



MARITAL SATISFACTION AND QUALITY OF LIFE IN PATIENTS WITH ALCOHOL AND OPIOID DEPENDENCE SYNDROME: A HOSPITAL BASED STUDY

Epidemiology

Dr. Vinay Kumar	Assistant Professor, State Drug Dependence Treatment Centre, PGIMS, Rohtak.
Dr. Sunila Rathee*	Assistant Professor, State Drug Dependence Treatment Centre, PGIMS, Rohtak. *Corresponding Author
Dr. Sidharth Arya	Assistant Professor, State Drug Dependence Treatment Centre, PGIMS, Rohtak.
Dr. Priti Singh	Assistant Professor, State Drug Dependence Treatment Centre, PGIMS, Rohtak.
Dr. Rajiv Gupta	Director-cum-CEO Institute of Mental Health, Pt. BD Sharma University of Health Sciences, Rohtak.

ABSTRACT

Background: Opioid and alcohol consumption is considered as an on-going stressor, not only for the individual, but for family members as well. Spouses are particularly affected given the intimate nature of their relationship and constant exposure to the behaviour of the dependent persons. Quality of life has emerged as an important treatment outcome measure for alcohol and opioid dependence whose natural course comprises of remission and relapse. **Objective:** To assess the quality of life, marital adjustment and among the patients of alcohol and opioid dependence syndrome. **Materials and Methods:** This was a cross sectional hospital based study and included 100 treatment seeking population 50 each with alcohol dependence and opioid dependence as per ICD-10 criteria. The participants were purposively selected and informed consent were taken. Research tools were Hindi version of Kansas Marital Satisfaction scale and WHOQOL-BREF. **Results:** The mean age of the participants were 34.87 ± 12.48 years. The study did not observe a significant difference in the overall domains of quality of life. Except the overall health domain, quality of life was more in alcohol subjects as compared to opioid subjects ($p < 0.05$). There was a significant difference in the marital quality of life which was lower in opioid dependence than alcohol dependence subjects. **Conclusion:** Improved marital adjustment are most important part of improved quality of life and its sustainability plays key role in preventing relapse and reaching to the recuperation. Effective management for the alcohol and opioid patients must include the marital intervention to improve the recovery and rehabilitation of the patients.

KEYWORDS

Marital satisfaction, quality of life, alcohol dependence, opioid dependence.

INTRODUCTION

Alcoholism is a major public health concern around the world today, the magnitude of problem in our country is considerable given that India has the second largest population in the world with 33% of its population consuming alcohol [1, 2]. The available data suggest an alarming increase of alcohol in the north Indian setting [3, 4]. Alcoholism is considered as an on-going stressor which is associated with multiple life problems and challenges that enhance the risk for a wide range of morbidities not only for the individual but for family members as well. Alcohol related problems thus comprise of physical, psychological and social problems that are a consequence of dependence. Opioid dependence is a major public health problem around the world. Substance dependence has been linked to a "family disease" suffered not only by the substance user but also by family members [5]. Opioid and alcohol consumption is considered as an on-going stressor, not only for the individual, but for family members as well. Spouses are particularly affected given the intimate nature of their relationship and constant exposure to the behavior of the dependent persons. Quality of life has emerged as an important treatment outcome measure for alcohol and opioid dependence whose natural course comprises of remission and relapse. With the acquisition of adult social roles such as marriage, more deviant or socially disapproved behaviors such as drug use often decrease. Therefore, the present study assessed the quality of life, marital adjustment among the patients of alcohol and opioid dependence syndrome.

MATERIALS AND METHODS

This was a cross sectional hospital based study, carried out at SDDTC, Institute of Mental Health, UHS, Rohtak, a tertiary care center for Substance dependence treatment and rehabilitation. 100 (50 alcohol dependence and 50 opioid dependence) patients diagnosed as per ICD-10 and taking treatment from SDDTC IMH, UHS, Rohtak were selected by using purposive sampling technique. With informed consent a specially designed socio-demographic datasheet along with marital adjustment scale and WHOQOL-BREF was administered on participants. Kansas Marital Satisfaction Scale (KMSS) is a 3-item self-report instrument designed to measure marital quality [6]. Items are rated on a 7-point Likert scale, ranging from 1 (extremely dissatisfied) to 7 (extremely satisfied). Total score range from 3 to 21, with high scores meaning better marital quality. The WHOQOL-100 quality of life assessment was developed by the WHOQOL Group

which assesses the individual's perceptions in the context of their culture and value systems, and their personal goals, standards and concerns. The WHOQOL -BREF instrument comprises 26 items, which measure the following broad domains: physical health, psychological, social relationships and environment. The mean score of items within each domain is used to calculate the domain score. The Cronbach's alpha values are 0.7 for domains 1, 2 and 4 i.e. physical health 0.82, psychological 0.81, environment 0.80 but marginal for social relationships 0.68.[7]

STATISTICAL ANALYSIS

Data entry and analysis was done using SPSS version 16.0. Independent sample t test was used to find association between continuous variables. P-value of < 0.05 was taken as significant.

RESULTS

The mean age of the participants were 34.87 ± 12.48 years. The mean age of onset of use of opioid and alcohol was ranging from 20-22 years. Most of the subjects with alcohol and opioid use disorders were having education up to 12th standard and were self-employed. Most of the opiate use subjects were having urban resident background (Table 1).

