



A STUDY TO ASSESS THE SEVERITY OF ALCOHOL DEPENDENCE IN MALE PATIENTS AND FIND THE PREVALENCE OF PSYCHIATRIC COMORBIDITIES IN THEIR SPOUSES

Psychiatry

Dr. Dhakshana Pushpanathan

Senior Resident, Department of Psychiatry, DY Patil Medical College And Hospital, Kolhapur

Dr. Ankit Halder*

Senior Resident, department Of Psychiatry, DY Patil Medical College And Hospital, kolhapur *Corresponding Author

ABSTRACT

Introduction: Alcoholism causes harm to the well-being and health of the person and also the family. Spouses are mostly affected because of the intimate nature of the relationship. **Methodology:** Study included 150 wives of alcohol dependence syndrome patients. Severity of alcohol dependence was calculated using severity of alcohol dependence questionnaire (SADQ). To assess Psychiatric morbidities using MINIPLUS scale. Data was analyzed using statistical software SPSS ver. 21. **Results:** As per Severity (SADQ) score, severe addiction was seen in 32.7%, mild to moderate addiction was seen in 34% and 33.3% respectively. Caregiver burden was moderate in 34% while it was severe in over half (57.3%) of the cases. A significant association was seen between presence of psychiatric co-morbidity and severity of alcoholism ($p < 0.05$) with prevalence of psychiatric morbidity among mild, moderate and severe alcoholism as 33.3%, 50% and 100% respectively; and between presence of caregiver burden and severity of alcoholism ($p < 0.05$) with prevalence of severe caregiver burden among mild, moderate and severe alcoholism cases was 25.5%, 48% and 100% respectively. Psychiatric morbidities as per MINIPLUS scale seen in 60.7% spouses. Most common associated psychiatric morbidity was Major Depressive Disorder (29.3%), Dysthymia (11.3%), Adjustment Disorder (6%), Generalized Anxiety Disorder (4%), Mixed Anxiety and Depression (4%), Somatization Disorder (4%) and Panic Disorder (2%). **Conclusion:** The findings of the present study indicates that mental health and marital satisfaction of spouses is considerably poor and warrant attention. The high rates of psychological problems and psychiatric comorbidities among such spouses need to be addressed either as part of alcohol treatment programs or independently.

KEYWORDS

INTRODUCTION

Liquor / alcohol, as it's known as, is a drug, that can cause acute as well as chronic effects in almost every organ system in the body. Excessive use of alcohol is a major problem in many countries which results in untold misery to the individual by affecting physical, psychological and social disabilities. As per the world health organization (WHO), worldwide disease burden contributed by alcohol usage is about 1.4%, contributing 1.8 million deaths which is about 3.2%, 4% i.e. 58.3 million people adjusted to the disability suffered due to being dependent on alcohol^[1]. About 33% Indian population consumes alcohol (second largest in the world) and 20% of the people, due to alcohol, have poor health status and marked nutritional deficiencies^[2,3]. This leads to a pattern, where there is prolonged, repeated consumption of alcohol by the self which leads to development of tolerance, features of withdrawal and regular and habitual drug consuming actions^[4].

Apart from affecting the health of the person using alcohol, it also causes harm to the family especially spouse of those individuals. Most studies on alcohol, focus on its effect on the patient and not on its effect on spouse or family^[5].

There are few reports about mental health issues in spouses of alcohol dependent persons in the social media but it is not well recognized from the psychiatric point of view. However since 1970, studies were done to look for the problems in family members who had psychological disturbances due to the chronic stress, and further results were analyzed, which point towards the high prevalence of comorbid mental illnesses in partners who takes care of alcoholics. The most reported psychiatric problem was depression in 43% of the partners and about 18% of them developed panic symptoms too^[6].

There were studies which showed correlation with long standing use of spirits and presence of mental illnesses among spouses, like suicidal tendency and depressive symptoms^[7]. The suicidal tendency among spouses were due to domestic violence, lack of money for daily requirements and the suspicious character of the husband towards their spouse which finally resulted in depression leading to withdrawal from the society^[8]. There were lot of personality issues in wives of alcohol dependent persons as compared to non-alcoholics as they tend to be introverts, silent, unable to solve their problems and dependent on groups. They are at bigger jeopardy of developing somatization and hostility when associated with battering. Living with an alcoholic leads to all these disorders of personality in their wives^[9,10]. When studied about personality deficits in the spouses of alcoholics, more were shown to be less extroverted than the spouses of non-alcoholics.

They were reported to be timid, eccentric, silent and group dependent^[11,12]. There have been studies to show the relationship of alcoholism with excellence of marriage^[13] which is inversely linked to the psychological distress. There are poor patterns of reinforcement, role, communication and support among the relatives of alcoholics,^[14] and alcoholic husbands engage in domestic violence which is a chief stressor for the women, followed by poverty in those families^[15].

