both the patients and the key relative (caregiver). It also included the details of nature and duration of substance dependence by the patients.

The Interview Schedule: This is a semi-structured interview schedule given by Pai and Kapur (1981) which is used to assess both the subjective and objective burden. It assesses the perceived family burden in the following problem areas:

Financial burden
Family routine
Family leisure
Family interaction
Physical health
Mental health

Statistical analysis

The data collected during the study was entered in the Microsoft excel format and was analyzed using SPSS 14 version Microsoft software. Descriptive statistical analysis was done for continuous and categorical variables. Chi Square test and unpaired student t-test was applied for comparison between the two groups. The p-values were two tailed and probability level of significant difference was set at <0.05.

Results

Table 1 shows the socio-demographic profile of the patients as well as their caregivers. It shows that maximum number of patients were of alcohol dependence (60%) followed by patients of opioid dependence (20%). Most of them had duration of dependence for less than 10 years (82%). The mean age of

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the caregivers was 37.84±9.52 years. Most of the caregivers were spouse and included wives (76%). Most of the caregivers were less educated i.e., upto primary level, unemployed (housewives), belonged to rural background and had lower family income (<10,000/month).

Table-1 Socio-demographic profile of patients and their caregivers.

Patients with substance use disorder (n=50)		Caregivers of substance use disorder (n=50)	
Mean age (years)	38.2±10.5	Mean age (years)	37.84±9.52
Sex Male Female	 47 (94%) 3 (6%)	Relation with the patient Spouse Parents Others	 40 (80%) 6 (12%) 4 (8%)
Marital status Married Unmarried	 40 (80%) 10 (20%)	Education Primary High school Graduate	 25 (50%) 20 (40%) 5 (10%)
Nature of substance dependence Alcohol Opioids Multiple Others	 30 (60%) 10 (20%) 7 (14%) 3 (6%)	Residence Rural Urban Employment Employed Unemployed	 28 (56%) 22 (44%) 16 (32%) 34 (68%)
Duration of dependence (years) <5 6-10 11-15 >15	 24 (48%) 17 (34%) 7 (14%) 2 (4)	Family type Joint Nuclear Family income (per month) <10000 >10000	 27 (54%) 23 (46%) 43 (86%) 7 (14%)

Table 2 shows the burden on family perceived by the caregivers. Both subjective and objective burden was perceived as moderate to severe with severe. 70% of the caregivers perceived severe subjective burden while 60% perceived severe objective burden. The maximum burden was perceived as the financial burden and disruption in family routine.

Table-2 Family burden perceived by caregivers in different problem areas

Burden	Frequency (%)			Mean±SD
	No burden(0)	Moderate (1-24)	Severe (25-48)	
Subjective burden	0 (0)	15 (30%)	35 (70%)	1.84±0.48
Objective burden (burden areas)	0 (0)	20 (40%)	30 (60%)	30.64±4.05
Financial burden	0(0)	10 (20%)	40 (80%)	8.51±2.31
Family routine	0(0)	12 (24%)	38 (76%)	6.86±2.06
Family routine	0(0)	17 (34%)	33 (66%)	5.28±1.71
Family interaction	0(0)	17 (34%)	33 (66%)	6.64±2.25
Physical health	0(0)	39 (78%)	11 (22%)	1.70±1.09
Mental health	0(0)	40 (80%)	10 (20%)	1.66±1.17

Table 3 shows that the perceived family burden (total) and socio-demographic variables of the caregivers were not correlated. Although, it was found that most of the caregivers were of low socioeconomic status.

Table 3 Relation between perceived family burden (total) and their socio-demographic variables.

Variable	Categories	Mean±SD	P value
Age	18-30 31-40 41-50 51-60	43.45±9.44 41.89±7.61 45.07±7.16 42.00±11.46	0.826 (NS)
Education	Primary High school Graduate	43.64±8.14 43.20±8.06 39.60±10.23	0.246 (NS)
Residence	Rural Urban	44.07±8.02 41.77±8.49	0.291 (NS)
Family type	Joint Nuclear	41.45±8.33 44.95±7.85	0.862 (NS)
Family income	<5000 6000-10000 11000-15000 >15000	43.85±8.23 43.80±7.53 38.60±10.52 37.50±7.78	0.346 (NS)
Substance dependence	Alcohol Opioid Others Multiple	44.83±8.77 40.30±8.84 38.66±6.42 43.00±4.20	0.946 (NS)
Duration of illness (yrs)	<5 6-10 11-15 >15	42.45±7.96 42.47±7.80 45.71±11.17 46.00±7.07	0.517 (NS)

NS-not significant (p value->0.05)

Discussion

Substance abuse impacts the functioning of the family and poses a considerable burden of care. To study the family burden in patients of substance dependence is useful in designing and planning interventions to help the families to cope with substance dependence. The present study assumes greater relevance because of the needed emphasis on developing community mental health services under the primary health care and community participation (NMHP, 1982). The aim is to focus on the treatment of the patients as well as to meet the needs of the caregivers. Similar approach has been used successfully in other psychiatric disorders (Scazufca and Kuipers, 1998).

The socio-demographic and clinical profile of our sample included caregivers of low socioeconomic status and mostly the spouse (wives). Similar profile had been reported in the earlier studies (Chandra K, 2004 and Matto et al., 2009). It was expected to find disruption of family routine, leisure and interaction as common areas of burden as our patients were staying with their families. Also, the maximum burden was found as the financial burden is understandable as patients of substance abuse spend a lot of money in procuring and using the substance and living through the consequences like accidents and crimes, buying medications and seeking health services (Bush et al., 1996). In our study, the low income group was more burdened in terms of finances, disruption in family routine and family interaction, as well as mental health of the family members (Bush et al., 1996).

The present study had several limitations. The sample size was small and taken from a tertiary care centre and hence could not be generalized. Most of the patients were males (94%). The assessment was cross-sectional and non-blind. All the information was obtained from a single family caregiver. The future research should be done in larger cohort with prospective design to further study the effects of other mediators like coping and social support on the family burden.

Conclusion

Our study showed that substance dependent subjects cause considerable amount of distress to their caregivers, especially to spouses. Thus, there is a need to expand treatment of substance dependence and to actively involve the families in the therapeutic process. Also, there is a need to assign equal importance to family members and the patients in both treatment and continuing care phases.

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