Table 1 Socio demographic profile of study subjects

Variables		Alcohol (n=50) (%)	Opioid (n=50) (%)
Age	Mean \pm SD	34.87 ± 12.48 years	
	18-30 years	20 (40)	25 (50)
	31-50 years	25 (50)	15 (30)
	> 50years	05 (10)	10 (20)
Age of Onset		22.3 ± 4.4	20.8 ± 6.4
Average year of Substance intake			
Education	Primary	04 (8)	03 (6)
	Secondary	14 (28)	18 (36)
	12 th or more	32 (64)	29 (58)
Occupation	Study	11 (22)	10 (20)
	Self employed	28 (56)	27 (54)
	Govt. Job	04 (08)	05 (10)
	Unemployed	07 (14)	06 (12)
Residence	Rural	18 (36)	12 (24)
	Urban	16 (32)	31 (62)
	Semi urban	16 (32)	07 (14)

The mean overall quality of life score of opioid and alcohol subjects were 2.5 & 2.6 respectively. The study did not observe a significant difference in the overall domains of quality of life ($p > 0.05$). The mean overall health score of opioid and alcohol subjects were 3 & 2.8 respectively. The mean physical and psychological score of QOL was more in opioid and alcohol subjects (19.86 Vs 22.40 & 15.4 Vs 17.4). Moreover, similar increase in QOL was observed in the social and environmental domains among opioid subjects as compared to alcohol subjects. Except the overall health domain, quality of life was more in alcohol subjects as compared to opioid subjects ($p < 0.05$) (Table 2).

Table 2 Quality of Life of Participants

Domain		Mean	Sd	t(df=98)	P
Overall QOL	Opioid	2.53	0.899	0.316	0.752
	Alcohol	2.60	0.723		
Overall Health	Opioid	3.00	0.525	0.812	0.42
	Alcohol	2.86	0.730		
Physical QOL	Opioid	19.86	1.851	3.307	0.002
	Alcohol	22.40	3.765		
Psychological QOL	Opioid	15.46	1.569	3.507	0.001
	Alcohol	17.46	2.700		
Social QOL	Opioid	8.06	1.362	3.292	0.002
	Alcohol	9.46	1.888		
Environmental QOL	Opioid	21.93	3.393	2.327	0.023
	Alcohol	24.73	5.650		

Table 3 summarizes the marital satisfaction of participants. There was a significant difference in the marital quality of life which was lower in opioid dependence than alcohol dependence subjects. In the partner domain, marital satisfaction was more reported by alcohol subjects than opioid subjects (3.5 Vs 2.6). In the relationship domain also, marital satisfaction was more reported by alcohol subjects than opioid subjects (2.9 Vs 1.1). Similar findings also observed in marriage domain in which marital satisfaction was more reported by alcohol subjects than opioid subjects (3.5 Vs 2.1).

Table 3 Marital Satisfaction of Participants

Domain		Mean	Sd	t (df=98)	P
Partner	Alcohol	3.58	0.76	8.459	0.001
	Opioid	2.63	0.23		
Relationship	Alcohol	2.98	0.55	20.654	0.001
	Opioid	1.15	0.30		
Marriage	Alcohol	3.55	.85	8.620	0.001
	Opioid	2.16	.76		

DISCUSSION

Alcohol dependence syndrome has deleterious consequences not only on addict but also on the members of family especially his spouse who is most vulnerable to develop significant psychiatric disorder given the intimate nature of their relationship [8]. A study from a tertiary care hospital of North India reported significant lower scores of QOL in Physical, Psychological, Social relationships and Environment as per WHOQOL-BREF domains among clients with opioid dependence.[9] The present study did not observe a significant difference in the overall domains of quality of life between opioid and alcohol subjects. However, with the exception of overall health domain, quality of life was more in alcohol subjects as compared to opioid subjects ($p < 0.05$).

Addressing these issues will be beneficial as spouses are important source of moral support and assistance to the substance user's quest toward abstinence. Over time, the use of a drug takes on a much higher priority for a given individual, displacing other activities that once had greater value [10]. Individuals with this disorder often lose interest in and neglect their family and social life, education, work and recreation. Providing psychological interventions in the workplace setting can be a reasonable choice for enhancing treatment and improving quality of life among clients with substance use disorders [11, 12]. They may engage in high-risk behaviors and continue taking care for them and bringing them in their previous life is main concern and top priority for the spouses that decreases their quality of life and marital satisfaction. Apart from the pharmacological interventions brief interventions found to be efficacious to cut down excessive use of alcohol and drug use [13, 14]. Many studies supports that various health care professional such as nurses, clinical psychologists can play a significant role in improving adherence to treatment among treatment seeking population [15, 16]. Apart from the general domains of quality of life, specific domains of quality of life such as housing,

leisure and financial situation are equally important predictors to improve overall quality of life. Further studies should address these factors to improve quality of life including marital quality of life

CONCLUSION

Improved marital adjustment are most important part of improved quality of life and its sustainability plays key role in preventing relapse and reaching to the recuperation. Effective management for the Alcohol and Opioid patients must include the marital intervention to improve the recovery and rehabilitation of the patients.

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