These women suffer from menstrual problems and irritable bowel syndrome due to this worsened mental health. Also, the sexual relationship becomes very weak which forms the major factor for the breakup of marriage. Further problem of matrimonial discontent is contributed by the erectile dysfunction and infertility in those couples, leading to deprived life quality in alcoholics^[16].

'Burden of care' is noted as, occurrence of difficulties, complications or adverse effects which affects the household members of psychiatric patients^[17]. Alcoholism affects the family physically, socially, emotionally and financially leading to distress, dysfunction and burden to the family which in turn has impact on other's lives too. All these factors affect the woman's role as a homemaker, sister and mother leading to poor skills in coping & deprived social support leading to disharmony^[18,19]. Hence studying the effect of alcoholism on their spouse's psychiatric morbidity will help in improving their life quality, treatment outcome and reducing burden. This was the reason for us to study the caregiver burden among the wives of patients with alcohol dependence syndrome.

MATERIAL AND METHODS

Methodology

The study was conducted in the psychiatry department of a tier 2 medical college in Southern Maharashtra. 150 patients between 21-60 years who were diagnosed as having Alcohol Dependence Syndrome as per International Classification of Diseases (ICD 10) criteria^[20] were included. These patients did not have any other psychiatric disorder and were under treatment as outpatient or in-patient for alcoholism. Spouses of such patients with age > 19 years, staying together for atleast 2 years without any history of substance abuse other than tobacco or not having any major medical disorder were taken up for the study. All the subjects who were included in the study underwent following:

1. Explanation of the protocol
2. Consent, taken after detailed information
3. Detailed history, taken along with demographic data and details regarding alcohol consumption.

4. Their socio-economic status, calculated through Modified Kuppaswamy Socioeconomic Scale^[21].
5. The severity of alcohol dependence, calculated using Severity of Alcohol Dependence Questionnaire (SADQ)^[22].
6. Psychiatric comorbidities in spouses were assessed using MINIPLUS SCALE^[23]

Analysis of results with statistics:

Our data that was collected was statistically described using appropriate terminologies. Association of psychiatric morbidities, couple satisfaction and caregiver burden along with severity of alcoholism was computed with chi-square test. The severity of dependence on alcohol was correlated with couple satisfaction and caregiver burden scores by spearman correlation. p value of < 0.05 statistically significant. Calculations in statistics were done using the SPSS version 21 and graphical representation in excel document using the software Microsoft Excel 2007 (Microsoft Corporation, NY, USA).

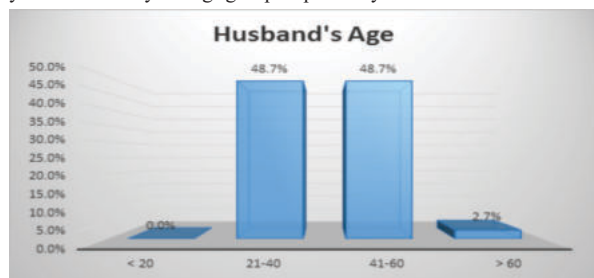
RESULTS AND OBSERVATIONS

Table 1. Age distribution of study subjects for alcoholic husbands

Husband's Age (years)	N	%
< 20	0	0.0%
21-40	73	48.7%
41-60	73	48.7%
> 60	4	2.7%
Total	150	100.0%

Mean age - 41.5 +/- 8.5 years

Mean age of the study cases was 41.5 years with 48.7% cases in 21-40 years and 41-60 years age group respectively.



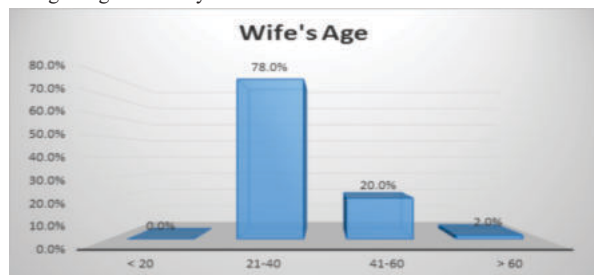
Graph 1: Age distribution of study subjects for alcoholic husbands

Table 2. Age distribution of study subjects for alcoholic husband's wife

Wife's Age (years)	N	%
< 20	0	0.0%
21-40	117	78.0%
41-60	30	20.0%
> 60	3	2.0%
Total	150	100.0%

Mean age - 37.2 +/- 8.4 years

Mean age of the wives of alcoholics was 37.2 years with 78% were in the age range of 21-40 years.



