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Research Article

TO STUDY QUALITY OF LIFE AMONG SPOUSES OF PATIENT WITH ALCOHOL DEPENDENCE SYNDROME IN SOUTH INDIA

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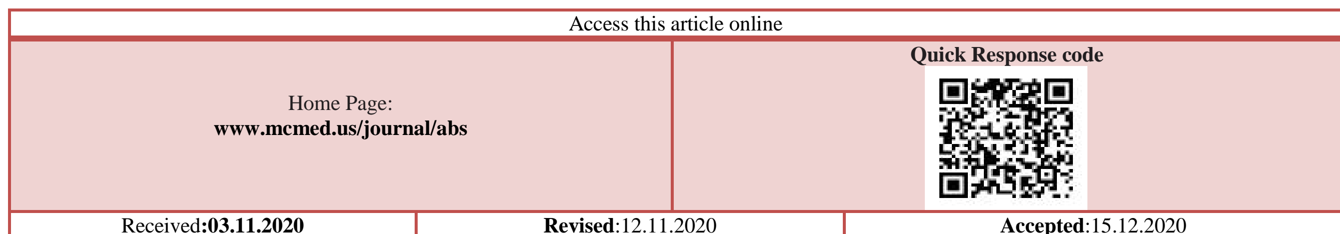
ABSTRACT

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. Traditionally most of the studies have focused only on the individual consuming alcohol. 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. This study aimed to assess the quality of life among spouses of patients with alcohol dependence syndrome. This study conducted at Sri Lakshmi Naryana Institute of Medical Sciences, Pondicherry. during the study period from June 2018 to May 2019.. 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. 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. 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.

Keywords :- Alcohol dependence, quality of life, spouses.



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INTRODUCTION

A total of 33% Indian population consumes alcohol (second largest in the world) and 20% of disabilityadjusted life years are lost because of poor health status, marked nutritional deficiencies and high prevalence of alcohol addiction [1-2]. Alcoholism causes harm to the wellbeing and health of the person and also the family. Spouses are mostly affected because of the intimate nature of the relationship. Traditionally most of the studies have focused only on the individual consuming alcohol. Even though few data has been reported in public media, studies on the impact on spouses have been very few in psychiatric literature. Clinicians started recognizing from 1970s that the psychological problems of caregivers were not as a result of their own pathology but as a consequence of chronic stress [3]. Depressive symptoms lead to a state of social withdrawal which in turn leads to feelings of anxiety, despair and powerlessness and continues as a vicious cycle. Alcohol use disorders (AUDs) are among the most prevalent mental disorders worldwide [2]. Alcohol use disorders are highly disabling [1] and contribute

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substantially to global morbidity and mortality [3]. 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%). [4].

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. [5] 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%) [6]. Alcohol abuse affects couple relationships in a variety of negative ways. Studies show that spouses of alcoholdependent 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.

Research has shown the association of alcoholism with variations in the quality and outcomes of marital relationship [9]. Quality of the marital life can be inversely related to the psychological distress. A study done to assess the interaction pattern in families with alcoholic husband has shown poorer pattern in the domains of reinforcement, social support, role, communication and leadership [7]. Domestic violence and an exacerbation of poverty have made alcohol abuse the single most important problem for women in India.

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

MATERIALS

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, study was conducted at Sri Lakshmi Naryana Institute of Medical Sciences, Pondicherry. during the study period from June 2018 to May 2019. 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.

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–QOL BREF 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 11.5 for Windows. Mean and standard deviation (±SD) was used to describe quantitative data meeting normal distribution. Nonnormal 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±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).

DISCUSSION

Quality of life comparison between wives of alcohol dependence syndrome patients with Wives of persons who do not consume alcohol was made using WHO-QOL-BREF. Poor Quality of life was seen in 90% of the females with alcoholic husband as compared to 50% with non-alcoholic husband. The findings revealed the problems faced by wives of alcohol dependent patients were in multiple domains viz. physical, psychological and social. Thus observations made by present study and that by other author's revealed poorer quality of life among the wives of persons with alcohol dependence [7-11].

