



ORIGINAL RESEARCH PAPER

Psychiatry

QUALITY OF LIFE AMONG SPOUSES OF PATIENT WITH ALCOHOL DEPENDENCE SYNDROME: A HOSPITAL BASED STUDY

KEY WORDS: Alcohol dependence, quality of life, spouses,

Sudhanshu Karhana	Junior Resident Department Of Psychiatry, Career Institute Of Medical Sciences, Lucknow
Tarun Tripathi	Senior Resident Department Of Psychiatry, Mahamaya Rajkiya Allopathic Medical College, Ambedkar Nagar
Abbas Mehdi*	Professor & Head, Department Of Psychiatry, Career Institute Of Medical Sciences, Lucknow *Corresponding Author
Aditi Jain	Assistant Professor, Department Of Psychiatry, Career Institute Of Medical Sciences, Lucknow

ABSTRACT

Background: Alcoholism not only harm to the person who consumes it but also one's family. Spouses are mostly affected because of the intimate nature of the relationship, studies on the impact on spouses have been very limited in psychiatric literature. **Aim:** This study aimed to assess the quality of life among spouses of patients with alcohol dependence syndrome. **Materials and Methods:** This is a hospital-based cross-sectional, observational study, conducted in a tertiary care hospital. A study group of 60 participants with alcohol dependence and their spouse were included in the study. They were assessed using Short alcohol dependence data questionnaire (SADD) and WHO Quality of Life (QoL) and the results were then correlated. **Results:** The mean SADD score of the studied participants was 25.03 ± 3.83 ranging from 16-36. According to the SADD score, out of total 60 patients, 55 (91.7%) were classified as Greater High Dependent and 5 (8.3%) as Moderate Dependent. Total WHOQOL Score of the studied participants in physical domain was 24.16 ± 3.84 , followed by 20.75 ± 3.32 in psychological domain, 10.98 ± 1.93 in social relationship domain, and 27.11 ± 4.39 in environment domain. Results revealed poor perceived quality of life in the study group. **Conclusion:** Alcohol use disorder have a negative impact on the quality of life in spouses of patients with alcohol dependence syndrome. Caregiver burden among primary caregivers of patients with alcohol use disorder was of moderate to severe degree.

INTRODUCTION

Alcohol use disorders (AUDs) are among the most prevalent mental disorders worldwide (). Alcohol use disorders are highly disabling() and contribute substantially to global morbidity and mortality(). Apart from medical morbidity, the impact of alcohol on society and individual's quality of life (QoL) are well marked. Nationally, about 14.6% of the population (between 10 and 75 years of age) uses alcohol. In terms of absolute numbers, there are about 16 crore persons who consume alcohol in the country. Use of alcohol is considerably higher among men (27.3%) as compared to women (1.6%).()

Alcoholism not only harm to the person who consumes it but also one's family. Spouses are mostly affected because of the intimate nature of the relationship, studies on the impact on spouses have been very limited in psychiatric literature. Clinicians started recognizing from the 1970s that the psychological problems of caregivers were not a result of their own pathology but as a consequence of chronic stress.() A study conducted in India showed that 65.0% of spouses with partners diagnosed with alcoholism had psychiatric disorders ranging from mood and anxiety disorders to major depressive disorders (43.0%)().

Alcohol abuse affects couple relationships in a variety of negative ways. Studies show that spouses of alcohol-dependent persons have higher rates of psychological and stress-related medical problems (hypertension, diabetes). Family members of alcohol related disorders (ARDs) very often become co-dependent; codependency is an unconscious addiction to another person's abnormal behaviour. This leads to isolation, depression, emotional problems, and suicide attempt. It has been seen that spouses of alcoholics are known to be exposed to high rates of domestic violence, which could be physical, verbal or sexual. Low marital satisfaction, maladaptive coping skills and poor social support, in addition to economic burden and social stigma are the other major issues among the spouses.

Plenty of literature is available on men with alcohol

dependence but very few studies have been done on wives of men with alcohol dependence in the Indian settings. Women in conservative countries, like in India are usually ignored in context of their physical and especially mental health. Understanding and addressing the mental health issues of spouses of alcoholics will not only decrease their burden, and improve their coping skills and overall quality-of-life, but is also likely to have a bearing on the treatment and outcome of alcoholics, hence, we have undertaken this study. So, the present study was conducted in this context to assess the quality of life among spouses of patient with alcohol dependence syndrome.

