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RESEARCH ARTICLE

PSYCHIATRIC MORBIDITY AND MARITAL SATISFACTION IN SPOUSES OF PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME

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Abstract

Background: Prevalence of alcohol dependence in men has been increasing worldwide, particularly in India. Alcohol dependence syndrome appears to be associated with psychiatric problems specially among spouses. Understanding and addressing the effects of such psychiatric problems becomes necessary.

Aim: The aim of this study was to assess the pattern of psychiatric morbidity and marital satisfaction in spouses of patients with alcohol dependence syndrome.

Materials and Methods: 246 men with alcohol dependence syndrome and their spouses were evaluated. Marital satisfaction was assessed using the ENRICH marital satisfaction scale. Mini International Neuropsychiatric Interviews (MINI) was used to screen for the possible presence of psychiatric morbidity among spouses. Severity of alcohol dependence in the husbands and consequences of drinking was assessed using Short Alcohol Dependence Data (SADD) and drinkers' inventory of consequences (DrInC) respectively.

Results: More than half of the spouses (57.72%) had a psychiatric disorder. Primarily mood and anxiety disorder were present. Major depressive disorder was present in 33.33%. Psychiatric morbidity among spouses was significantly associated with SADD. Significant association was found between age, education status, occupation, religion and psychiatric morbidity of spouses. Marital satisfaction score was low and conflicts between the couple was significantly associated with psychiatric morbidity of spouses.

Conclusion: Psychiatric morbidity in spouses of alcohol dependent men is high, with marital satisfaction being low. Addressing these issues in spouses can improve their quality of life as they play an important role in the treatment of alcohol dependence syndrome.

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Introduction:-

Alcohol abuse and dependence are associated with multiple life problems or challenges and enhance the risk for a wide range of morbidities and early death. Undesirable social consequences of ADS trigger psychological, biological,

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behavioural responses which interact to reduce the person's ability to cope up and hence increases the likelihood of psychological problems.¹ Not only does the consequences affect the patient, but also members of the family^{2,3}. Particularly, in men, alcoholism is a significant risk factor for violence and abuse against women.⁴⁻⁷ ADS in men also leads to a dysfunctional family system⁸, poverty⁹, low marital satisfaction^{2,10,11}, maladaptive coping skills,¹²⁻¹⁴ despair and hopelessness experienced by their female counterparts or wives. Wife of an ADS affected person is prone to psychiatric disorders like adjustment disorders, mood disorders, anxiety disorders and a higher prevalence of medical morbidity and psychosocial problems as well.¹⁵⁻¹⁹

A deeper insight and addressing psychiatric health issues among wives of ADS men will not only decrease their burden, improve their coping skills and overall quality-of-life, but is also likely to have a bearing on the treatment and outcome of alcoholics. Early research on problems associated with alcohol were limited to an individual consuming alcohol. Lately however, wider impact of alcohol consumption is being noticed.²⁰⁻²³ Very few studies have specifically explored the overall effects of psychiatric morbidity in western India. On this background, the present study was designed at our tertiary care centre with an objective to assess pattern of psychiatric morbidity, marital satisfaction in spouses of patients with alcohol dependence syndrome.

Materials and Methods:-

246 patients with ADS diagnosed according to Diagnostic and Statistical Manual of Mental Disorders IV-TR (DSM IV-TR)²⁴ and their spouses, who presented to the Department of Psychiatry of a tertiary hospital between December 2015 to October 2017 and who were aged between 18-75 years were included in this cross-sectional study. The written informed consent was obtained from the patients as well as their spouses. We excluded those patients and spouses with any other comorbid physical and psychiatric illness, comorbid substance uses other than tobacco and those who are divorced, separated, widowed or unmarried. The study was initiated after obtaining approval from institutional ethics committee in October 2017 and was done in accordance with Declaration of Helsinki. Details about sociodemographic and marital conflicts were obtained from both alcohol dependent patients and their spouses by using a structured proforma. Severity of alcohol dependence was assessed by using Short Alcohol Dependence Data (SADD)²⁵ and consequences of drinking was assessed by using Drinker Inventory of Consequences (DrInC).²⁶ SADD²⁵ is a 15-item self-report questionnaire that provides a measure of the severity of alcohol dependence with in a continuum ranging from mild problem drinking to severe alcohol dependence. Each item has four possible responses, scored as 0, 1, 2 and 3. The maximum score on the scale is 45 and dependence is categorized based on scores, into low (0-9), moderate (10-19) and high (>19) dependence. DrInC²⁶, is a scale of 50 items with four possible responses, which are scored as 0-3. It was used to assess the consequences of drinking in five domains viz., physical (8 items), intrapersonal (10 items), interpersonal (8 items), impulse control and social responsibility (12 items). We used the past 3 months version of the scale. Higher total scores or in each of its domains indicate greater negative consequences or problems. The score range of 50 questions was from 0-135. Mini International Neuropsychiatric Interviews (MINI)²⁷ was used to screen for the possible presence of specific psychiatric morbidity among spouses of alcohol dependent patients. MINI is a structured evaluation of most of the major psychiatric conditions and includes 23 disorders from the tenth revision of International Classification of Diseases and related health problems (ICD-10 DCR)²⁸ and from DSM-IV.²⁴ It is organized in diagnostic sections and two to four screening questions with yes or no responses for each disorder. Additional symptom questions are asked only when a screening question is endorsed.^{27,29} Marital satisfaction among the spouses was assessed using Evaluation and Nurturing Relationship Issues, Communication and Happiness (ENRICH) Marital Satisfaction (EMS) Scale. It is a 15-item scale with ten items related to 10 domains of marital quality. The other 5 items compose a marital conventionalization scale to correct for the tendency to endorse unrealistically positive descriptions of the marriage.³⁰

