

## Psychiatric Morbidity, Quality of Life And Marital Satisfaction Among Spouse of Men with Alcohol Dependence Syndrome: A Study from north india

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### Abstract

**Aim:** Alcohol dependence Syndrome has deleterious consequences not only on addict but also on the members of family especially spouses given the intimate nature of their relationship. The present study was undertaken to assess the pattern of psychiatric morbidity, quality of life and marital satisfaction in spouses of men with alcohol dependence syndrome.

**Methods:** A cross sectional study was undertaken on 100 spouses of men with alcohol dependence syndrome, subjects were assessed using a semi structured proforma, spouses were evaluated for psychiatric morbidity. Severity of alcohol dependence in the husbands was assessed using severity of alcohol dependence questioner (SADQ). Quality of life and Marital satisfaction was assessed using short form health survey 36 (SF 36) and marital satisfaction scale (MSS) respectively.

**Results:** Data analysis reveals that 79% of spouses had a psychiatric disorder. Primarily mood and anxiety disorder was present in 45% and 10% of subjects respectively. Highly significant difference existed between cases and controls in terms of marital satisfaction ( $p=.0001$ ) and quality of life ( $p= <0.05$ ) indicating low marital satisfaction and poor quality of life in spouses of alcohol dependent individuals.

**Conclusion:** Psychological distress and psychiatric morbidity in spouses of alcohol dependent men is high, with poor quality of marital life and marital satisfaction being low. Hence, interventions that aim at allaying their distress and improving their mental health can improve the condition of the substance user and contribute to a better outcome of substance abuse treatment.

**Keywords:** Marital satisfaction; psychiatric morbidity; spouses of men with alcohol dependence

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### I. Introduction

Alcoholism is a major public health concern around the world today [1]. The magnitude of problem in our country is considerable given that India has the second largest population in the world, with 33% of its population consuming alcohol. [2, 3] Alcohol use disorders are the most common mental disorder worldwide with an estimated 3.6% prevalence among adults aged 15–65. [4] According to the World Health Organization (WHO), the annual rise in consumption of alcohol is substantial to the extent that Alcohol Use disorders account for 1.4% of the global disease burden. [5] Globally alcohol consumption causes 3.2% of deaths (1.8 million) and 4.0% loss of disability adjusted life years (58.3 million). [6] In India about 20% of all disability adjusted life years are lost chiefly because of factors like ‘poor health status of the people’ and ‘marked nutritional deficiencies’ as well as ‘high prevalence of alcohol addiction among people’.[7]

Alcohol related problems thus comprise of physical, psychological and social problems that are a consequence of dependence. Alcoholism is considered as an on-going stressor which is associated with multiple life problems and challenges that enhance the risk for a wide range of morbidities not only for the individual but for family members as well. [8, 9] The negative social consequences of alcohol consumption and stressful life events may trigger psychological, biological and behavioural responses which interact to diminish the individual's ability to adapt, leading to emotional distress reactions and thereby increasing the likelihood of psychological problems. [10]

Spouses are particularly affected given the intimate nature of their relationship and the constant exposure to the behaviour of the alcoholics. [11]With psychological well-being comprised, spouses are likely to cope less efficiently [12,13] thereby adversely affecting their social and functional roles [14] as well as impacting their family harmony.[15] Spouses of alcoholics are known to be exposed to high rates of domestic violence, which could be physical, verbal or sexual.[16,17,18] Low martial satisfaction,[19,20,21] maladaptive coping skills[22,23,24] and poor social support,[25] in addition to economic burden[26] and social stigma, are the other major issues among the spouses.

Traditionally, studies on problems associated with alcohol have focused on the individual consuming alcohol. In recent times however, concerns about the wider impact of alcohol consumption have increased and have received some attention in research. [27] Despite this, there is a striking paucity of studies on the impact of alcohol dependence on spouses in psychiatric literature; though it has been reported in public media. [28] Understanding and addressing the mental health issues of spouses of alcoholics will not only decrease their burden, improve their coping skills and overall quality-of-life, but is also likely to have bearing on the treatment and outcome of alcoholics. Hence, interventions that aim at allaying their distress and improving their mental health can contribute to a better outcome of substance abuse treatment. [29, 30]