Graph 2. Age distribution of study subjects for alcoholic husband's wife

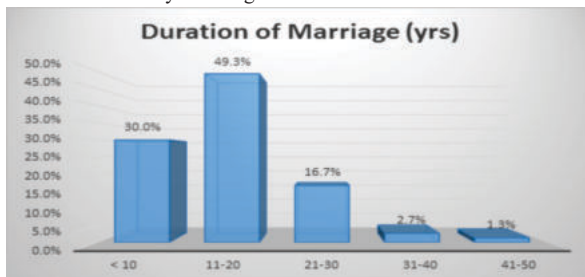
Table 3. Distribution of study subjects as per duration of marriage

Duration of Marriage (years)	N	%
< 10	45	30.0%
11-20	74	49.3%
21-30	25	16.7%

31-40	4	2.7%
41-50	2	1.3%
Total	150	100.0%

Mean age - 16.12 +/- 8.3 years

Mean duration of marriage was 16.12 years with over two third of the cases were over 10 years of age.

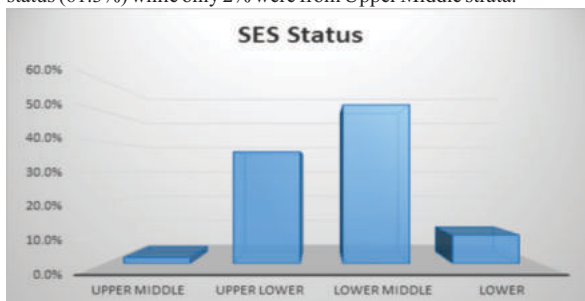


Graph 3. Distribution of study subjects as per duration of marriage

Table 4. Distribution of study subjects as per socio-economic status

SES Status	N	%
Upper Middle	3	2.0%
Upper Lower	55	36.7%
Lower Middle	78	52.0%
Lower	14	9.3%
Total	150	100.0%

As per Modified Kuppaswamy Classification (2017 revision), most of the cases were from Upper Lower and Lower Middle socio-economic status (61.3%) while only 2% were from Upper Middle strata.

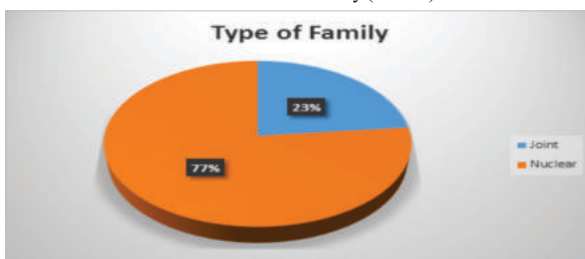


Graph 4. Distribution of study subjects as per socio-economic status

Table 5. Distribution of study subjects as per type of family

Type of Family	N	%
Joint	35	23.3%
Nuclear	115	76.7%
Total	150	100.0%

Most of the cases were from nuclear family (76.7%).



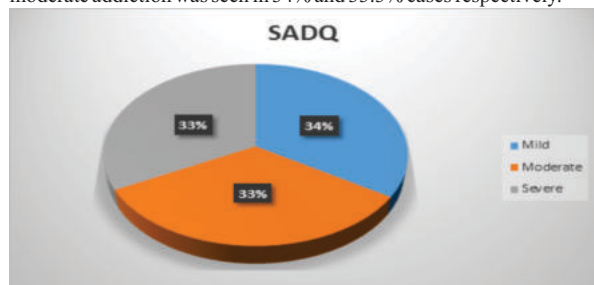
Graph 5. Distribution of study subjects as per type of family

Table 6. Distribution of study subjects as per severity of alcoholism (SADQ Score)

Severity of Alcoholism (SADQ Score)	N	%
Mild	51	34.0%
Moderate	50	33.3%
Severe	49	32.7%
Total	150	100.0%

As per Severity of Alcohol Dependence Questionnaire (SADQ) score, severe alcohol addiction was seen in 32.7% of the cases while mild to

moderate addiction was seen in 34% and 33.3% cases respectively.



Graph 6. Distribution of study subjects as per severity of alcoholism (SADQ Score)

Table 7. Distribution of study subjects as per psychiatric morbidities in wife as per MINIPLUS scale.

Psychiatric Morbidity	N	%
Major depressive disorder	44	29.3%
Dysthymia	17	11.3%
Adjustment disorder	9	6.0%
Generalized Anxiety Disorder	6	4.0%
Mixed anxiety and depression	6	4.0%
Somatization Disorder	6	4.0%
Panic Disorder	3	2.0%
None	59	39.3%
Total	150	100.0%

Psychiatric morbidities were seen in 60.7% cases. Most common associated psychiatric morbidity was Major Depressive Disorder (29.3%) followed by Dysthymia (11.3%), Adjustment Disorder (6%), Generalized Anxiety Disorder (4%), Mixed Anxiety and Depression (4%), Somatization Disorder (4%) and Panic Disorder (2%).



Graph 7. Distribution of study subjects as per psychiatric morbidities in wife as per MINIPLUS scale.