Statistical Analysis:

Data was analyzed using SPSS (Statistical package for social sciences) Version 20. The level of significance was set at $P < 0.05$. Descriptive statistics were presented using frequency, range, percentages, mean and standard deviation. Inferential statistics were presented using Chi-square test for association to determine if there is an association between two variables. Fisher's exact probability was obtained when requirements for 2×2 Chi-square were not met.

Results:-

Out of 246 patients, Mean age of men was 34.98 years (± 11.434). Most of the participants were from urban background (70.7%), and practiced Hindu religion (66.26%) followed by Islam (29.27%). Majority were semiskilled

workers (41.8%) and educated up to middle school (40.24%). More than half of them belonged to nuclear family (56.09%). Mean age of spouses was 30.9 years (± 11.524), most of them educated till primary school (46.34%), a little more than half (51.22%) were unemployed/housewives.

Scores on the SADD ranged from 3 to 45, with a mean score of 23.01 ± 11.39 . Nearly equal numbers were found in the moderate (43.1%) and high dependence range (48%) with very few in the low dependence range (8.9%) according to SADD scores as shown in Table 1.

Table 1:- Distribution of alcohol dependent men based on SADD scores.

Scores on SADD	Frequency alcohol dependent in men (%)
Low dependence (1-9)	22(8.9)
Moderate dependence (10-19)	106(43.1)
High dependence (≥ 20)	118(48)

DrInC scores were in range of 3 to 87 with a mean score of 56.52 ± 15.116 on total index. Impulse control (12.93 ± 7.48) and intrapersonal domains (12.08 ± 4.82) were most affected.

Table 2:- Distribution of Psychiatric Morbidity present among spouses according to Mini International Neuropsychiatric Interview (MINI).

MINI	Frequency of spouses (%)
Major depressive episode	82(33.33)
Suicidality	10(4.06)
Panic disorder	5(2.03)
Social phobia	12(4.87)
Generalized anxiety disorders	33(13.41)

Marital satisfaction among spouses:

The scores were in the range of 14.7 to 94.08 with a mean score of 50.23 ± 17.43 . Majority of the spouses had scores at the lower end of the scale indicating lesser degree of ENRICH marital satisfaction. Psychiatric morbidity among spouses was present in 142(57.7%) and absent in 104 (42.3%). Majority of the spouses suffered from major depressive episode (33.33%) and generalized anxiety disorder (13.41%).

Association between socio-demographic variables, SADD and psychiatric morbidity:

A statistically significant association was found between severity of alcohol dependence (SADD) in men, age, occupation, education, religion, family type of spouses, marital conflicts between couple and psychiatric morbidity among spouses. Highest psychiatric morbidity was seen in spouses between 21 to 30 years of age, who were housewives/unemployed, educated up to primary school with the p-value of 0.000, who were Hindus (p-value 0.024), staying in a nuclear family and have marital conflicts with the p-value of 0.000.

