

Original research article

STUDY ON IMPACT OF ALCOHOL DEPENDENCE ON SPOUSES OF PATIENTS PRESENTING TO TERTIARY CARE HOSPITAL

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Abstract

Background: Continuous and excessive use of alcohol is associated with physical and psychological changes in the body which encompass the alcohol dependence syndrome. It not only affects the patients, but also influences their families, especially the spouses of patients. This study was done to evaluate the impact of alcohol dependency on the spouses of patients.

Materials and Methods: A total of 50 patients diagnosed with alcohol dependence syndrome who presented to the OPD of Department of Psychiatry were included in the study along with the spouses. The degree of alcohol dependency was assessed using severity of alcohol dependence questionnaire (SADQ). The impact of alcohol dependence on the spouses was assessed using General Health Questionnaire (GHQ).

Results: Longer duration of marital life, partners who are professionals and spouses who are not happy with their marital lives have observed to be having significantly >15 GHQ scores and higher prevalence of adjustment disorders.

Conclusion: The study emphasizes the need of counselling to not only patients with alcohol dependence but also to their respective spouses.

Keywords: Alcohol dependence, SADQ, GHQ, spouse, marital life

Introduction

Alcohol dependence is on rise all over the world, especially in developing countries, such as India. According to the **WHO global status report on alcohol**, Alcohol dependence is a leading problem around the world. Estimates indicate that around 2 billion people consume alcohol and 76 million users have been diagnosed with alcohol use disorders. According to the World Health Organization (WHO), Alcohol Use Disorders account for 1.4% of the global disease burden. Globally alcohol consumption causes 3.2% of deaths (1.8 million) and 4.0% loss of disability adjusted life years (58.3 million) ^[1]. The lifetime risk for Alcohol Use Disorder is more than 15% for men. This makes Alcohol Use Disorder one of the most common psychiatric conditions observed in most parts of the world.

In 1976, Edwards and Gross proposed the existence of alcohol dependence within a syndrome model based on the fact that certain heavy drinkers manifested an unrelated clustering of signs and symptoms. This was described further in the report of the WHO scientific group published in 1977 ^[2].

The International Classification of Diseases tenth revision (ICD-10) has defined dependence as a cluster of physiological, behavioural and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value ^[3]. A central descriptive characteristic of the dependence syndrome is the desire to take the psychoactive drug.

Though many studies have examined the impact of alcohol dependence on psychiatric health of the patients, very less exploration has been done on the mental health of their spouses.

Problems such as family conflicts and poverty caused by husbands' alcohol use can be the main cause of the wives' suffering and can result in the wives losing meaning in their lives and experiencing despair and hopelessness. Their mental health is very crucial for their husbands and children. She is most vulnerable to have significant psychiatric disorders like adjustment disorders, mood disorders, anxiety disorders and a higher prevalence of medical morbidity and psychosocial problems as well ^[4]. There are many research reports on the coping behaviour, personality characteristics, quality of marital life, psychological distress and co-dependence of wives of persons with alcohol use disorders ^[5].

With this back ground the present study is needed to explore the impact of alcohol dependence on spouses, with respect to the occurrence of psychiatric morbidities and their correlates such as socio-demographic factors like age, sex, socio-economic status, occupation, education, area of residence, source of income, type of family, duration of marriage and marital satisfaction.

Materials and Methods

This prospective study was conducted in the Department of Psychiatry, Guntur Medical College, Guntur from April 2022 to August 2023. A total of 50 patients, aged 18 years and above, who were diagnosed with alcohol dependence (as per ICD-10 classification) were included in the study along with their respective spouses.

Patients with other substance addictions, except for tobacco and patients who were

critically ill were excluded from the study.

Ethical committee approval was taken prior to starting the study. All patients were informed regarding the study and were assured about preserving their personal information safely as well as terms of confidentiality.

A detailed history was taken and physical and mental status examination was done. The “Severity of alcohol dependence questionnaire” [SADQ] scale was administered on the patients to assess the severity of alcohol dependence.

