

Disability in alcohol dependent patients and its relation to quality of life of their caregivers

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Abstract

Objective: To find out the relationship between disability in alcohol dependant patients and Quality of Life in their caregivers. **Materials and Methods:** The study was cross sectional, conducted in Mamata Medical College, Khammam, from September 2016 to March 2017. Our study sample contains 50 alcohol dependent patients who admitted in psychiatry ward at, Mamata General Hospital, and their care givers are included in the present study. **Results:** Quality of life is more affected in physical and Psychological domain and followed by social and environmental domain. The result shows that all domain scores of quality of life are strongly negatively correlated with disability of husbands i.e., physical, psychological, social and environmental. This observation is more evident in psychological domain. In our study when we compared disability in alcohol dependent patients with all four domains of quality of life of caregivers we found there was significant difference in all domains. Comparably significance was more when we compared disability of alcohol dependent patients with psychological domain of quality of life. **Conclusion:** Quality of life is more affected in physical and Psychological domain and followed by social and environmental domain. Disability of alcohol dependence is strongly negatively correlated with all domains of quality of life of their caregivers.

Key Words: Quality of life, caregivers, alcohol dependent, disability of alcohol dependence.

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INTRODUCTION

Excessive use of alcohol has been identified as a major contributor to the global burden of disease. It causes 5.9% of all deaths globally. In addition, it is responsible for 5.1% of the disability-adjusted life years.¹ Excessive use of alcohol is a component cause of more than 200 disease and injury conditions. Alcohol use has been associated with increased morbidity and mortality across all regions of the world including South-East Asia. An uncontrollable, overwhelming and irresistible desire to

consume alcohol was described by Benjamin Rush in 1784.² Alcohol craving and withdrawal symptoms were integral parts of the concept of addiction and of the destructive effects of alcohol consumption promoted by the temperance movement in the 19th century.³ There was, however, a fundamental difference to current concepts of alcoholism: the temperance movement suggested that anyone who consumed excessive amounts of alcohol would suffer from alcohol-related problems and did not suggest that alcoholism could affect certain specifically vulnerable individuals primarily.^{3,4} Dependence syndrome (Alcohol Dependence syndrome) is a cluster of physiological, behavioral, and cognitive phenomena in which the use of a substance (alcohol) takes on a much higher priority for a given individual than other behaviors that once had greater value.⁵ Alcohol dependence, a common psychiatric disorder in the general population, has a significant impact on health. In recent years, alcohol dependence has become a major social and personal menace in most societies. Caring for a person in need of supervision due to physical or mental infirmity is difficult. Being a caregiver means taking on the personal

needs of another individual. Caregivers typically must cook meals, clean house, do the laundry and go shopping. Often the caregiver must also assist in the most personal tasks including brushing teeth, washing and going to the bathroom. In addition the caregiver is often the only person the patient sees on an extended basis and is therefore called upon for companionship, person who requires so much assistance demands a lot from a caregiver both physically and psychologically. Alcohol addiction on the part of the patient will increase his or her needs. Alcoholics often suffer from compromised health which can complicate medical conditions. It may be that the alcoholism caused or contributed to the need for care in the first place. Caregivers will have to address continuing alcoholism, and alcoholics can be irrational and unreasonable. Caregiver burden can be conceptualized as both the tasks that need to be done in the course of care giving and the way in which the caregiver appraises the performance of these tasks.⁶ Care giving tasks take many different forms. For example, caregivers may assist care recipients with activities of daily living, prepare meals, perform housekeeping tasks, run errands, or manage finances. Caregivers may also be responsible for providing care after a debilitating illness or for monitoring for a person suffering from dementia. A number of external factors, including caregiver personality, social support network, status in the family, and other responsibilities impact how an individual appraises their care giving responsibilities.^{7,8} For example, a large body of literature has found that caregivers with a strong social support network report less burden than those who lack social support.^{9,10,11} regardless of the number or type of caregiving tasks. A positive interpretation of the caregiving role has been shown to be similarly protective.¹² Therapeutic approaches to decrease psychosocial co-morbidity in wives of alcohol dependence syndrome has also been studied.^{13,14,15} the success of these attempts can be evaluated by means of “Quality of Life” (QOL). WHO defines “Quality of life” as individuals’ 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. Measurement of health and the effects of health care most include not only an indication of changes in the frequency and severity of diseases but also an estimation of well being and this can be assessed by measuring the improvement in the quality of life related to health care.¹⁶ So, in summary we need more research into the area of psychiatric morbidity and QOL in wives of alcohol dependent patients. A precise understanding of the problems, pattern, risk factors, maintaining factors etc. is essential for any interventions in this area. This study is an attempt in this direction.