## **II. Materials And Methods**

### **1.1 Settings**

After obtaining the required Institutional Ethical committee approval, the study was carried out at the Drug De-addiction and treatment centre (DDtc), Department of Psychiatry, at JawaharLal Nehru medical college Ajmer, during the period of March 2014 to February 2015. As part of a tertiary care institute, the DDtc provides inpatient and outpatient services for substance use disorders. The patients come by self-referral or referral from other hospitals or various clinical departments; they are usually accompanied by their family members, including the spouses. Treatments offered include pharmacotherapy, psychotherapy and rehabilitation services. The inpatient care usually lasts three to four weeks; it focuses on detoxification, pharmacotherapy for withdrawal states, psychosocial rehabilitation and counselling for relapse prevention.

### **1.2 Participants**

The study had a cross-sectional design. Married couples were recruited. The cases for the study constituted 100 spouses of patients with alcohol dependence diagnosed according to ICD-10 criteria; recruitment was by purposive sampling for subjects fulfilling the specified inclusion and exclusion criteria as below:

#### **1.3 Inclusion criteria for cases:**

- The spouses of male adult inpatients with a diagnosis of alcohol Dependence according to ICD-10 (DCR) criteria.
- Age group between 15 and 55 years.
- No history of any substance abuse in spouses.
- Married and living together for at least one year.

#### **1.4 Exclusion criteria for cases:**

- Age below 15 and above 55 years.
- Physical, psychotic or organic brain syndromes in spouses.
- Spouses of patients not consenting for the study.
- Co-morbid substance abuse in spouses.

50 spouses of healthy volunteers fulfilling similar inclusion and exclusion constituted the control group; they were group matched with spouses of alcohol dependent subjects for age, education, domicile, religion, occupation, income and duration of marital life.

### **1.5 Instruments**

Short Alcohol Dependence Data [SADD]: SADD is a measure of the present state of dependence, which is sensitive across the full range of dependence and changes occurring over time. It has 15 items, each with 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. It has good reliability. The internal consistency of the Short Alcohol Dependence Data as measured using Cronbach's alpha is 0.79. [31]

Comprehensive Psychopathological Rating Scale [CPRS]: The scale has been constructed explicitly for the measurement of psychopathology and change in psychopathology. It consists of 67 items which include 40 reported items (symptoms) and 23 observed items (signs). All the items are scored on a 4 point scale (0-3). CPRS has established reliability and variability. This comprehensive scale includes positive and negative symptoms, psychotic and non-psychotic symptoms and organic and non-organic symptoms. [32] Marital satisfaction among the spouses was assessed using the marital satisfaction scale (MSS). This scale has been developed and standardized for use among Indian population and has good validity and reliability. It has 30 items with three responses categories, which are scored as 0, 1 and 2. The maximum possible score on the scale is 60 and higher scores imply greater marital satisfaction. [33]

Quality of life was assessed using, short-form health survey (SF-36) which is multipurpose with only 36 questions devised by John. E ware Jr. It yields an 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 can be self-administered. It takes over 5-10 minutes for respondent to complete the scale. Scores can be transformed to make minimum and maximum possible scores of 0 and 100. Lower scores on SF-36 reflect poorer health, long standing illness and medical consultations in past 2 weeks. [34]

Subjects was screened using the ICD-10 AM symptom checklist screener and were administered appropriate ICD-10 AM modules. The diagnosis of psychiatric disorders was made on the basis of Diagnostic Criteria for Research (DCR-10).

### III. Results

First the descriptive data were analysed by frequencies, percentages, means, and standard deviations. The two groups of wives (dependence on alcohol versus non-dependence in husbands) were compared with regard to socio-demographic, quality of life, marital satisfaction and psychiatric diagnoses. The independent samples t-tests were used for continuous variables with normal distribution and the chi Square test/Fisher Exact test for categorical (nominal) variables.

The mean age of alcohol dependent men was 32±7.2 and that of controls 34±5.8. Most of them were educated up to 10th standard with mean of 10.6±6.8 and 11.50±6.8 for alcohol dependent subjects and non-dependent subjects respectively, Most of them were employed (76%).