The spouses were interviewed separately. “General Health Questionnaire” (GHQ) was applied on the spouses to assess for psychiatric distress. Those spouses who scored more than 15 on GHQ were further assessed for the presence of psychiatric morbidity using “Mini International Neuropsychiatric Interview” (MINI plus).

Statistical data was analysed using SPSS software and Microsoft Excel. All the values are presented as numbers and percentages. Descriptive statistics such as means, standard deviations, p values are calculated. Chi square test was used to examine the categorical data. For all statistical analysis, $P < 0.05$ was considered statistically significant.

Results

This is a cross-sectional observational study conducted in Psychiatry department of Guntur Medical College, Guntur. 50 alcohol dependent patients attending the outpatient and inpatient department of Psychiatry at Guntur Medical College and their spouses who are satisfying our inclusion and exclusion criteria were selected.

SADQ

All the persons with severe alcohol dependence had arranged marriage with consent, moderate alcohol dependence was more common among persons who married with consent (65.8%) and mild alcohol dependence was more common among persons who had love marriage (80%). These differences were statistically significant.

Table 1: Association between type of marriage and SADQ score

Type of marriage	Mild (SADQ = 8-15) N (%)	Moderate (SADQ = 16-30) N (%)	Severe (SADQ = 31-60) N (%)	Total	Chi-square=20.089, df=4, p=0.000 Statistically significant
Arranged With Consent	3 (7.9)	25 (65.8)	10 (26.3)	38	
Arranged Without consent	4 (57.1)	3 (42.9)	0 (0)	7	
Love	4 (80)	1 (20)	0 (0)	5	
Total	11 (22)	29 (58)	10 (20)	50	

Severe alcohol dependence (46.2%) were more common among the persons who had marital life of 11-15 years, moderate alcohol dependence (83.3%) was more common among the persons who had marital life of 16-20 years and mild alcohol dependence was more common among the persons who had marital life of 3-5 years (66.7%). These

differences were statistically significant.

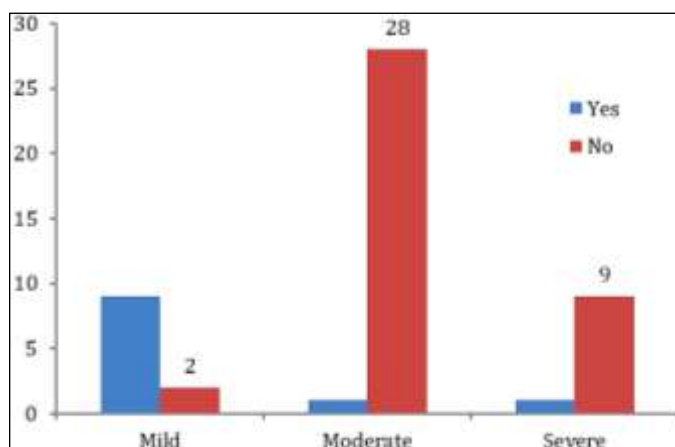


Fig 1: Association between marital satisfaction and SADQ score

Patients who were satisfied with their marital life had mild alcohol dependence than those who were not satisfied. These differences were statistically significant.

GHQ

Among the spouses of study population all the persons belonging to 41-50 years and >50 years had GHQ score >15. These differences were statistically significant.

Persons who were doing professional and semi-skilled occupation had GHQ score >15. These differences were statistically significant.

Table 2: Association between type of marriage and GHQ score

Type of marriage	GHQ score		Total	Chi square = 22.444, df=2, p=0.000 Statistically significant
	≤15 No. (%)	>15 No. (%)		
Arranged with consent	2 (5.3)	36 (94.7)	38	
Arranged without consent	4 (57.1)	3 (42.9)	7	
Love marriage	4 (80)	1 (20)	5	
Total	10 (20)	40 (80)	50	

GHQ score >15 was more common among study population whose type of marriage was arranged with consent (94.7%). These differences were statistically significant.

Among the spouses of study population all the persons who had marital life of 11-20 years and > 20 years had GHQ score >15. These differences were statistically significant.

