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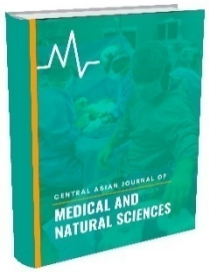

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Quality of Life in Wives of Patients with Alcohol Dependence Syndrome and Opioid Dependence Syndrome: a Comparative Study

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Abstract: A study with the aim **t**o compare the quality of life in wives of patients diagnosed with Alcohol Dependence Syndrome and Opioid Dependence Syndrome was conducted in wives of 50 patients with alcohol and opioid dependence syndrome each diagnosed and seeking treatment in outpatients and inpatient units of department of psychiatry, Geetanjali Medical College And Hospital, Udaipur, Rajasthan.

Material and methods: Socio demographic variables were compared with chi square test amongst the two groups and the participants had self reported regarding their quality of life on SF 36. Cross-sectional, observational, descriptive, analytical (comparative), clinical study was done. Unpaired T test, mean and standard deviation are used to compare QOL of wives of ADS and ODS.

Results: No significance difference in the socio demographic variables of the two groups and comparing the domains of SF36, showed the significant difference in the limitation of role due to physical health, due to emotional health, physical functioning, general health and social functioning, energy and health changes, The above mentioned domains were poorer perceived by the wives of the patients with ADS, contrastingly, physical health and general health were perceived poorer by the wives of ODS than the other group.

Conclusion: The findings of the present study reported poorer quality of life in wives of patients with ADS compared to ODS. Earlier detection of several problems can lead to better coping by the spouses and further holistic treatment for better prognosis.

Introduction:

According to "National survey of extent and pattern of Substance use in India" among the most abused substances,alcohol and Opiumare2.7% and 0.26% respectively. Theconsumption rates of alcohol are so high in India, that it has been identified as the third largest market for alcoholic beverages in the world [(1)]

As defined by WHO, Quality of Life is an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Persons with disabilities are those for whom "physical or mental impairment substantially limits one or more of the major life activities."

Family(among family,wives) is the most vulnerable institution to the adverse effects of drug addiction. Therefore, the role of females in families with addicted heads is of great importance. The reaction of family members toward the addict can entangle the future of the couples in deep crises such as marital boredom, or emotional and legal divorce. [2]

Substance abuse affects the quality of life (QOL)within the population, especially their wives, and is a severe public health problem[3]. Those who live with a drug addict, specifically family members are affected by the level of substance dependency and incalculable losses such as financial instability and physical, psychological and verbal violence, thus it reduces QOL, which constitutes a burden for the family.Considering that the involvement of family is recommended for the recovery process of substance dependents, it is necessary to appropriately evaluate the suffering and decreased QOL ofthe caregivers[4].

Prakash, Suvitha S. et al (2015) had conducted a study in de-addiction centre in Puducherry to assess the quality of marital life among the wives of the alcoholic dependents. The results revealed that 62% of the samples had moderate quality of marital life, 20% subjects had low quality, while 18 % had high quality of marital life.

Understanding and addressing the mental health issues of spouses of patients with alcohol and opioid dependence, will not only decrease their burden but additionally improve their coping skills, marital life and overall quality-of-life, besideshelping in the treatment and prognosis of the dependence syndrome. However, published studies on caregivers of drug users are less in number, also in the best knowledge of the researchers of the study, there has not been any study comparing the burden in the spouses of the patients with alcohol and opioid dependence. Hence, the present research was conducted to study and compare quality of life in these two groups.

Methodology:

A cross-sectional, observational study was conducted in out-patient and in-patient departmentsinPsychiatry department of a tertiary care hospital,after obtaining the Institutional EthicsCommittee approval. Study was conducted between the period of January 2020 to January2021.

To fulfil the aim and objective of the study, purposive sampling was used to recruit the cases for the study,wives of fifty patients with opioid dependence and wives of fifty patients with alcohol dependence were included in the present study, Index cases were diagnosed according to ICD-10 criteria and confirmed by the consultant psychiatrist.

Inclusion criteria

- Wives of male patients consuming either opioid or alcohol above ≥ 18 years of age.
- Each subject must have a level of understanding sufficient to agree to all required assessment tools, and provide informed consent.