Aim

The present study aimed to study "quality of life among spouses of patients with alcohol dependence syndrome".

MATERIALS AND METHODS

The present study was a hospital-based cross-sectional, observational study, conducted on the patients and spouses attending out-patient department and in patient department at the Department of Psychiatry, Career institute of medical sciences and hospital, Ghaila, Lucknow during the study period from June 2022 to May 2023. The study proposal was put forward to the Institutional Ethics Committee and work commenced after obtaining permission from them.

Sample

The spouses of sixty patients with alcohol dependence syndrome diagnosed as per ICD 10 Diagnostic criteria and not having any other psychiatric or medical comorbidity were included in the study through purposive sampling. All the patients fulfilling the inclusion and exclusion criteria were enrolled in the study after obtaining written informed consent in Hindi/English.

Inclusion criteria

Married females between 18 to 60 years of age whose husbands were diagnosed with alcohol dependence syndrome according to the ICD-10 classification of mental

health and behavioral disorders and were residing together for at least past 3 years. The spouses of patients should affirm to give written informed consent.

Exclusion criteria

Patients having comorbid psychiatric disorders, major physical illnesses, organic brain syndrome, mental retardation and sensory impairment were excluded from the study. Patients should not have any co-morbid substance use other than tobacco use.

METHODS

The subjects were initially explained the purpose and design of the study and written informed consent was obtained. The interview was conducted after their respective patients were stabilized. Participants in this study were assessed by using Short alcohol dependence data questionnaire (SADD) to assess the level of alcohol dependence in patient and WHO Quality of Life (QoL) was used to assess the quality of life in spouses of patient with alcohol dependence syndrome.

Study tools

Semi-structured socio-demographic data sheet

The sociodemographic and clinical variables were recorded in a proforma specially prepared for the study.

Modified Kuppuswamy Scale (2023 revised and modified version)

Kuppuswamy scale was developed to assess the socioeconomic status of the urban population. It evaluates the scores under three headings – Education status of the head of the family, Occupation of the head of the family and Total monthly income of the family. The final score divides the population into five socio-economic classes - Upper (26-29), Upper Middle (16-25), Lower Middle (11-15), Upper Lower (5-10) and Lower (<5).

Short alcohol dependence data questionnaire (SADD).

It measures the present state of dependence and is sensitive across the full range of dependence and changes occurring over time. It has 15 items with four possible responses, scored as 0-3. The maximum score is 45 and dependence is categorized based on scores, into low (0-9), moderate (10-19) and high (>19) dependence.

WHO-QOLBREF scale

This is a 26-item instrument consisting of four domains: Physical Health (7 items), psychological health (6 items), social relationships (3 items) and environmental health (8 items); it also contains QOL and general health items.

Statistical analysis

Microsoft Excel was used in creating the database and producing graphs, while the data was analysed using the Statistical Package for the Social Sciences (SPSS) version 23 for Windows. Mean and standard deviation ($\pm$ SD) was used to describe quantitative data meeting normal distribution. Non-normal distribution or continuous variables was compared using Pearson's Chi square test or fisher's exact test and for means the student "t" test was used. The level of significance was taken as $P < 0.05$.

RESULTS

Our study sample comprises of 60 male patients. Mean age of sample was 40.35 ± 9.65 Years (Mean $\pm$ SD). More than half of the sample 33 (55.0%) were from Extended/ Joint families, and 27 (45.0%) were from nuclear families. Majority of the patients 30 (50%) were started consuming alcohol from age group 19-25 years. Most of them were married for more than 10 years. The mean SADD score of the studied participants was 25.03 ± 3.83 ranging from 16-36. According to the SADD score, out of total 60 patients, 55 (91.7%) were classified as Greater High Dependent and 5 (8.3%) as Moderate Dependent. The mean SADD score of the Greater high

dependent patients and Moderate dependence patients was 25.70 ± 3.22 and 17.60 ± 1.34 respectively. Total WHOQOL Score of the studied participants in physical domain was 24.16 ± 3.84 , followed by 20.75 ± 3.32 in psychological domain, 10.98 ± 1.93 in social relationship domain, and 27.11 ± 4.39 in environment domain. The association of the WHOQOL Score with SADD was found to be non-significant ($p > 0.05$). The association of the WHOQOL Score with the duration of marriage was found to be non-significant ($p > 0.05$). The association of the WHOQOL Score with the education was found to be non-significant ($p > 0.05$).