Among the spouses of study population all the persons with duration of illness of 11-20 years and > 20 years had GHQ score >15. These differences were statistically significant.

Among the spouses of study population all the persons who had no satisfaction in marital life had GHQ >15. This difference was statistically significant.

MINI Plus

It was observed that among spouses of study population adjustment disorder and anxiety disorder was common among the >50 years of age group, dysthymia was common among 31-40 years of age group, mild depression and moderate depression was common among the 41-50 years of age group. These differences were statistically significant.

Among spouses of study population, adjustment disorder (10.5%), anxiety disorder (7.9%), dysthymia (57.9%) and moderate depression (7.9%) were more common among those whose type of marriage was arranged with consent. Mild depression was more common among those who had love marriage (20%). These differences were statistically significant.

4 patients with severe alcohol dependence had developed acute surgical complications like pancreatitis.

Table 3: Association between duration of marital life and MINI Plus score

Duration of marital life (years)	MINI Plus						Total	Chi square = 40.122, df=25, p=0.028
	Adjustment No. (%)	Anxiety No. (%)	Dysthymia No. (%)	Mild depression No. (%)	Moderate depression No. (%)	Nil No. (%)		
0-2	0 (0)	0 (0)	0 (0)	1 (50)	0 (0)	1 (50)	2	
3-5	0 (0)	1 (16.7)	1 (16.7)	0 (0)	0 (0)	4 (66.7)	6	
6-10	0 (0)	0 (0)	7 (43.8)	2 (12.5)	2 (12.5)	5 (31.2)	16	
11-15	2 (15.4)	0 (0)	10 (76.9)	1 (7.7)	0 (0)	0 (0)	13	
16-20	0 (0)	1 (16.7)	3 (50)	2 (33.3)	0 (0)	0 (0)	6	
>20	2 (28.6)	1 (14.3)	3 (49.2)	0 (0)	1 (14.3)	0 (0)	7	
Total	4 (8)	3 (6)	24 (48)	6 (12)	3 (6)	10 (20)	50	

Marital life >20 years is significantly associated with adjustment disorder (28.6%) and moderate depression (14.3%) in spouses.

Adjustment disorder (20%) and anxiety disorder (40%) was more common among the spouses whose illness was more than 20 years. Dysthymia was more common among the persons with duration of illness of 11-15 years (69.2%) and mild depression was more common among the persons who had marital life of 0-2 years (50%) and moderate depression was more common among the persons who had marital life of 6-10 years (18.2%). These differences were statistically significant.

Among spouses of study population adjustment disorder (10%), anxiety disorder (7.5%), dysthymia (60%), mild depression (15%) and moderate depression (7.5%) was more common among the persons who had no satisfaction in their marital life. These differences were statistically significant.

Table 4: Association between SADQ and MINI Plus scores

MINI Plus	SADQ			Total	Chi-Square = 54.085, df=10, p value=0.000; statistically significant
	Mild	Moderate	Severe		
Nil	10 (100)	0 (0)	0 (0)	10	
Mild depression	0 (0)	4 (66.7)	2 (33.3)	6	
Moderate depression	0 (0)	3 (100)	0 (0)	3	
Adjustment disorder	0 (0)	1 (25)	3 (75)	4	
Anxiety disorder	0 (0)	3 (100)	0 (0)	3	
Dysthymia	1 (18.5)	18 (7.5)	5 (20.8)	24	
Total	11 (22)	29 (58)	10 (20)	50	

Discussion

Alcoholism is a major social, physical and mental health problem. There is tremendous amount of psychological, financial burden on the family members of the patient, especially the spouse.

Association between duration of marital life and SADQ score among alcoholics

People with longer marital life (11-15 years) had severe alcohol dependence as observed in this study. In the study conducted by Koustubh R. Bagul *et al.* It was observed that, mean duration of marital life was 17.20 years ^[6].

Association between age and GHQ score and MINI Plus score among spouses of alcoholics

It was observed that among spouses of study population adjustment disorder and anxiety disorder was more among >50 years age group, dysthymia was more among 31-40 years age group, mild depression and moderate depression was more among 41-50 years age group. These differences were statistically significant.