Exclusion criteria

- Wives of male patients with history of substance use except nicotine, alcohol, opioid
- Wives of male patients with history of alcohol and opioid both.
- Major/serious, unstable illness including hepatic, renal, gastroenterology, respiratory, cardiovascular (including ischemic heart disease), endocrinal, oncological, neurological, immunological, or hematological disease.
- Subjects with terminal illness and/or admitted in intensive care unit.

Tool Used in the Study–

Quality of life was assessed using, short-form health survey (SF-36), which is with only 36 questions, devised by John. E ware Jr. It assesseson 8-scale profile of functional health and wellbeing scores as well as psychometrically based physical and mental health summary measures and a preference - based health utility index. It is self-administered. It takes over 5-10 minutes for respondent to complete the scale. Scores obtained are within minimum and maximum values of 0 and 100. Lower scores on SF-36 reflect poorer health, long standing illness or medical consultations in past 2 weeks.

Statistical analysis-

A structured pro forma was used to collect the data of all the participants who fulfilled the inclusion and exclusion criteria among both the groups. The collected data was tabulated in the Microsoft excel program, was summarised and appropriate statistical analysis tests were applied. Chi square test was applied to compare the sociodemographic variables of the two groups and unpaired t test was applied to correlate the findings of different domains of SF 36 among both the groups, which are summarised in the following two tables.

Table 1, compares the socio demographic variables between the two groups

Serial Number	Sociodemographic variables	Sub groups	Frequency in alcohol dependence syndrome group (%)	Frequency in opioid dependence syndrome group (%)	p value
1	Age of caregiver (in years)	18-30	4 (8)	4 (8)	X^2 =1.6752 p=0.79521
		31-40	15 (30)	17 (34)	
		41-50	12 (24)	7 (14)	
		51-60	9 (18)	9 (18)	
		>60	10 (20)	13 (26)	
2.	Duration of the marriage (in years)	0-10	6 (12)	6 (12)	X^2 = 0.28499 p=0.8326
		10-20	15 (30)	13 (26)	
		20-30	13 (26)	9 (18)	
		30-40	10 (20)	9 (18)	
		40-50	5 (10)	9 (18)	
		>50	1 (2)	4 (8)	
3.	Religion	Hindu	39 (78)	37 (74)	X^2 = 6.1706 p=0.1036
		Muslim	11 (22)	5 (10)	
		Christian	0	2 (4)	
		Sikh and others	0	6 (12)	

4.	Education	Illiterate	17 (34)	24 (48)	$X^2 = 7.188$ p=0.341
		Primary school	5 (10)	5 (10)	
		Middle school	7 (14)	9 (18)	
		High school	6 (12)	5 (10)	
		+2/pre degree	13 (26)	3 (6)	
		degree	2 (4)	2(4)	
		Post graduate	0	1 (2)	
		Professional	0	1 (2)	
5.	Occupation	Housewives	10(20)	11(22)	$X^2 = 1.765$ p=0.054
		Unskilled Labourer	25(50)	21(42)	
		Skilled Labourer	7(14)	3(6)	
		Government employee	0(0)	1(2)	
		Self-employment	2(4)	7(14)	
		Businessmen	6(12)	7(14)	
6.	Residential Location	Urban	19(38)	18(36)	$X^2 = 0.042$ p= 0.835
		Rural	31(62)	32(64)	
7.	Type of family	Nuclear	12(24)	12(24)	$X^2 = 0.55$ p=0.756
		Joint	35(70)	33(66)	
		Extended	3(6)	5(10)	
8.	Source of income	Husband	33(66)	32(64)	$X^2 = 3.125$ p=0.209
		Father-in-law	3(6)	9(18)	
		Family	11(22)	9(18)	
9.	Average Monthly Income	<10,000	31(62)	36(72)	$X^2 = 1.496$ p=0.472
		10,000-20,000	12(24)	9(18)	
		20,000-30,000	7(14)	5(10)	

Table 2 -comparing the severity of the quality of life among all the domains of SF36 between the two groups.