Characteristics		Frequency (n=60)	Percentage	
Religion				
Hindu		50	83.3%	
Muslim		7	11.7%	
Others		3	5.0%	
Family type				
Nuclear		27	45.0%	
Joint		33	55.0%	
Age of starting alcohol				
≤18 Years		12	20.0%	
19-25 Years		30	50.0%	
26-32 Years		15	25.0%	
33+ Years		3	5.0%	
Mean±SD		23.41±4.83 Years		
Duration of marriage (yrs)				
≤10		8	13.3%	
11-20		25	41.7%	
≥21		27	45.0%	
Age				
≤30		8	13.3%	
31-40		21	35.0%	
>40		31	51.7%	
Age in years (Mean±SD)		40.35±9.65 (21-58)		
Variable	Mean±SD	Minimum	Maximum	
SADD	25.03±3.83	16	36	
SADD score Severity		No. of Patients (N=60)	SADD Score (Mean±SD)	
Mild dependence (1-9)		0 (0.0%)	0.00±0.00	
Moderate dependence (10-19)		5 (8.3%)	17.60±1.34	
Greater high dependent (≥20)		55 (91.7%)	25.70±3.22	
WHOQOL-BREF		Mean±SD		
Physical health		24.16±3.84		
Psychological health		20.75±3.32		
Social Relationship		10.98±1.93		
Environment		27.11±4.39		
Final score		83.01±11.42		
WHQOL-BREF Factors	SADD Score			p-value
	Moderate (n=5)	Severe (n=55)	Total (n=60)	
Physical health	22.60±2.30	24.31±3.94	24.17±3.85	0.346
Psychologic al health	18.80±2.49	20.93±3.35	20.75±3.32	0.173
Social relationship	10.80±1.30	11.00±1.99	10.98±1.93	0.827
Environment	27.00±3.93	27.13±4.47	27.12±4.40	0.951
Final score	79.20±8.34	83.36±11.66	83.02±11.42	0.440
WHQOL-BREF Factors	Duration of marriage (in years)			p-value
	≤= 10 (n=8)	11 - 20 (n=25)	≥21 (n=27)	
Physical health	25.13±5.19	24.36±3.86	23.70±3.47	0.630
Psychologic al health	21.13±2.29	20.72±3.88	20.67±3.11	0.943
Social relationship	10.88±1.55	11.20±1.65	10.81±2.28	0.768
Environment	25.75±4.49	27.52±4.66	27.15±4.20	0.619
Final score	82.88±11.91	83.80±11.94	82.33±11.19	0.901

DISCUSSION

Alcohol use was estimated to be the cause of 3.5% of all Disability Adjusted Life Years and 1.5% of all fatalities by the Global Burden of Disease Project (DALYs). Epidemiological studies have shown a 16–50% prevalence rate for alcoholism in India.,

The whole family unit is affected by dependence, yet because of the negative effects of drug use, family members experience varied degrees of closeness and distance from one another. Commonly in the family, a member assumes the role of caregiver, being the person most directly linked to the care and/or emotionally to a person dependent on the drug, a condition that not only directly affects their QOL but also predisposes them to the emergence of depressive symptoms. Alcohol dependence is a severe mental health problem associated with health issues and social and financial burdens not only for the patient but also for the family members. In addition, it assumes greater relevance to predict the outcome of alcoholism. Multiple researchers inferred that the psychological problems of caregivers are probably not due to their own psychopathology but as a consequence of chronic stress. In the present study, more than half (51.7%) of patients were in the more than 40 years age group, and the mean age of the study participants was 40.35 ± 9.65 years ranging from (21–58 years). According to the literature, wives in this age range are more likely to experience depression symptoms because they must fill the tasks of both parents when the family's financial responsibilities shift from two parents to one. Our findings were in accordance with the findings of Kishore et al. who studied psychiatric morbidity and marital satisfaction in spouses of alcohol-dependent patients in order to understand and address such issues and found that the mean age of spouses in their study was 37.6 years.