Discussion:-

Our study examined the pattern of psychiatric morbidity, marital satisfaction in spouses of patients with alcohol dependence syndrome. A statistically significant association was found between severity of alcohol dependence (SADD) in alcohol dependent men and psychiatric morbidity among spouses. Most of the spouses scored low on ENRICH marital satisfaction scale. We observed that the age of the alcohol dependent men in the sample ranged between 18 and 75 years, with the mean age being 34.98 ± 11.434 years. 75.60% of males were under 40 years of age. Similar demographic sample was reported by other studies^{22,31-32} where mean age of alcohol dependent men was 32 ± 7.2 years, 39 ± 7 years, 40.30 ± 7.945 years respectively. A majority of alcohol dependent men (40.24%) were educated to middle school followed by primary school (23.17%). A study³² also found majority of alcohol dependent men educated to middle school (25%) followed by primary school (18.3%). Most of the alcohol dependent men were semiskilled 103 (41.87%) followed by unskilled 72 (29.27%). However, previous studies³²⁻³³ found majority of alcohol dependent men were unskilled workers with 33 (55%) and 26 (37.68%) proportions respectively. While other study³⁴ found 43 (86%) employed. Findings in our study were different from others mainly because majority of them had good educational status and were from urban background. In our study majority of alcohol dependent men were from urban background 174 (70.7%). This agreed with results of a study³⁵ where 42 (70%) were from urban background. However previous studies³²⁻³³ concluded with similar associations with psychiatric morbidity of spouses even when

majority of men were from rural background. Most of the alcohol dependent men lived in a nuclear family 138 (56.09%) and were Hindu by religion 163 (66.26%).

Age of spouses in our study ranged from 18-70 years with mean age being 30.9 ± 11.52 years. Similar observations were reported by other studies.^{31,33} One study³⁶ found mean age of spouses in cases and controls respectively as 40.68 years (± 7.96) and 42.44 years (± 10.35). Two studies^{33,37} found majority of spouses to be educated till primary school with 42 (60.865%) and 29 (63.04%) respectively. This was replicated in the present study. Previous studies^{22,37} also found majority of spouses were educated up to 10th standard. A study³⁴ found 28 (56%) were educated below 12th grade while other study found majority 21 (35%) were high school educated. In our study most of spouses were unemployed/housewife by occupation (51.22%). Similar findings were reported by other studies as majority of spouses to be unemployed.³² Out of 246 spouses 166 spouses reported marital conflicts and among them (85.20%) were found to have psychiatric morbidity present.^{32,33,34} Alcohol dependence severity was assessed using Short Alcohol Dependence Data (SADD) and we found 8.9% had low dependence, 43.1% had moderate dependence and 48% had high dependence. Previous literature also agrees with this trend of dependence.^{22,31-33} A highly statistically significant association was found between psychiatric morbidity in spouses and severity of alcohol dependence in their husbands ($p < 0.001$). Similar finding was reported by astudy.³⁸ Our mean Drinker Inventory of Consequences (DrInC) score agreed with previous literature.³¹ The impulse control and intrapersonal domains were most affected as per literature³³ and the same has been replicated in the present study.

The current study predominantly demonstrated psychiatric morbidity to be mood and anxiety disorders which has been reported earlier in literature.^{33,37} However, we have used MINI scale to study the morbidity whereas another study³⁹ used SCID to determine point prevalence of major depressive disorder (MDD) among spouses (33.33%). A study used ICD-10 DCR found 79% of spouses having psychiatric morbidity.²² Of them 18% were having mood disorders including MDD and dysthymia and 36% were having anxiety and stress related disorders. Other study³⁴ also used MINI and found psychiatric morbidity in 16% of spouses.

Lower scores on ENRICH marital satisfaction scale were reported in Indian literature^{22,31,33} indicating lesser degree of marital satisfaction. This finding replicated in our study. A significant association between age, occupation, education, religion, type of family, marital conflicts and psychiatric morbidity of spouses was observed. The issues discussed above need to be addressed as part of alcohol treatment programs or independently to improve the health outcomes of spouses. An evaluation of mood and anxiety disorders among spouses should also be made mandatory so that the frequently neglected population of spouses who bear the grunt of their alcohol dependent husbands can improve their quality of life.

The current study was done on patients attending our hospital who sought advise owing to more serious physical and psychiatric conditions, which necessitate consultation at a hospital. Hence, the sample may not be representative of all patients in community, particularly those who have no access to mental health care. We were unable to compare psychiatric morbidity and marital satisfaction in spouses of alcohol dependent patients with normal population and the impact of comorbid substance use or illness were not taken into consideration.

Conclusion:-

This study shows us the myriads of psychological problems that spouses of alcohol dependent men are going through. Many a times, either due to lack of awareness or time constraints, clinicians fail to assess the spouses. There is need to consider the impact that substance use disorders have on the psychological health of family members, especially the spouses.

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