	Alcohol Dependence Syndrome N=50		opioid Dependence Syndrome N=50			
Short Form-36	mean	standard	mean	standard	t test	p value
Role limitation due to Physical health	77.6	25.73888	89.1	14.45224	-2.755	0.007*
Physicalfunctioning	78.9	7.51122	72.7	14.43529	2.694	0.008*
Rolelimitationdueto emotional health	51.634	23.42997	40	21.313	2.597	0.011*
Energyfatigue	62.16	14.40006	57.2	8.4612	2.1	0.038*
emotional wellbeing	51.9	5.93932	56.16	9.30078	-2.73	0.08
Pain	76.16	9.98388	71.6	15.56553	1.744	0.084
general health	56.29	17.03181	91.4	5.71786	-13.819	0.000*
health change	44.8	21.47519	38.5	19.03943	1.552	0.124
social functioning	75.15	11.86026	87.5	12.37179	-5.095	0.000

Results:

Table 1 shows that there is no significant difference between the two groups in any of the socio demographic variables included in the studies.

Table 2which is comparing the domains of SF36, selfreported by wives of the patients of alcohol and opioid dependence have shown the significant difference between the two groups in following domains - role of limitation due to physical health(p=0.007), due to emotional health(0.011), physical functioning (0.008) , social functioning(0.000), energy(0.038) and health change(0.124). The above mentioned domains were poorer perceived by the wives of the patients with ADS, contrastingly, physical health (0.007) and general health (0.000) were perceived poorer by the wives of ODS than the other group.

Discussion:

This study was to compare the quality of life among wives of alcohol and opium dependence patients. In the study conducted by Bharat Singh Shekhawat et al.[7]41.3%wives of the patients with alcohol dependence belonged to age group of 26–35 years. Other previous study [11] and present study also went with above study. 30% of the couples of alcohol group and 26% of couples opioid group have their marriage duration between 10 to 20 years in present study. Regarding religion, in the study of Bharat Singh Shekhawatet al.(2021) [7] at Uttarakhand, Majority (66.7%) of the subjects were Hindus. This study also had similarity in this aspect, 76 - 78% of the patients are Hindus in both the groups. Present study showed that 34% and 48% of subjects of ADS and ODS patients were illiterate respectively. Similar as study by Dr. S.Prescila Sharon (2014) et al[9], and the study at Uttarakhand [7] . A studydone by Sandhya Ghai et al. (2016)[8] contrasted with present study in which 69% of participants had education up to secondary and graduate level. Regarding the residential area, in the present study, 62% among ADS were from rural, 64% hailing from rural area among ODS group, contrasting with the study at Uttarakhand[7].

The present and previous studies had more patients from the rural area than from urban areas[7,8]Looking at the occupational aspect, previous study[7] had 41.6% of patients laborers earning daily wages. Present study had 50% and 42 % unskilled labourers, (20%) and (22%) housewives respectively in ADS and ODS groups, while rest of them are mainly skilled labor or doing business. The previous studies done also followed the similar trend[7, 10]. To conclude, there was no significant difference in socio demographic variables between the two groups, in present study.

The present study unlike the previous studies, which compared the quality of life among the wives of the patients with any one substance dependence and control groups, our study compared the quality of life of the wives of the patients with alcohol dependence and opioid dependence. The previous study[7] hadanalyzedno statistically significant difference in the factors of “impact on wellbeing” between control and wives of the patients with ADS. Sudhir J Gaikwad et. Al[8]found, that wives of ADS patients have poor QOL in all domains. In the study by Shoren P et.al [9] majority of the wives of ODS patients report that they havelow level of perceived QOL and experience lower vitality and freshness. Nitasha Sharma et.al (2016)[10] investigated that the problems faced by alcoholics’ wives were in multiple domains viz. physical, psychological and social, most highly reported were the emotional problems and least reported were the problems of physical violence. Alok Tyagi, Shubham Mehta (2013)[12] conducted a study in which respondents reported poor physical and mental health. In the present study, comparing the two groups, there was significant difference between the two groups in the domains of role limitations due to physical and emotional health, physical functioning, energy/fatigue of SF36. Poorer perceived quality subjectively in all of these domains among the wives of the patients with ADS than those of ODS. The poor quality of life, could be due to various

problems, i.e behavioral disturbances of spouse, financial problems, social stigma, violence, abuse, negative communication. [14]

Limitations of the study:

The study is encumbered by limitations such as being a cross-sectional design, and at a single center. Subjective scaleis susceptible for recall bias and self- report bias. The sample size was small and recruited from a tertiary care center; hence findings could not be generalized among the greater population.