The age of wives in the sample ranged between 15 and 55 years, with the mean age being 26.25±8.72 years and 27.11±2.5 for spouses of cases and controls respectively. Majority were educated up to 10th standard with mean of 10±4.7 and 9±4.2 for spouses of cases and controls respectively. Most of them were self-employed 44% and 36% for spouses of cases and controls respectively. Mean duration of marriage for spouses of cases and controls were 5±6.8 and 6±8.2 respectively. Most of them were Hindu by religion (82% and 76%), belong to rural background (58% and 64%), residing in nuclear family (62% and 76%) with family income up to 5000 (56% and 28%) for cases and controls respectively. In all the parameters, p values were more than the significance limit (0.05) and thus the groups were not statistically different from each other on these parameters. Characteristics of alcohol dependence Subjects had been using alcohol continuously with mean age of onset being 18.3±4.5 years. Mean duration of use was 6.8±5.3 years. On administering SADD to measure the dependence mean score obtained were 24.86±10.1, indicating significant dependence 46% were found to be moderately dependent while 42% were having high dependence. During the screening procedure 58% of alcohol dependent men were attending outpatient department with 62% in detoxification phase.

The scores on marital satisfaction scale were in range of 1 to 57 and majority of spouses had scores at the lower end of the scale indicating lesser degree of marital satisfaction. There is significant statistical difference in marital satisfaction between the two groups (p=0.0001<0.05) indicating poorer marital satisfaction in spouses of patients with alcohol Dependence Syndrome as compared to controls.

**Table 1:** short form survey - 36

Group		N	Mean	SD	t
Physical Functioning (PF)	Subject	100	72.28	10.83	10.844
	Controls	50	95.21	14.641	p<.001 HS
Role Physical (RP)	Subject	100	69.50	16.507	13.043
	Controls	50	100.00	.000	p<.001 HS
Role Emotional (RE)	Subject	100	81.99	30.124	3.10700
	Controls	50	95.99	14.515	p<.002 S
Vitality (VT)	Subject	100	59.32	17.404	8.333
	Controls	50	82.20	12.129	p<.001 HS
Mental Health (MH)	Subject	100	70.94	19.435	4.931
	Controls	50	85.68	11.685	p<.001 HS
Social Functioning (SF)	Subject	100	64.80	16.609	13.700
	Controls	50	97.85	5.298	p<.001 HS
Bodily Pain (BP)	Subject	100	37.74	10.093	39.375
	Controls	50	98.59	5.885	p<.001 HS
General Health (GH)	Subject	100	60.60	12.216	9.810 p<.001 HS
	Controls	50	80.88	11.347	
Physical Component Summary (PCS)	Subject	100	60.37	9.043	25.05000
	Controls	50	94.20	4.287	p<.001 HS
Mental Component Summary (MCS)	Subject	100	68.397	18.9615	7.8050
	Controls	50	90.711	9.8219	p<.001 HS

On administering SF-36 scale we found that there is a highly significant difference between cases and the controls in domains of physical functioning, role physical, vitality, mental health, social functioning, bodily pain, general health (p<.001) and significance difference is found in domains of role emotions(p=0.002). The mean scores of the subject group are lower than that of the control group on these domains. There is a highly

significant difference between groups on the physical component score ( $p=0.002$ ). The mean score obtained by the subjects (60.37) is significantly lower than of the control group (94.20) There is a highly significant difference between groups on the mental component score ( $p=0.002$ ).The mean score obtained by the subjects (68.39) is significantly lower than that of the control group (90.71). Results indicate overall worsening of quality of life. (TABLE 1)

Groups	N	Mean	SD	T value	P value
Reported					
Cases	100	10.63	8.99	6.41	.0001
Controls	50	1.84	5.06		
Observed					
Cases	100	1.65	2.58	3.49	.0006
Controls	50	0.32	1.07		
Total					
Cases	100	12.28	11.36	5.88	.0001
Controls	50	2.16	6.09		

**Table 2:** Comprehensive Psychopathology Rating Scale

On screening the subjects using the ICD-10 AM symptom checklist screener and administering appropriate ICD-10 AM modules the diagnosis of psychiatric disorders was made on the basis of Diagnostic Criteria for Research (DCR-10). The psychopathology was rated using the Comprehensive Psychopathology Rating Scale On administering CPRS we found that there is highly significant difference in domains of reported, observed and total CPRS score between subjects and the control group ( $p<.001$ ). The results indicate the presence of psychopathology among subjects. (TABLE 2).