The majority of the sample population belong to rural communities constituting about 41 (68.3%) and 77.2% were belongs to nuclear families. Neither residence nor family structure significantly correlates with mental illness. This research is comparable to the Indian study conducted by Mattu et al(), who likewise found no evidence of a connection between the kind of domicile and family structure and the mental morbidity of spouses.

There were more cases of psychiatric illness in spouses who had been married for more than 21 years in a study conducted by Bagul et al(), and there was a significant correlation between spouses' psychiatric morbidity and the length of their marriage. This finding differs from our study, where we found no statistically significant difference between the groups, which could be due to small sample size of the study.

In our study, the mean SADD score of the studied participants was 25.03 ± 3.83 ranging from 16–36 and on the basis of SADD score, out of a total of 60 patients, 55 (91.7%) were classified as Greater High Dependent and 5 (8.3%) as Moderate Dependent. The mean SADD score of the Greater high dependent patients and Moderate dependent patients was 25.70 ± 3.22 and 17.60 ± 1.34 respectively. In the present study the association of the WHOQOL Score with SADD was found to be non-significant ($p > 0.05$). A study done by Bagul KR et al() observed scores on the short alcohol dependence data ranged from 4 to 45, with a mean score of 20.45 ± 9.34 , indicating significant dependence. In another study, the marital satisfaction negatively correlated with the SAD in men, satisfaction being lower as severity of dependence increases. Western studies have found a correlation between duration of alcohol dependence and marital discord, while one Indian study had found a positive correlation between duration of dependence in men and higher levels of distress in their spouses.()

Singh M et al() in their study found that age of the patient is positively correlated with duration of alcohol use, SADQ, age

of caregiver, FBIS scores and WHOQOL and negatively correlated with caregiver income. Duration of alcohol use is positively correlated with SADQ, FBIS score and WHOQOL. There seems to be a positive association between monthly expenses on alcohol with SADQ, FBIS. SADQ scores are positively correlated with FBIS and subjective burden scores. GHQ scores are positively correlated with FBIS and negatively correlated with WHOQOL. Evans J et al() reported that there was a weak positive correlation between the quantity of alcohol consumed and caregiver burden. This was in keeping with the finding of heavy drinking days leading to the caregiver experiencing more burden in a study by Hoertel N et al. This accounts for the larger monthly expenditure which also led to a finding of enhanced caregiver burden. It is evident that increased consumption and spending on alcohol leads to an enhanced perception of burden by the caregivers. And the wives of alcoholic men experience manifolds of physical, psychological, and sexual threats and consequently, they develop depression, guilt, tension, fear, loss of trust, low self-esteem, and high suicide risk.

Limitation

Sample size used was modest and the study could have been benefitted with a larger sample for more accurate results. Also, the present study did not have any female patients and their spouses. So, it's results cannot be generalized to the whole population.

CONCLUSION

Alcohol use disorder and caregiver burden does not discriminate among its patients and is a universal problem. Alcohol use disorder have a significant negative impact on the quality of life in spouses of patients with alcohol dependence syndrome. Caregiver burden among primary caregivers of patients with alcohol use disorder was of moderate to severe degree. It was inferred that maximum impact was found on financial domain followed by disruption of routine family activities. Addressing the mental health issues and quality of life of spouses of alcohol-dependent patients will reduce their care-giver burden, while also improving their quality of life and treatment outcome of alcohol-dependent husbands.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES-

