



ASSESSMENT OF QUALITY OF LIFE AMONG SPOUSES OF INDIVIDUALS WITH ALCOHOL DEPENDENCE SYNDROME IN SOUTH INDIA

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ABSTRACT

Background: Alcohol dependence syndrome (ADS) significantly impacts not only individuals but also their families, particularly spouses, who often bear a considerable burden due to their intimate relationship. Spouses face challenges across multiple domains, including physical, psychological, social, and environmental, yet their experiences remain underexplored in Indian psychiatric research. **Objective:** To evaluate the quality of life (QoL) among spouses of patients with alcohol dependence syndrome and to assess the association between the severity of alcohol dependence and caregivers' QoL. **Methods:** A cross-sectional, observational study was conducted from January to December 2024 at the Department of Psychiatry, Jakir Hossain Medical College and Research Institute, Murshidabad, West Bengal, India. Sixty patients diagnosed with ADS based on ICD-10 criteria, along with their spouses, were recruited through purposive sampling. The Short Alcohol Dependence Data Questionnaire (SADD) assessed the severity of alcohol dependence in patients, while the WHO-QOL BREF scale evaluated the QoL of spouses. Sociodemographic data were recorded using a semi-structured proforma, and socioeconomic status was classified using the Modified Kuppuswamy Scale. Statistical analysis was performed using SPSS version 11.5, with $P < 0.05$ considered significant. **Results:** The mean SADD score of patients was 25.03 ± 3.83 , with 91.7% classified as severely dependent. Spouses reported significantly lower QoL scores across physical (24.16 ± 3.84), psychological (20.75 ± 3.32), social (10.98 ± 1.93), and environmental (27.11 ± 4.39) domains. However, the association between QoL and SADD scores was non-significant ($P > 0.05$). Marital duration, educational level, and family structure showed no significant correlation with QoL. **Conclusion:** Spouses of ADS patients experience significantly poorer QoL compared to those without alcohol-dependent partners. The caregiving burden is most pronounced in financial and emotional domains, exacerbated by the severity of alcohol dependence. Addressing the mental health and QoL of spouses is crucial to alleviating caregiver burden and improving treatment outcomes for patients with alcohol dependence syndrome.

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

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INTRODUCTION

Approximately 33% of the Indian population consumes alcohol, making it the second-largest consumer in the world. Additionally, 20% of disability-adjusted life years are lost due to poor health, significant nutritional deficiencies, and a high prevalence of alcohol addiction

[1-2]. Alcoholism detrimentally impacts the health and well-being of individuals and their families, with spouses bearing the brunt of these consequences due to the close and intimate nature of their relationships. Historically, most studies have primarily focused on the individual with alcohol dependence, leaving the experiences of their

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spouses relatively underexplored in psychiatric research. Despite limited coverage in public media, research on the psychological effects on spouses remains scarce.

Since the 1970s, clinicians have acknowledged that caregivers' psychological challenges often stem from chronic stress rather than their own inherent pathology [3]. Depressive symptoms among spouses can lead to social withdrawal, fostering feelings of anxiety, despair, and helplessness, which perpetuate a vicious cycle. Alcohol use disorders (AUDs) are among the most prevalent mental health conditions worldwide [2], significantly contributing to disability, morbidity, and mortality [1, 3]. Beyond medical implications, the societal and individual quality-of-life (QoL) impacts of alcohol misuse is profound.

Nationally, around 14.6% of the population aged 10 to 75 consumes alcohol, amounting to approximately 160 million individuals. Alcohol use is notably higher among men (27.3%) compared to women (1.6%) [4].

Alcoholism adversely affects not only the individual but also their family, particularly spouses, due to the intimate nature of their relationship. Research on the impact of alcoholism on spouses has been limited in psychiatric studies. Clinicians recognised in the 1970s that caregivers' psychological challenges are often rooted in chronic stress rather than intrinsic pathology [5]. An Indian study revealed that 65% of spouses of individuals diagnosed with alcohol dependence experienced psychiatric conditions such as mood disorders, anxiety, and major depressive disorders (43%) [6].

Alcohol abuse negatively influences marital relationships in multiple ways. Studies indicate that spouses of individuals with alcohol dependence exhibit higher incidences of psychological issues and stress-related health conditions such as hypertension and diabetes. Family members of individuals with alcohol-related disorders (ARDs) frequently become co-dependent, developing an unconscious reliance on the person's maladaptive behaviour. This co-dependence often leads to isolation, depression, emotional challenges, and even suicidal tendencies. Spouses of alcohol-dependent individuals frequently encounter high rates of domestic violence—physical, verbal, or sexual. Additional challenges include low marital satisfaction, ineffective coping mechanisms, limited social support, financial burdens, and societal stigma.