MATERIALS AND METHODS

Place of study: Study was conducted in Mamata general hospital, Khammam, Telangana.

Study period: The study undertaken during July 2016 to February 2017 in the department of psychiatry following the college’s ethical committee approval.

Study sample: The study sample consists of 5050 alcohol dependent patients who admitted in psychiatry ward at, Mamata General Hospital, and their care givers are included in the present study, who are willing to participate in the study. **Study design:** Cross sectional.

Inclusion Criteria: Availability of caregivers, Age of patient and caregiver should be between 15-60years, Both should be physically fit to answer the questions

Exclusion Criteria: Patients without caretaker who can give reliable and adequate information, Those who did not give consent for the study.

Materials:

World Health Organization Quality of Life (WHOQOL) questionnaire¹⁷ (Annexure- II)

The WHOQOL-BREF (field trial version) was constructed by WHO in 1995. It consists of four domains. The 4 domains are physical, psychological, social relationship and environmental domains. Each domain consists of 7,6.3 and 8 questions respectively. there are also 2 single items that are examined separately. Q1 is about an individual’s overall perception of quality of life and Q2 is about his or her perception of overall health, it is easy to administer and has been validated. Domain scores are scaled in positive direction i.e., higher scores denote higher quality of life.

Indian disability evaluation and assessment scale (IDEAS)¹⁸ (Annexure- IV)

This scale was developed in as a standardized method of assessing disability and keeping in mind regarding the conditions prevailing in India. It measures self care, interpersonal activities, communication and understanding and work. After measuring duration of illness “Global disability score” is given. Range is 1 to 20.

Statistical Analysis: The data obtained was analyzed using Statistical Package for the Social Sciences (SPSS), Version 16. Pearson correlation was used.

RESULTS

Table 1: Quality of life in caregivers of patients with alcohol dependence syndrome

Domains of QOL In caregivers (n=50)	Mean	Standard Deviation
QOL 1	1.96	0.832
QOL 2	2.24	0.796
Physical	36.567	12.756
Psychological	31.663	12.850
Social	38.162	15.254
Environmental	38.828	11.519

Quality of life is more affected in physical and Psychological domain and followed by social and environmental domain.

Table 2: Correlation between disability of alcohol dependence and all domains of quality of life of caregivers of their patients

Variables between which correlation is calculated	r- value	P value
Disability in alcohol dependence and Physical Domains of QOL In their caregivers	-0.407	0.003
Disability in alcohol dependence and Psychological Domains of QOL In their caregivers	-0.4965	0.0002
Disability in alcohol dependence and Social Domains of QOL In their caregivers	-0.4268	0.002
Disability in alcohol dependence and Environmental Domains of QOL In their caregivers	-0.4588	0.0008

There is strong negative correlation which is significant between disability in alcohol dependent patients and all four domains of quality of life in caregivers.