Spouses are often the main caregivers for individuals with alcohol addiction and face serious psychosocial challenges, including difficulties with social interactions, communication, physical health, and mental health issues. The main impacts of alcoholism on individuals and their families include financial strain, emotional and physical distress, and social and professional disruption, all of which negatively affect the spouse's quality of life. These issues often lead to partner violence, which can be emotional, sexual, verbal, or physical. Wives of alcoholics frequently shoulder additional responsibilities within the family and confront financial difficulties and mental anguish. Marital quality, which reflects the overall satisfaction with the marriage based on interactions and feelings between spouses, is notably lower in couples where one partner has an alcohol use disorder. Research indicates that the higher divorce rates among patients with alcohol use disorders are strongly linked to the partner's alcohol problem. Living with a drug addict significantly lowers the quality of life and strains the family due to issues such as substance dependency, financial instability, and various forms of abuse, including physical, psychological, and verbal. This impact is particularly severe for family members residing with the addict. Since involving family

members is recommended for the recovery process of those with substance dependence, it is crucial to evaluate the suffering and reduced quality of life experienced by caregivers. Studies have identified that the primary burden is economic, followed by stigmatization, relationship and emotional problems, and child maltreatment. The financial strain caused by substance abuse also affects the spouse's quality of life. Research indicates that caring for individuals with substance use disorders can be extremely demanding and adversely affect the spouse’s overall well-being.

Spouses of individuals with alcohol-related disorders (ARDs) are a crucial part of the dysfunctional family system and are highly vulnerable to severe psychiatric issues such as mood disorders, anxiety disorders, and psychosocial problems. They play a key role in treatment programs for alcohol-related illnesses. Research shows that in family settings, these spouses often describe themselves as being as unwell as their partners, exhibiting behaviors like a desire to control, torment, or humiliate their partners. Many of these women, who may be children of alcoholics themselves, also experience deep-seated anxiety and feelings of inadequacy, which are sometimes masked by a sense of superiority over their spouse. Caregivers' quality of life is significantly affected by factors such as the burden of caregiving, the need for coping strategies, social stigma, financial strain, and physical and emotional stress. Women married to men with alcohol problems often face social rejection, job loss, and a lack of normalcy in their lives, leading to a substantial decrease in their quality of life.

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 [10-11].

Our findings were in accordance with the findings of previous study [12] 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 [13], 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 [14], 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 [14] 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. [15-19]. Singh M et al [20] 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 [21] 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. [22] 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.

Marriage is intended to offer emotional support and stability throughout life. However, when one partner suffers from alcoholism, it can severely disrupt not only their own wellbeing but also that of their spouse and family. This review highlights how the quality of life for spouses of individuals with alcohol use disorders is significantly diminished. The primary factors contributing to this decline are the substance abuse itself, which brings about considerable stigma and stress, and the potential for physical abuse, which exacerbates marital difficulties. Spouses of those with alcohol use disorders experience notable declines in quality of life across several dimensions, including physical health, psychological wellbeing, social relationships, and environmental conditions. They often face greater financial and emotional challenges compared to those with partners who have opioid use disorders. These challenges contribute to heightened levels of anxiety, depression, and overall dissatisfaction. In contrast, women with non-alcoholic partners typically report better marital quality, fewer suicidal thoughts, and reduced feelings of sadness. The reviewed studies consistently show that spouses of individuals with alcohol dependence are at a marked disadvantage compared to the general population. Regional variations in reported harm from alcohol consumption reflect differing cultural attitudes, while the significant caregiving burden underscores the need for targeted support and interventions to improve the well-being of these spouses.

Table 1: Semi-structured socio-demographic data sheet.

Characteristics	Frequency(n=60)	percentage
Religion		
Hindu	50	83.3%
Muslim	7	11.7%
other	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	
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)

Table 2: Short alcohol dependence data questionnaire (SADD).

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

Table 3: WHO-QOL BREF Scale.

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

Table 4: The association of the WHOQOL Score with SADD was found to be non-significant (p>0.05).

WHQOL-BREF Factors	SADD Score			p-valve
	Moderate(n=5)	Severe(n=5)	Total (n=60)	
Physical health	22.60±2.30	24.31±3.94	24.17±3.85	0.346
Psychological 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-valve
	<=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
Psychological 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
Physical health	22.60±2.30	24.31±3.94	24.17±3.85	0.346

CONCLUSION

We thus observed that quality of life in wives of alcohol dependence syndrome patients were significantly lower than their wives of persons who do not consume alcohol. The poor quality was reflected in all domains of life i.e. physical, psychological, social and environmental and was associated with severity of alcohol dependence in husbands. 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.

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