In the study conducted by Dr. Caroline Dias, majority of wives in both the groups are between age group of 31-40 years. This is similar to the findings of present study ^[7].

Ponnudurai *et al.* found that the mean age of patients attending a De addiction center at the time of seeking treatment is 39.22 years ^[8].

In the study conducted by M. Kishore *et al.* it was observed that, mean age of wives of alcoholics was 32 years ^[9].

Association between education and GHQ score and MINI Plus score among spouses of alcoholics:

Adjustment disorder (20%) and mild depression (30%) was more among spouses who studied up to middle school, anxiety disorder was more among persons who studied up to high school (14.3%), dysthymia and moderate depression was more among persons who studied up to degree (14.3%). These differences were not statistically significant. This is in concordance with study done by Dr. Caroline Dias ^[7].

In the study conducted by M. Kishore *et al.* it was observed that, most wives studied up to 10th Standard (87%) ^[9].

Association between occupation and GHQ score and MINI Plus score among spouses of alcoholics:

Among spouses of study population all persons who were doing professional and semi-skilled occupation had GHQ score >15. Adjustment disorder (25%) and moderate depression (25%) was common among persons who were doing semi-skilled occupation, anxiety disorder was common among persons who were unemployed (9.4%), and all persons who were doing professional occupation had dysthymia and mild depression was more among unskilled occupation (33.3%). Present study findings were similar to the study conducted by Dr. Caroline Dias ^[7], M. Kishore *et al.* ^[9] and Peer M *et al.* ^[10] who found that most wives were unemployed. However, in the study conducted by Casey J.C, showed that employment is reported by wives as a positive experience ^[11].

Association between duration of marital life and GHQ score and MINI Plus score among spouses of alcoholics

Present study shows that majority of study population had marital life of 6-10 years. Among the study population all persons who had marital life of 11-20 years and >20 years had GHQ score >15, adjustment disorder (28.6%) and moderate depression (14.3%). These differences were statistically significant.

In the study conducted by Dr. Caroline Dias, most wives were married for 6-10 years. ⁷There was no significant association between duration of marital life and the total psychiatric morbidity. These findings were contradicting to current study finding.

Association between marital satisfaction and GHQ score and MINI Plus score among spouses of alcoholics

It was observed from the current study that majority of the study population had no satisfaction in marital life compared to those who had satisfactory marital life.

Among the study population, spouses who were not satisfied with their marital life had GHQ > 15, adjustment disorder, anxiety disorder, dysthymia and mild depression. This difference was statistically significant. This is supported by Dr. Caroline Dias ^[7], George S ^[12] and Sonia *et al.* ^[13] who observed that there was significant relation between total psychiatric morbidity and the quality of marital life.

It was observed from the study conducted by Naga Lakshmi S.V *et al.* ^[14] N K Singh *et al.* ^[15] and Cranford JA *et al.* ^[16] that, Families with fathers having Alcohol Dependence Syndrome are characterized by poor communication patterns, lack of mutual warmth and support, physical violence and poor role functioning. It was observed from the study conducted by Marshal P that, alcohol use in husbands is associated with dissatisfaction, negative marital interaction patterns and higher levels of marital violence ^[17].

Conclusion

The present study concludes that the wives of patients with Alcohol Dependence Syndrome have significant psychiatric morbidity. The most common psychiatric disorder in the present study is dysthymia. There is significant association between the ages of the wives, duration of alcohol dependence of the husband and the total psychiatric morbidity in the wives of patients with Alcohol Dependence Syndrome. There is a significant association of dysthymia with age, religion, educational status,

occupation, domicile, duration of marital life, duration of the husband's alcohol dependence.

This is one of the few studies on the psychiatric disorders in wives of patients with Alcohol Dependence Syndrome and the association between psychiatric disorders and the quality of marital life. Despite its limitations the present study definitely indicates that there is significant psychiatric morbidity in wives of patients with Alcohol Dependence Syndrome.

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Conflicts of Interest: Nil.

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