DISCUSSION

Our present hospital-based study planned to assess the relationship among severity of alcohol dependence in male patients and psychiatric morbidity, marital satisfaction and care giver burden in companions of patients with alcohol dependence syndrome. Study included 150 patients and their wives who were admitted in the psychiatry and medicine wards of our hospital.

The severity of alcohol dependence was calculated using severity of alcohol dependence questionnaire (SADQ). Care giver burden we used FAMILY BURDEN INTERVIEW SCHEDULE (FBIS).

Demography:

In our study we observed that wives of alcohol dependent patients, had a mean age of 37.2 years with 78% having range of 21-40 years while the husband had a mean age of 41.5 years.

In a study by Kishore et al.^[24] wife's mean age was 32.4 years. In another similar study conducted by Shah et al.^[25], mean age was observed as 40.68 years. Indu V et al.^[26] observed the mean age of wives as 37.9 years. Mean age of alcohol-dependent spouses in the study by Dandu et al.^[27] was 35.04 years and by Kishore et al.^[24] was 37.6 years. Demographic pattern as seen in other similar studies in India is in sync with our study suggesting a significant lowering of age at initiation of drinking^[25-27]. As per Modified Kuppuswamy Classification (2017 revision), majority cases in present study were from upper lower or lower middle socio-economic status (61.3%), while only 2% were from upper middle strata.

Other studies also confirmed the above result, in which there was

nearly twice [OR=1.95] the risk in an individual of lower economic background to consume alcohol, than an individual of higher status^[28,29]. However, in some papers there has been no relationship with the economic background of the patient and alcohol dependence^[30,31].

SEVERITY OF ALCOHOLISM:

A twenty items questionnaire, the Severity of Alcohol Dependence Questionnaire (SADQ), was formulated by Gross and Edwards^[32]. In present study, as per SADQ, severe alcohol addiction was present in 32.7% of the cases while mild to moderate addiction was observed in 34% and 33.3% cases respectively.

In a similar study by Kishore M et al.^[24], same numbers were observed among subjects with moderate & higher dependence. Similar results were also seen in studies by Kumar S et al.^[32] and Naga et al.^[33] where almost 1/3rd of the cases had severe levels of alcohol dependence.

PSYCHIATRIC CO-MORBIDITIES:

Psychiatric co-morbidities were observed in 60.7% cases. Most commonly associated psychiatric morbidity was Major Depressive Disorder (29.3%), Dysthymia (11.3%), Adjustment Disorder (6%), Generalized Anxiety Disorder (4%), Mixed Depression-Anxiety (4%), Somatization Disorder (4%) & Panic Disorder (2%). A significant association was seen between psychiatric co-morbidity & severe levels of alcohol use ($p < 0.05$) with prevalence being 33.3% in mild, 50% in moderate and 100% in severe alcoholism cases.

Kishore M et al.^[34] in a similar study, observed 65% of cases had a comorbid disorder namely mood disorders or anxiety spectrum disorders. About 43% had MDD (major depressive disorder). Begam TS et al.^[35], when studying for psychiatric disorders in partners of alcohol patients observed that, > 50% had a comorbid psychiatric illness which warranted treatment. Similar findings were seen with Koustubh et al.^[36], with MDD, Anxiety Spectrum and Adjustment Disorder being most common. Data analysis by Soni et al.^[37] revealed that 79% of partners had psychiatric comorbidity with most common being mood disorder. Dandu et al.^[38] also established a significant association with alcoholic husbands and psychiatric morbidities in their wives. Similar studies by Shah V et al.^[39], Indu et al.^[40] showed that there existed a very significant association with patients using alcohol, the increasing severity of alcohol use and their partners/wives having psychiatric illness

CONCLUSION

This study emphasizes mental health, wellness and satisfaction in marriage in partners and spouses of patients and this needs adequate attention. There is no adequate weightage, given in our country, to partners of alcohol dependent patients, suffering from mental illness. Many times, it is skipped and ignored. Psychiatric morbidities as per MINIPLUS scale seen in 60.7% spouses. Most common associated psychiatric morbidity was Major Depressive Disorder (29.3%), Dysthymia (11.3%), Adjustment Disorder (6%), Generalized Anxiety Disorder (4%), Mixed Anxiety and Depression (4%), Somatization Disorder (4%) and Panic Disorder (2%). This study proposes few major recommendations as below:

This study highlights the need for further studies that focuses on all these aspects as a part of rehabilitation of such alcoholic patients in a treatment and recovery program.

To reduce the risks that affect mental wellbeing of spouses, and to also improve treatment outcome in alcoholics, all these problems will need to be looked at and taken care of when planning a program.

Hence the treatment regimen should also be included to check for mood features, anxiety, disorders if any, in partners/wives/spouses of patient's dependent on alcohol. This will enhance treatment outcomes.

Further longitudinal studies with larger sample size and wider demographic variation is the need of the hour for better generalization of the results.

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