1. Rehm J, Anderson P, Barry J, Dimitrov P, Elekes Z, FeijãoFet al. Prevalence of and potential influencing factors for alcohol dependence in Europe. *Eur Addict Res.* 2015;21(1):6–18.
2. Dawson DA, Li TK, Chou SP, Grant BF. Transitions in and out of alcohol use disorders: their associations with conditional changes in quality of life over a 3-year follow-up interval. *Alcohol Alcohol.* 2009;44(1):84–92.
3. Lozano R, Naghavi M, Foreman K, Lim S, Shibuya K, Aboyans V et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet.* 2012;380(9859):2095–2128.
4. Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK on behalf of the group of investigators for the National Survey on Extent and Pattern of Substance Use in India (2019). *Magnitude of Substance Use in India.* New Delhi: Ministry of Social Justice and Empowerment, Government of India
5. Steinglass P, Davis DI, Berenson D. Observations of conjointly hospitalized "Alcoholic couples" During Sobriety and Intoxication: Implications for theory and therapy. *Family Process.* 1977;16(1):1–16.
6. Kishor M, Pandit LV, Raguram R. Psychiatric morbidity and marital satisfaction among spouses of men with alcohol dependence. *Indian J Psychiatry* 2013;55:360–65
7. Murray CJL, and Lopez AD. (Eds). *The Global Burden of Disease. A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020.* Cambridge MA. Harvard School of Public Health, on behalf of World Health Organization and the World Bank. (Global Burden of Disease and Injury Series, vol1). 1996
8. Ponnudurai R, Jayakar J, Raju B, Pattumuthu. An epidemiological Study of Alcoholism. *Indian Journal of Psychiatry.* 1991;33:176–9
9. Marcon SR, Rubira EA, Espinosa MM, Barbosa DA. Quality of life and depressive symptoms among caregivers and drug dependent people. *Rev Lat Am Enfermagem* 2012;1;20:167–74.
10. Schenker M, Minayo MC. The importance of family in drug abuse treatment: A literature review. *Public health journal* 2004;20:649–59.

11. Neliana BF, Andrezza F, Edilaine M, Roberta P. Children of addicted parents with bio-psychosocial risk factors: Do they need a special care?. *Rev Psiq Clin* 2003;31;53-62
12. Kishor M, Pandit LV, Raguram R. Psychiatric morbidity and marital satisfaction among spouses of men with alcohol dependence. *Indian journal of psychiatry*. 2013 Oct;55(4):360.
13. Mattu SK, Nebhinani N, Kumar BN, Basu D, Kulhara P. Family burden with substance dependence: A study from India. *Indian J Med Res*. 2013;137:704-11.
14. Bagul KR, Deshmukh SB, Bagul MK, Deshmukh PS. Psychiatric morbidity and marital quality among wives of patients with alcohol dependence syndrome. *J Evid Based Med Healthc* 2015;2:3284-95
15. Bagul KR, Deshmukh SB, Bagul MK, Deshmukh PS. Psychiatric morbidity and marital quality among wives of patients with alcohol dependence syndrome. *J Evid Based Med Healthc* 2015;2:3284-95
16. Kishor M, Pandit LV, Raguram R. Psychiatric morbidity and marital satisfaction among spouses of men with alcohol dependence. *Indian J Psychiatry* 2013;55:360-5
17. Epstein EE, McCrady BS, Hirsch LS. Marital functioning in early versus late-onset alcoholic couples. *Alcohol Clin Exp Res* 1997;21:547-56
18. Tempier R, Boyer R, Lambert J, Mosier K, Duncan CR. Psychological distress among female spouses of male at-risk drinkers. *Alcohol* 2006;40:41-9.
19. Bhowmick P, Tripathi BM, Jhingan HP, Pandey RM. Social support, coping resources and codependence in spouses of individuals with alcohol and drug dependence. *Indian J Psychiatry* 2001;43:219-24
20. Manjit Singh, NeeruBala, Sumanjeet Kaur, Gurinderbir Singh, PD Garg, Rajiv Arora. To study psychiatric co-morbidities, quality of life in patients with alcohol dependence and caregiver burden among the family members. *European Journal of Molecular & Clinical Medicine*. 2022;9(3):5701-11
21. Evans J. *Straightforward Statistics for the Behavioral Sciences*. Pacific Grove, California: Brooks/Cole Publishing; 1996.
22. Hoertel N, Crochard A, Limosin F, Rouillon F. Excessive alcohol consumption: What is the burden on natural caregivers?. *L'Encéphale* 2014;40:1-10.