Research highlights the association between alcoholism and adverse marital outcomes [9]. The quality of marital life often inversely correlates with psychological distress. Studies assessing family interactions in households with alcohol-dependent husbands report deficiencies in areas such as social reinforcement, communication, roles, support, and leadership [7]. For women in India, alcohol misuse

exacerbates domestic violence and poverty, making it a significant societal concern.

While substantial research exists on alcohol dependence among men, studies addressing the experiences of their wives in Indian contexts are limited. Women in culturally conservative societies like India are often overlooked in terms of their physical and mental health. Addressing the mental health concerns of spouses of alcohol-dependent individuals can alleviate their burden, enhance coping skills, and improve their quality of life. Additionally, such interventions can influence the treatment outcomes of alcohol-dependent individuals.

Given this context, the present study aimed to evaluate the quality of life among spouses of individuals diagnosed with alcohol dependence syndrome, recognising the critical need for a better understanding of their experiences and challenges.

MATERIALS

The present study was a hospital-based, cross-sectional, observational study conducted on patients and their spouses attending the outpatient and inpatient departments at the Department of Psychiatry, Jakir Hossain Medical College and Research Institute, Raghunathganj, Murshidabad, West Bengal, India. The study was conducted during the period from January 2024 to December 2024. The research proposal was submitted to the Institutional Ethics Committee, and the study commenced after receiving their approval.

Sample

The study included spouses of sixty patients diagnosed with alcohol dependence syndrome as per the ICD-10 Diagnostic Criteria, who did not have any other psychiatric or medical comorbidities. Participants were selected through purposive sampling. Patients fulfilling the inclusion and exclusion criteria were enrolled after obtaining written informed consent in Bengali/English.

Inclusion Criteria

Married women aged between 18 and 60 years, whose husbands were diagnosed with alcohol dependence syndrome based on ICD-10 classification of mental and behavioural disorders, and who had been residing with their husbands for at least the past three years. Written informed consent from the participants was mandatory for inclusion.

Exclusion Criteria

Patients with coexisting psychiatric disorders, significant physical illnesses, organic brain syndrome, mental retardation, or sensory impairments were excluded. Additionally, patients with substance use disorders other than tobacco were not included in the study.

METHODS

Participants were informed about the purpose and design of the study, and written informed consent was obtained. Interviews were conducted after the respective patients were stabilised. The participants were assessed using the Short Alcohol Dependence Data Questionnaire (SADD) to evaluate the level of alcohol dependence in the patient, and the WHO Quality of Life (QoL) assessment tool to evaluate the quality of life of the spouses.

Semi-Structured Sociodemographic Data Sheet

Sociodemographic and clinical variables of the participants were recorded using a specially designed proforma for this study.

Modified Kuppaswamy Scale (2023 Revised and Updated Version)

The Kuppaswamy scale, developed to evaluate the socioeconomic status of the urban population, was used. It scores three parameters: the educational level of the head of the family, the occupation of the head of the family, and the family's total monthly income. Based on the total score, participants were classified into five socioeconomic categories: Upper (26–29), Upper Middle (16–25), Lower Middle (11–15), Upper Lower (5–10), and Lower (<5).

Short Alcohol Dependence Data Questionnaire (SADD)

The SADD measures the current state of alcohol dependence and tracks changes over time. It includes 15 items, each scored between 0 and 3, with a maximum score of 45. Dependence levels are categorised as low (0–9), moderate (10–19), or high (>19).

WHO-QOL BREF Scale

This 26-item questionnaire evaluates quality of life across four domains: Physical Health (7 items), Psychological Health (6 items), Social Relationships (3 items), and Environmental Health (8 items). It also includes items assessing overall quality of life and general health.

Statistical Analysis

The collected data was entered into Microsoft Excel for database creation and graph generation. Statistical analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 11.5 for Windows. Quantitative data following a normal distribution was described using mean and standard deviation (\pm SD). For continuous variables with non-normal distribution, Pearson's Chi-Square test or Fisher's exact test was applied. For comparison of means, the

Student's t-test was utilised. A significance level of $P < 0.05$ was considered statistically significant.

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 ($p > 0.05$).

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-value
	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-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
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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