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COMPARATIVE STUDY OF QUALITY OF LIFE AND FAMILY BURDEN IN SPOUSES OF PATIENTS WITH ALCOHOL AND OPIOID DEPENDENCE

Psychiatry

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ABSTRACT

Background: Substance dependence significantly harms individuals and their families, with spouses often bearing the brunt of this burden through increased stress and health risks. This study aims to evaluate and compare the quality of life and family burden experienced by spouses of individuals with alcohol and opioid dependence. **Methods:** This cross-sectional study compared the quality of life and family burden among spouses of 50 male patients with alcohol use disorder (aged ≥ 21 years) and 50 with opioid use disorder (aged ≥ 21 years), using WHO QOL-BREF and Burden Assessment Schedule. **Results:** The quality of life differences between spouses of patients with alcohol and opioid dependence were not statistically significant, with a moderate burden found in 8% and 12%, and severe burden in 92% and 88%, respectively **Conclusion:** Addressing the challenges faced by spouses of individuals with substance dependence can reduce burden, improve coping, enhance marital dynamics, and improve overall quality of life.

KEYWORDS

alcohol, family burden, opioid, spouse, quality of life.

INTRODUCTION

Substance dependence inflicts substantial harm on individuals, their families, and society as a whole. This harm manifests in various problems, distress, and adverse events, affecting not only the individual but also their family, particularly the primary caregiver.[1] Among caregivers, the spouse plays a crucial role in navigating challenges related to finances, security, and intimate relationships due to the illness.[2]

Past research indicates that spouses of individuals with substance use disorder experience a range of physical and psychological issues, including personal and marital stress, instances of spousal violence, and an elevated risk of premature death due to conditions such as cancer, high blood pressure, or ulcers.[3] Numerous studies have highlighted the considerable burden placed on caregivers of those with alcohol and opioid dependence, which ultimately impacts the quality of life for the spouse.[4,5]

It is of utmost importance to ensure the mental well being of the spouse. Hence, the present study aimed to evaluate and contrast the quality of life and family burden experienced by spouses of individuals with alcohol and opioid dependence.

MATERIAL AND METHODS

- **Participants And Sampling-** This cross-sectional study was aimed to compare the quality of life and family burden among spouses of 50 male patients (aged ≥ 21 years) with Mental and behavioral disorder due to use of alcohol (F10.) and 50 spouses of male patients (aged ≥ 21 years) with Mental and behavioral disorder due to use of opioid (F11.) diagnosed according to ICD-10 criteria.[6] Purposive sampling was employed to select participants, excluding patients/spouses with mental retardation or coexisting physical or psychiatric conditions. Data were collected from spouses who consented and had been married for at least one year.
- **Tools-** Socio-demographic and clinical data were collected using a specially designed proforma. Quality of life and family burden in spouses were assessed by using Hindi version of WHO QOL –BREF[7] and burden assessment Schedule[8] respectively.
- **Statistical Analysis-** Data was entered anonymously into an Excel spreadsheet and analyzed using mean, standard deviation and chi-square test.

RESULTS

Table 1 shows the socio-demographic characteristics of the study participants. When compared for the quality of life of spouse of patients with alcohol and opioid dependence, all the domains of quality of life of spouses of alcohol and opioid dependence was found to be statistically not significant (Table 2).

Table 1: Socio-demographic characteristics of study participants

Variables		Spouse of patient with alcohol use		Spouse of patient with opioid use		p-value
		Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)	
Age (in years)	21-30	6	12.0%	31	62.0%	<0.001
	31-40	13	26.0%	12	24.0%	
	41-50	18	36.0%	5	10.0%	
	Above 50	13	26.0%	2	4.0%	
Literacy level	Elementary School	21	42.0%	9	18.0%	0.186
	Secondary School	5	10.0%	9	18.0%	
	Technical School	10	20.0%	14	28.0%	
	University	5	10.0%	8	16.0%	
	Post-Degree	7	14.0%	7	14.0%	
	Others (Not formally educated but can read and write Hindi)	2	4.0%	3	6.0%	
Duration of stay of spouse with patient	<10 years	10	20.0%	27	54.0%	0.002
	10-20 years	37	74.0%	21	42.0%	
	>20 years	3	6.0%	2	4.0%	
Locality	Urban	22	44.0%	15	30.0%	0.214
	Rural	28	56.0%	35	70.0%	
Family structure	Nuclear	26	52.0%	37	74.0%	0.058
	Joint	24	48.0%	13	26.0%	