Strengths of the study:

Despite limitations, the unique aspect of the present study was that, it adds to Indianhospital-based data, on wives of the patients having alcohol dependence syndrome and opium dependence syndrome.

Conclusion:

From the study we conclude that, Quality of life of wives of patients is affected in both group of patients, certain domains significantly higher, giving us poorer quality of life in wives of alcohol in comparison to opioid dependence syndrome. the knowledge of such factors would help the treating consultants in communicating with the family members with the empathetic approach. To provide the holistic treatment to the patients and the families, we can detect the psycho social aspects bothering the well being of the wives and other family members, work on them, provide with psychological and pharmacological interventional assistance as per the requirement. Might help to develop emotional insight in the patients with substance dependence syndrome and to have positive impact on the overall the prognosis.

References:

1. Alcohol Related Harm in India – A Fact Sheet. Chennai: Global Alcohol Policy Alliance; [Last retrieved on 2015 Mar 30].
2. Ghaffari Nejad A, Ziaadini H, Banazadeh N. Comparative Evaluation of Psychiatric Disorders in Opium and Heroin Dependent Patientsdagger. This article has been published in the Journal of Rafsanjan University of Medical Sciences in Persian language. Addict Health. 2009; 1(1) : 20 -3
3. Dr. B. Shanthi1, Dr. K. Veeramuthu, A Study of Female Spouses of Male AlcoholDependence Patients" IOSR Journal of Dental a Medical Sciences (IOSR-JDMS) e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 16, Issue 3 Ver. I (March. 2017), PP 127
4. Alok Tyagi, Shubham Mehta, I drink, you suffer': impact of partner's alcohol
5. consumption, on spouse, SL J Psychiatry 2013; 4 (2):45-46
6. Balhara Y, Singh S, Modak T, Sarkar S. A Cross-sectional Study to Assess Disability and Its Correlates among Treatment Seeking Individuals with Alcohol Use Disorders. Indian Journal of Psychological Medicine. 2017;39(1):40-45.
7. Bharat Singh Shekhawat1, Shreyance Jain, Hariom Kumar Solanki, Uttrakhand,Caregiver Burden on Wives of Substancedependent Husbands and Its Correlates at aTertiary Care Centre in Northern India, http://www.ijph.in September 2021, IP:43.249.228.168.
8. Sudhir J Gaikwad, Sagar Kulkarni, Vaibhav Chaturvedi, Quality of life in wives ofalcohol dependence syndrome patients, DOI: https://doi.org/10.26611/107723,8/8/2018
9. Dr. S.Prescila Sharon, Perceived Quality Of Life Among Wives Of Alcoholics And Wives Of Non-alcoholics – A Comparative Study, Social Science Volume - 4 | Issue -2 | Dec Special Issue - 2014 | ISSN No- 2249-555X

10. Nitasha Sharma, Sunita Sharma, Sandhya Ghai, Debashish Basu, Deepika Kumari, Dharamveer Singh, and Gagandeep Kaur, Ind Psychiatry J, Living with an alcoholic partner: Problems faced and coping strategies used by wives of alcoholic clients, v.25(1); Jan-Jun 2016, 65-71, PMC5248422,doi: 10.4103/0972-6748.196053 PMID: 28163410

11. Roya Noori, FiroozehJafari, Babak Moazen, Hamid Reza KhoddamiVishteh, Ali FarhoudianInt J High Risk Behav ., Evaluation of Anxiety and Depression Among Female Spouses of Iranian Male Drug Dependents, 2015 Mar; 4(1): e21624, 2015 Mar 20. doi: 10.5812/ijhrba.21624 PMCID: PMC4386056 PMID: 25861583

12. Alok Tyagi, Shubham Mehta, I drink, you suffer': impact of partner's alcohol consumption, on spouse, SL J Psychiatry 2013; 4 (2):45-4

13. Anon, 36-Item short form Survey (SF-36) Scoring Instructions. *RAND Corporation*. Available at: https://www.rand.org/health-care/surveys_tools/mos/36-item-short-form/scoring.html [Accessed September 25, 2021].

14. Fatima N, Panday R, Rizvi A. Comparative study of marital adjustment and life satisfaction among spouses of patients with alcohol dependence and normal healthy control: a case control study. Int J Res Med Sci 2015;3(9):2246-51.