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## RESEARCH ARTICLE

### PSYCHIATRIC MORBIDITY IN WIVES OF MALE PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME

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#### ABSTRACT

**Background:** Alcoholism causes harm to the well-being and health of the person and also he family. Spouses are mostly affected because of the intimate nature of the relationship. Studies on the impact on spouses have been very less in psychiatric literature. **Objective:** 1. To evaluate the frequency and nature of psychiatric morbidity in wives of patients with alcohol dependence syndrome. 2. To study the relationship between psychiatric disorders of wives with the severity of alcohol dependence. **Methods:** Cross sectional observational study was done by enrolling a total of 100 patients diagnosed with alcohol dependence and their wives screening (112 patients, 12 refused consent, 100 were enrolled). Patients were recruited by consecutive sampling method. Mini International Neuropsychiatric Interview (M.I.N.I) – To assess psychiatric morbidity among wives and Severity of Alcohol Dependence Questionnaire (SADQ) – To assess the severity of Alcohol addiction among husbands. **Results:** Psychiatric co-morbidities were seen in 56% cases. Most common associated psychiatric morbidity was depression (37%) followed by anxiety (15%), phobia (3%) and psychotic disorder (1%). A significant association was seen between presence of psychiatric co-morbidity and severity of alcoholism ( $p < 0.05$ ) with prevalence of psychiatric morbidity among low, medium and severe alcoholism cases was 27.3%, 60.4% and 83.8% respectively. **Conclusions:** The high rates of social and psychological distress among women whose partners have alcohol problems, need to be addressed either as part of alcohol treatment programs or independently. These issues need to be addressed not only to improve outcomes for the dependent individuals, but also as potentially reversible risk factors that could significantly impact women's own health outcomes.

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## INTRODUCTION

Alcohol is a common substance of abuse that causes both acute and chronic changes in almost all neurochemical systems. Heavy consumption is the major public health concern in most of the countries. It results in untold misery to the individual by affecting physical, psychological economic and social spheres. According to World Health Organization (WHO), Alcohol Use Disorders account for 1.4% of global disease burden, 3.2% deaths (1.8 million) and 4% loss of disability adjusted life years (58.3 million) (World Health Organization, 2004). A total of 33% Indian population consumes alcohol (second largest in the world) and 20% of disability-adjusted life years are lost because of poor health status, marked nutritional deficiencies and high prevalence of alcohol addiction (Mohan, 2001 and Chakravarthy, 1990). The Diagnostic and Statistical Manual of Mental Disorders, has defined dependence as a cluster of cognitive, and physiological symptoms indicating that the

individual continues use of the substance despite significant substance-related problems. There is a pattern of repeated self-administration that can result in tolerance, withdrawal and compulsive drug taking behaviour (American Psychiatric Association, 2013). 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, studies on the impact on spouses have been very less 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 (Steinglass, 1977). Current data from our country shows that prevalence of psychiatric morbidity is significantly high among spouses of males with alcohol dependence. Major depressive disorder was reported in 43% of spouses. Among the depressed spouses 18% had panic symptoms also (Kishor, 2013). Another study found a positive correlation between duration of dependence in men and higher levels of distress in their spouses (Bhowmick, 2001). 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. Several studies

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have shown significant correlation between alcohol use in husband and suicidal tendency in the spouse. There is increased incidence of somatization, interpersonal sensitivity and hostility in spouses of alcoholic men especially when associated with battering by spouses (Charles, 1995). Addressing the mental health issues of spouses of persons with alcohol dependence will not only reduce their burden but also improve their quality of life and treatment outcome of persons with alcohol dependence. The present study was thus conducted to assess the prevalence of psychiatric morbidities in wives of patients with alcohol dependence syndrome and to study the relationships of psychiatric disorders with severity of alcohol dependence syndrome.

## MATERIAL AND METHODS

A hospital based Cross Sectional Study conducted in Department of Psychiatry, Yenepoya Medical College and Hospital, Mangalore. Recruitment of subjects was done between July 2017 to December 2017

**Study Population:** Wives of Alcohol Dependence Syndrome patients attending OPD and Alcohol dependence syndrome patients admitted in the Psychiatry and Medicine wards of Yenepoya Medical College & hospital. Patients were recruited by consecutive sampling method. 112 patients were screened, 12 refused consent. A total of 100 patients were enrolled using convenient sampling technique.

### Inclusion Criteria

- Adult male in-patients/out-patients with a diagnosis of Alcohol dependence
- syndrome [according to the ICD 10- Classification of Mental Health and
- Behavioural Disorders- Diagnostic Criteria for Research DCR-10] and their wives.
- Age group above 18yrs.
- Co morbidity in husbands with Nicotine dependence syndrome only.
- Husband and wife staying together.

### Exclusion Criteria

- Medical and psychiatric disorders in the patients (husbands) which are not related to alcohol use.
- Co-morbid substance use other than tobacco in the patients (husbands).
- Participants (wives) or patients (husbands) with alcohol dependence having mental retardation or sensory impairments.
- Age group below 18yrs.