Table 2: Domains of QOL in study population (N=100(50 alcohol +50 opioids)

	Spouse Alcohol	Spouse opioid	p value
	Mean ± SD	Mean ± SD	
Physical health	19.17 ± 3.10	18.15 ± 3.11	0.110
Psychological health	15.48 ± 2.98	14.88 ± 3.54	0.368
Social relationships	8.19 ± 2.23	8.06 ± 2.10	0.778
Environmental	21.46 ± 5.23	20.85 ± 5.17	0.570

Among the study population, 4(8%) spouses of patients with alcohol dependence had moderate burden as compared to 6 (12%) in spouses of opioid dependence and 46(92%) participants had severe burden in spouses of alcohol dependence as compared to 44 (88%) in spouses of opioid dependence which was found to be statistically not significant

(p-value 0.741) as shown in table 3.

Table 3: Family Burden category in study population N=100(50 alcohol +50 opioids)

	Spouse Alcohol		Spouse opioid		p value
	Frequency	%	Frequency	%	
Moderate ≤80	4	8.0%	6	12.0%	0.741
Severe >80	46	92.0%	44	88.0%	
Total	50	100%	50	100%	

DISCUSSION

Substance use disorder imposes a significant burden on individuals, families, and society, affecting them psychologically, physically, and financially.[9] Due to fragmented healthcare and social structures, the primary care-giving responsibility for individuals with substance use disorder often falls on their spouses within the family.[4] This situation will impact the spouse significantly, resulting in a heavy burden and diminished quality of life. Research by Magliano et al. suggests that family burden is not directly correlated with the specific mental disorder afflicting the patient, but rather with the severity of symptoms and level of social impairment. The burden on spouses of patients with substance use disorder significantly undermines their quality of life. Particularly, spouses of individuals with Alcohol Dependence Syndrome exhibit notably lower quality of life compared to spouses of those with Opioid Use Disorder.[10]

Velleman, Bennett, et al. reported that spouses expressed concerns about experiencing more violence, threatening behavior, financial pressure, unpredictable mood swings, and property damage, whereas parents reported issues such as self-neglect, deceitfulness, and manipulation.[11]

In the current study, family burden was evident among spouses of both alcohol and opioid-dependent patients, with a higher burden observed among spouses of opioid-dependent individuals compared to those of alcohol-dependent patients. These results underscore the importance of focusing on enhancing mood and coping strategies for spouses of individuals with substance dependence syndrome. The compromised quality of life experienced by caregivers emphasizes the necessity for clinicians to not only address symptoms more effectively but also to consider the needs of the family unit.

However, this study had few limitations. Sample size of the index study was small and also it was hospital based study which limits the generalization of the results to the community. Additionally, being a cross-sectional study, it was not feasible to determine the direction of the relationship between various variables. Therefore, there is a need for more prospective studies involving larger cohorts of patients, with longer follow-up periods, to provide a more comprehensive evaluation in this regard.

CONCLUSION

Recognizing and tackling the challenges faced by spouses of individuals struggling with substance dependence can lead to reduced burden, enhanced coping abilities, improved marital dynamics, and overall better quality of life. Moreover, such efforts are anticipated to positively influence the treatment process and outcomes for substance dependence.

However, this study had few limitations. It was restricted to a tertiary care medical centre. It may not re ect actual pattern of sociodemographic variables of the alcohol dependent patients and their caregivers. It may not be actually applicable on the severity of family burden extant in the community.

Conflicts Of Interest: The Authors declares that there is no conflict of interest.

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