



Psychiatric Morbidities in Spouses of Patients of Alcohol Dependence Syndrome: A Cross-Sectional Study in a Tertiary Care Hospital of Tripura

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Abstract

Background: Alcohol dependence has adverse health and social consequences. Alcohol related problems primarily occur within family context and maximum impact is felt on spouses, given the intimate nature of their relationship. Spouses play an important role in treatment programs related to alcohol. There is thus a need to study psychiatric morbidity in spouses of alcohol dependent patients in order to understand and address such issues.

Aim: To study the prevalence of psychiatric morbidities in spouses of patients of alcohol dependence syndrome and its association with the severity of alcohol dependence.

Materials and methods: This is a cross-sectional study conducted in Department of Psychiatry of AGMC & GBPH, Agartala. This study consists of spouses of 110 alcohol dependence syndrome patients whose psychiatric morbidity was assessed using MINI PLUS and ICD-10. Patient's dependence severity was assessed by SADD.

Results: 72.73% of the spouses had psychiatric morbidity. Most commonly somatization disorder and depression were present. Physical assault (in 28.2%) & marital disharmony (in 71.8%) were seen and both were found to have statistically significant association with the development of psychiatric morbidity, besides severity of alcohol dependence in the patients.

Conclusion: Psychological distress and psychiatric morbidity in spouses of alcohol dependent men is high. Addressing this issue either as part of alcohol treatment programs or independently will be beneficial as spouses are known to play an important role in the treatment of alcohol dependence syndrome.

Keywords: Alcoholism, Alcohol dependence, psychiatric morbidities

INTRODUCTION

The term alcoholism was first coined by Magnus Hass in 1849 but gradually it was replaced by alcohol dependence. Alcohol dependence is defined as a cluster of physiological, behavioural and cognitive phenomena in which the use of a substance or class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value (ICD-10). According to the WHO,

harmful use of alcohol accounts for 7.1% and 2.2% of the global disease burden for males and females respectively. Globally alcohol consumption causes 5.9% of deaths and 5.1% loss of disability adjusted life year. Alcohol Dependence Syndrome has been called the "family illness". The influence of the spouses' alcoholism generates a crisis for the family and disturbs its equilibrium. The immense stress

experienced by the spouses in dealing with the pressures of the partner's drinking behavior is likely to influence their marital life experience. Addressing the mental health issues of spouses of alcoholics can reduce their burden and improve their quality of life. It will also improve treatment outcome of persons with alcohol dependence. This study, therefore, was an attempt to estimate the magnitude of psychiatric morbidities in spouses of patients of alcohol dependence syndrome and also to explore their association with the severity of alcohol dependence.

OBJECTIVES

1. To find out the prevalence of psychiatric morbidities in spouses of patients of alcohol dependence syndrome attending AGMC and GBPH.
2. To find out the association of sociodemographic parameters with manifested psychiatric morbidities in the spouses.
3. To find out the association of severity of alcohol dependence of the patients with manifested psychiatric morbidities in their spouses.

METHODOLOGY

STUDY DESIGN: Cross-sectional study

STUDY DURATION: 1.5 years.

STUDY SETTING: Department of Psychiatry, AGMC and GBP Hospital.

SAMPLE SIZE: 110 spouses of patients of alcohol dependence syndrome were interviewed

Inclusion criteria- Spouses of patients of ADS (according to ICD-10) attending OPD or admitted in IPD of Department of Psychiatry of AGMC and GBP Hospital or referred from other departments (both OPD and IPD) of the same institute with the diagnosis of ADS, Spouses in the age group of 18-60 years (both were inclusive).

Exclusion criteria- Spouses of patients with other substance abuse except tobacco, spouses with age below 18 years or above 60 years and/or not consenting for the study, spouses who themselves have any systemic and chronic debilitating

Sampling Technique: Linear systematic sampling. The spouses accompanying every third patient of

ADS were enrolled for the study after taking valid informed written consent from them.

Data Collection Procedure: Patient's dependence severity was assessed by SADD. Psychiatric morbidity was assessed using MINI PLUS and ICD-10. Chi-square test was used for testing the associations. P-value <0.05 was considered statistically significant. Statistical analysis was done using SPSS 15.0.

Study Tools: Socio-demographic Proforma, MINI (PLUS) International Neuropsychiatric Interview, Severity of Alcohol Dependence Data (SADD), ICD-10 Diagnostic Guidelines of Mental and Behavioral Disorders. physical illness, spouses with mental retardation.