### Instruments Used in the Study

- M.I.N.I (Mini International Neuropsychiatric Interview) – To assess psychiatric
- morbidity among wives.
- Severity of Alcohol Dependence Questionnaire (SADQ) – To assess the severity of Alcohol addiction (Dandu, 2017).

### Participants, Procedure, and Study Design

The Alcohol Dependence Syndrome patients were diagnosed by using ICD-10 criteria (World Health Organization, 1993).

These patients are not having any other psychiatric disorder and were under treatment as outpatient or inpatient for Alcohol Dependence. All the subjects recruited for the research underwent following:

- Details of the study protocol were explained to the subjects.
- Informed consent was obtained.
- Detailed history was taken including demographic details and details regarding alcohol consumption
- Then the Alcohol Dependence Syndrome patients were given Severity of Alcohol Dependence Questionnaire (SADQ) containing 20 questions having 4 options and assess severity of Alcohol Dependence.
- M.I.N.I – Mini International Neuropsychiatric Interview: to make diagnoses of psychiatric disorders according to ICD-10

### Statistical Analysis

Data were statistically described in terms of mean ( $\pm$ SD), frequencies (number of cases) and percentages when appropriate. The Mean Scores obtained from wives of alcoholics was compared with the mean data obtained from the Control Group using Man Whitney U test. Severity of alcohol Dependence was correlate with QOL score of their Wives using spearman correlation. Qualitative data was compared using chi-square tests. A probability value (p value) less than 0.05 was considered statistically significant. All statistical calculations were done using computer programs Microsoft Excel 2007 (Microsoft Corporation, NY, USA) and SPSS (Statistical Package for the Social Science; SPSS Inc., Chicago, IL, USA) version 21.

## RESULTS

- The mean age of persons with alcohol dependence and their wives was 39.12 years with over half of the subjects (57.5%) were in their 2<sup>nd</sup> or 3<sup>rd</sup> decade of life. Shown in Table 1.
- Mean age of onset of alcohol consumption was 21.32 years with one third of the subjects started drinking before reaching 20 years of age. Mean duration of alcohol consumption was 14.04 years with over half of the subjects were consuming alcohol since 10 years or more. Shown in table 2.
- As per SADD score, severe alcohol addiction was seen in 30% of the cases while low to medium addiction was seen in 22% and 48% cases respectively. Shown in table 3.
- Psychiatric co-morbidities were seen in 56% cases. Most common associated psychiatric morbidity was depression (37%) followed by anxiety (15%), phobia (3%) and psychotic disorder (1%). Shown in table 4.
- A significant association was seen between presence of psychiatric co-morbidity and duration of alcoholism ( $p < 0.05$ ). Shown in table 5.
- A significant association was seen between presence of psychiatric co-morbidity and severity of alcoholism ( $p < 0.05$ ) with prevalence of psychiatric morbidity among low, medium and severe alcoholism cases was 27.3%, 52.08% and 83.8% respectively. Shown in table 6.

**Table 1. Distribution of wives of persons with alcohol dependence as per age group**

Age (yrs)	N	%
< 20	5	5.0%
21-40	53	53.0%
41-60	31	31.0%
> 60	11	11.0%
Total	100	100.0%

Mean age - 39.12 +/- 7.22 years

**Table 2. Distribution of persons with alcohol dependence as per duration of alcohol consumption**

Duration of Alcohol (yrs)	N	%
< 5	19	19.0%
5-10	23	23.0%
10-20	39	39.0%
> 20	19	19.0%
Total	100	100.0%

Mean duration - 14.04 +/- 7.32 years

**Table 3. Distribution of alcoholic husbands as per Severity of Alcoholism**

Severity of Alcoholism (SADD Score)	N	%
Low (1-9)	22	22.0%
Medium (10-19)	48	48.0%
Severe (>=20)	30	30.0%
Total	100	100.0%

**Table 4. Distribution of cases as per psychiatric morbidity**

Psychiatric Morbidity	N	%
Depression	37	37.0%
Anxiety	15	15.0%
Phobia	3	3.0%
Psychotic Disorder	1	1.0%
None	44	44.0%
Total	100	100.0%

**Table 5. Association of duration of alcoholism with psychiatric morbidity**

Duration of Alcohol	Psychiatric Morbidity		Total
	No	Yes	
< 5 yrs	15	4	19
	78.94%	21.06%	100.0%
5-10 yrs	11	12	23
	47.8%	52.2%	100.0%
10-20 yrs	15	24	39
	38.5%	61.5%	100.0%
> 20 yrs	3	16	19
	15.8%	84.2%	100.0%
Total	44	56	100
	44.0%	56.0%	100.0%

p- value <0.05

**Table 6. Association of severity of alcoholism with psychiatric morbidity**

Severity of Alcoholism (SADD)	Psychiatric Morbidity		Total
	No	Yes	
Low	16	6	22
	72.7%	27.3%	100.0%
Medium	23	25	48
	47.91%	52.08%	100.0%
Severe	5	25	30
	16.7%	83.3%	100.0%
Total	44	56	100
	44.0%	60.0%	100.0%

p- value <0.05

## DISCUSSION

A hospital based cross sectional study was conducted at Department of Psychiatry, Yenepoya Medical College and Hospital, Mangalore. The aim of the study was to evaluate the frequency and nature of psychiatric morbidity in wives of patients with alcohol dependence syndrome. We also aimed to study the relationships of psychiatric disorders in wives of patients with severity of Alcohol Dependence Syndrome. A total of 100 wives of alcohol dependence patients attending OPD of Yenepoya hospital were included in the study.