DISCUSSION

Quality of life is an important parameter that provides an insight into how a disorder impacts life of those affected. In present study quality of life in caregivers of patients with alcohol dependence syndrome is calculated. The score on QOL-1 (Overall Quality of life) is calculated by taking the patient's information on his/her quality of life. The score on QOL-2 (General Health) is measured by asking the patient that how he/she is satisfied with his/her health. The physical domain has seven items i.e., pain, energy, sleep, mobility, activity, medication and work. The psychological domain has six components i.e., positive feeling, think esteem, body, negative feeling and spirituality. Social domain has only three items i.e., relaxation, support and sex. Environmental domain has eight components i.e., safety finances, services, information, leisure, environment and transfer. In our study Correlation between disability of husbands with different domains of quality of life of caregivers was done. The result shows that all domain scores of quality of life are strongly negatively correlated with disability of husbands i.e., physical, psychological, social and environmental. This observation is more evident in psychological domain. In our study when we compared disability in alcohol dependent patients with all four domains of quality of life of caregivers we found there was significant difference in all domains. Comparably significance was more when we compared disability of alcohol dependent patients with psychological domain of quality of life. In our study we observe Disability of husbands can affect the quality of life of caregivers in

multi various ways. Impaired self care, Inter personal activities, communication and work of husbands can lead to financial difficulties and social rejection in caregivers. The caregivers may feel neglected and would have negative feelings towards life. It is well documented that alcohol dependence can lead to disability⁽¹⁹⁾ as with other psychiatric disorders i.e., schizophrenia²⁰, mood disorders²¹. It is also observed that caregivers of patients with schizophrenia have low quality of life²². The finding of the above studies has several implications. Firstly, it suggests that impact of psychiatry disorders on the spouses is similar for conditions such as schizophrenia as well as alcohol dependence. Secondly, clinicians dealing with the alcohol dependent patients should be aware of the nature of problems faced by spouses that would help them to deal more effectively. Disability has been defined as "any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being"²³. As a result of disability, the person may not be able to discharge obligations required of him and play the role expected of him in the society. That may in turn affect the wellbeing of his spouse. Olfson and coworkers²⁴ found that substance use disorders were significantly associated with Sheehan Disability Scale and recently missing time at work. Hassain and coworkers²⁵ have reported that dependence was associated with older age, more hospitalizations, depression. In another study, Sounders and his coworkers²⁶ reported that 78% of drinking patients had experienced at least one alcohol related problem (Medical, traumatic, domestic, legal, and social) over the previous years. Regarding the quality of life, it can be seen that the mean scores of the caregivers in the domains functional capacity, physical aspect, pain and vitality were lower when compared with the scores of the users. While the quality of life has been evaluated in different populations of caregivers of chronic disease sufferers^{27,28,29}, studies are scarce regarding drug dependence and almost totally directed toward the caregivers of alcohol dependent patients^{30,31}, excluding the caregivers of illicit drug users that, however, have a compromised quality of life according to these studies.³² Drug dependence represents a dysfunction or inadequacy for the activities of quotidian life, therefore, the caregivers spend most of their lives in an attempt to regain the family stability³³. The majority of the wife and/or mothers caregivers of drug dependent people are often obliged to manage the house, children and professional life alone. They suffer from a lack of information, inability and feelings of frustration for failing to help in the recovery from the dependence of the partner/son, generating intense feelings of guilt³³, a situation that causes physical and emotional instability directly interfering with the quality of life. The caregiver experiences fatigue, depression and impotence more

directly, to the extent that they follow the relapses of the dependent person. These generate expectations situated in the discreditable/ discredited dimension, a feeling the consequence of which is an extreme overload, compounded by the loss of hope and anger due to the feeling of impotence to reverse the situation, additionally resulting in the impairment of Quality of Life and in some cases the emergence of depression³⁰.

CONCLUSION

Quality of life is more affected in physical and Psychological domain and followed by social and environmental domain. Disability of alcohol dependence is strongly negatively correlated with all domains of quality of life of their caregivers. Significance was more when we compared disability of alcohol dependent patients with psychological domain of quality of life

LIMITATIONS

Study sample was collected from only one tertiary care hospital, which was the major limitation of the study and further research can be conducted, so results cannot be generalised to the population.

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