RESULTS AND OBSERVATIONS

49% of the spouses of the patients of ADS were in the age group of 31-40 years. All the spouses were females. 53.6% were from rural background, 46% were from lower socio-economic strata, 32.7% of the study participants received only primary school education. Majority were Hindus (89.1%) and were housewives (70%). 43.6% of the patients of ADS had 6-10 years of addiction.

72.73% of participants had psychiatric disorders. Depression 19.90%, Adjustment disorder 5.45%, GAD 16.36%, Panic disorder 1.82%, Somatization disorder 20.90%, OCD 0.91%, Psychotic disorders in 3.64%, Conversion disorder 4.55%. Therefore, somatization disorder and depression were most commonly found. Physical assault was seen in 28.2% of the spouses. Statistically significant association (p value=0.000) was found between physical assault and the development of psychiatric morbidity in the spouse. Statistically significant association was found between educational level (p value=0.011) and religion (p value=0.001) of the spouse with the development of psychiatric morbidity in this study. 71.8% reported presence of marital disharmony due to spouses' alcoholism. Statistically significant association (p value=0.000) was found between marital disharmony and the development of psychiatric morbidity in the spouse. 50.9% of the patients of ADS had medium dependence on a SADD Questionnaire. The severity of alcohol dependence was found to have significant association (p

value=0.000) with the presence of psychiatric morbidity in spouses.