### Demographic Details

The mean age of the wives of patients with alcohol dependence in present study was 35.72 years with over half of the subjects (57.5%) were in their 2nd or 3<sup>rd</sup> decade of life. Mean age of wives of persons with alcohol dependence in the study by Kishore M *et al.* (1994), was 32.4 years. In another similar study by Shah V *et al.* (2003), mean age was observed as 40.68 years. Indu V *et al.* [17] in their study observed the mean age of wives as 37.9 years. Mean age of alcohol-dependent spouses in the study by Dandu A *et al.* (2003), was 35.04 ± 8.98 years. In present study, mean age of onset of alcohol consumption was 25.08 years with one third of the subjects started drinking before reaching 20 years of age. Meanduration of alcohol consumption was 14.04 years with over half of the subjects were consuming alcohol since 10 years or more.

### Severity of Alcoholism

In present study, as per SADQ score, severe alcohol dependence was seen in 30% of the cases while low to medium alcohol dependence was seen in 22% and 48% cases respectively. A significant association was seen between severity of alcoholism and psychiatric morbidities in wives. In a similar study by Kishore M *et al.* (Gohil, 2016), equal numbers were found in the moderate (45%) and high dependence range (46.7%) with very few in the low dependence range (8.3%). Similar results were also seen in studies by Kumar S *et al.* (Fatima, 2015) and Naga *et al.* (World Health Organization, 1993).

### Psychiatric co-morbidities in wives

Psychiatric co-morbidities were seen in 56% cases. Most common associated psychiatric morbidity was depression (37%) followed by anxiety (15%), phobia (3%) and psychotic disorder (1%). A significant association was seen between presence of psychiatric co-morbidity with duration and severity of alcoholism (p<0.05). Ponnu M *et al.* (Banister, 1994), aimed to assess the pattern of psychiatric morbidity in spouses of male patients with alcohol dependence syndrome. The sample included 100 spouses, out of which 36% had psychiatric morbidity. Mood disorders comprised 50% and anxiety and stress related disorders comprised about 36% of the total morbidity. There was significant association between psychiatric morbidity in the wives and severity of alcohol dependence in husbands, Kishore M *et al.* (Jiloha, 1994), in a similar study, observed that more than half of the spouses (65%) had a psychiatric disorder. Primarily mood and anxiety disorder were present. Major depressive disorder was present in 43%. Psychiatric morbidity was found to be significantly correlated with severity of alcohol dependence and their association was robust. Begam TS *et al.* (Moskalenko, 1994).

also studied various psychiatric disorders in spouses of alcohol dependent men. More than half of the spouses (65%) had a psychiatric disorder. Primarily mood and anxiety disorder were present. Major depressive disorder was present in 43%. Kostubh R *et al.* [13] also noted high prevalence of Psychiatric morbidity (63.33%) among spouses of alcohol dependent men, with majority having Axis I diagnosis of Major Depression (35%), Anxiety and Adjustment Disorder. High alcohol dependence in husbands was found to be significantly correlated with Psychiatric morbidity in wives. Data analysis of the study by Soni R *et al.* [14] revealed that 79% of spouses had a psychiatric disorder. Primarily mood and anxiety disorder was present in 45% and 10% of subjects respectively. Shah VE *et al.* [16] in their study observed the prevalence of Psychiatric morbidity in wives as 54% with anxiety (16%), depression (36%) and stress (6%) being the commonest problems. Indu PV *et al.* [17] in their study observed least one psychiatric morbidity was observed in 51 (85.0%) cases with MDD in 15 (25.0%), anxiety disorders in 6(10%), and adjustment disorder in 32 (53.3%) cases each. Dandu A *et al.* [15] in their study concluded that there is a significant association of duration of alcohol abuse by husband with psychological morbidities in spouses.

### Conclusion

Psychiatric problems in the spouses of alcoholics are often given insufficient attention or overlooked altogether. The findings of the present study draw attention to the fact that the mental health and quality of life of spouses is considerably poor and warrant attention. The high rates of social and psychological distress among women whose partners have alcohol problems, need to be addressed either as part of alcohol treatment programs or independently. These issues need to be addressed not only to improve outcomes for the dependent individuals, but also as potentially reversible risk factors that could significantly impact women's own health outcomes. Hence, it is important that treatment programs for patients with alcohol dependence should also include a formal psychological assessment of their spouses. Such an initiative will not only address the needs of this often marginalized population, but also enhance their effective engagement in the treatment process.

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