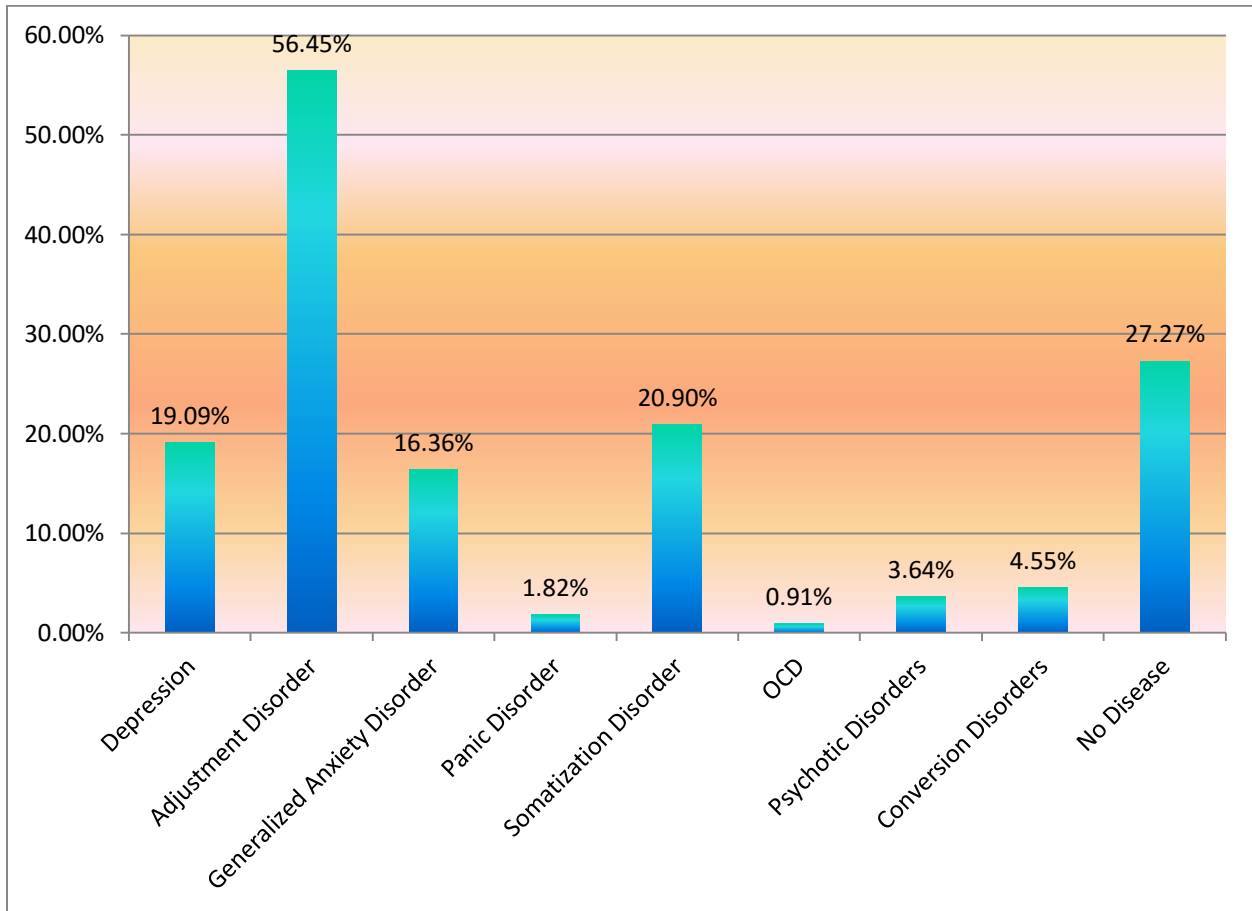


Figure: Distribution of data according to psychiatric morbidities among spouses of patients of Alcohol Dependence Syndrome

Significant association with psychiatric morbidity	p-value
Education	0.011
Religion	0.001
Marital Disharmony	0.000
Physical Assault	0.000
Severity of Alcohol Dependence of Patients	0.000

Table: Variables having significant association with development of psychiatric morbidities among spouses of patients of Alcohol Dependence Syndrome

DISCUSSION

The age of the participants in this study was mostly between 31-40 years which was similar to the findings of Vijayalakshmi *et al* (2016)⁽³⁾ and Soniet *al* (2016)⁽⁸⁾. 100% of the study participants in this study were females. Most of the previous studies conducted so far in India were only on the wives of the patients of ADS.^(1,2,4,5) In this study, most (43.6%) of the patients of ADS had 6-10 years of alcohol addiction while Rajasekhar (2019)⁽⁶⁾ found mean duration of alcohol consumption to be 14.04 years. The present study found physical assault in alcoholic state towards their spouses in 28.2%. But a higher prevalence was reported by Gandhi *et al* (68.67%)⁽¹⁰⁾ and Sharon (79.3%)⁽⁹⁾. In the present study, majority (72.7%) of the participants had psychiatric morbidities, but Mammenet *al* (2015)⁽⁴⁾ and Rajashekhar (2019)⁽⁶⁾ found psychiatric morbidity in 36% & 56% respectively. Somatization disorder, depression and GAD were the most common psychiatric morbidities in the present study but Gandhi *et al* (2017)⁽¹⁰⁾ and Shah *et al* (2017)⁽¹¹⁾ found depression and anxiety as most common. Dandu *et al* (2017)⁽⁷⁾ found depression and adjustment disorder as most common. Statistically significant association was found between educational level of the spouse and the development of psychiatric morbidity in this study unlike in a study by Singh *et al* (2009)⁽⁴⁾. Statistically significant association was found between physical assault and the development of psychiatric morbidity in the spouses, similar to a study by Vijayalakshmi *et al* (2016)⁽³⁾. The present study found 50.9% of the patients of ADS had medium dependence on a SADQ, which were were similar to Soniet *al* (2016)⁽⁸⁾ & Mammenet *al* (2015)⁽⁴⁾. The severity of alcohol dependence measured by SADD Questionnaire was found to have significant association with the presence of psychiatric morbidity in spouses, similar to Mammenet *al* (2015)⁽⁴⁾ & Soniet *al* (2016)⁽⁸⁾. No statistically significant association (p value=0.824) was found between number of years of addiction and the development of psychiatric morbidity in the spouse. But studies conducted by Begam *et al* (2015)⁽⁵⁾ & Rajasekhar (2019)⁽⁶⁾ found significant association.

LIMITATIONS OF THE STUDY

The present study was a hospital based cross-sectional study and so it may not have reflected the actual scenario of the socio demographic variables of the community. There was no control group in this study. Sample size of the study was small. The personalities of the spouses and their coping behavior had not been addressed in this study. The quality of life and marital satisfaction of the spouses had also not been evaluated.

CONCLUSION

Psychiatric problems in the spouses of alcoholics are often given insufficient attention or overlooked altogether. The high rates of social and psychological distress among spouses whose partners have alcohol problems, need to be addressed either as part of alcohol treatment programs or independently. It is important that treatment programs for patients with alcohol dependence should also include a formal psychological assessment of their spouses. Early detection and treatment of the psychiatric morbidities in the spouses will benefit both the spouse and the patient and also enhance the spouse's effective engagement in the treatment process.

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