**Table 3:** Comparison of Psychiatric Disorders in subjects

PSYCHIATRIC DISORDERS	Cases	Controls	$\chi^2$	P value
Dysthymia	24	0	8.78	.032
Adjustment disorder	24	4		
Depressive Disorder	21	6		
Anxiety disorder	10	5		
Total Psychiatric Morbidity	79	15		

Significant difference was found between the subjects and the control group with respect to diagnosis ( $P=0.012$ ) indicating significant psychiatric morbidity among spouses of alcohol dependent subjects. (Table 3)There is highly significant difference in the domains of reported, observed and total CPRS score between the cases and the control group ( $p<.05$ ). The results indicate the presence of psychopathology among cases. There is a statistically significant difference in the total psychiatric morbidity between the two groups ( $p=0.032<0.05$ ). To find out any correlation between severity of SADD scores and scores of MSS and quality of life, Pearson's correlation coefficient was applied. Strong correlation was found between mean SADD scores and MSS scores ( $r=0.56$ ) and quality of life scores ( $r=0.63$ ) indicating poor quality of life and marital satisfaction with increasing severity of dependence.

#### IV. Discussion

Substance dependence is a major health problem worldwide. It affects the health of the substance user as well as the family members, spouses perhaps most prominently. Key elements that may determine the mental health of the spouses may be the presence of psychiatric morbidity and the degree of their satisfaction with their marital life, the current study describes and compare the same to the spouses of men who were not addicted to any substances. The limited research available in this area, especially from India, prompted the present study, which focused on spouses of alcoholics, one of the major substances of abuse all over the world. The severity of alcohol dependence as the measure through SADD was strongly associated with marital dissatisfaction and the presence of psychopathology in spouses. [35]Greater the severity of problems consequent to alcohol dependence in the physical, inter and intrapersonal domains, greater was the dissatisfaction in marital life. The spouses who were suffering from psychiatric morbidity, had husbands who were more severely dependent and with greater negative consequences in various domains attributable to the alcohol consumption also evident by a strong positive correlation between SADD scores and psychopathology indicating greater the SADD scores greater is the psychopathology.

The findings of our study is similar to findings of previous studies where there is evidence from longitudinal studies that alcohol use problems predict subsequent marital dissatisfaction, study was conducted by Zweben et al [36]Locke et al 2003 conducted a 16-year prospective study of women (N = 305) using a community sample in which alcohol use was identified as a significant predictor of marital dissatisfaction. [37]Homish et al 2007 followed up a sample of 634 couples at their first- and second-year anniversaries using

prospective time-lagged analyses and found that decreased marital satisfaction was associated with discrepant heavy drinking. [38] Marital satisfaction of the spouses (cases) in this study ( $23.28 \pm 14.06$ ) is significantly lower ( $p < .001$ ) when compared to the normative sample of women (controls) on whom it has been standardized indicating lesser degree of marital satisfaction in spouses of alcohol addicts, which is similar to results of previous studies. [39]

In the present study, we found that the majority of spouses of alcohol dependent men have a high prevalence of psychiatric disorders (79%) which had also been reported by previous investigators in various studies. [40, 41] The diagnoses were primarily mood and anxiety disorders, the most common being dysthymia and adjustment disorder followed by depressive and anxiety disorders. The high rates of mood (45%) and anxiety spectrum disorders (34%) are in agreement with western literatures. [42, 43] One of the striking findings in the current study is the absence of substance abuse among spouses, which has been commonly reported from the West. [44, 45]

In the present study there is a significant difference in the domains of reported ( $10.63 \pm 8.99$ ), observed ( $1.65 \pm 2.58$ ) and total psychopathology ( $12.28 \pm 11.36$ ) between cases and control groups ( $p < .05$ ) indicating presence of psychopathology among cases as compared to controls. Similar group of symptoms were reported in previous studies. [46, 47]

We found out that in the present study there was a statistically significant association ( $p < .05$ ) between the duration of alcohol dependence, duration of marital life and psychopathology. The results are consistent with findings of previous studies. [48, 49] this could probably be due to the presence of continuous stressors and increasing responsibilities as time advances. However the results are not consistent with study conducted by Rotunda RJ et al 2004 who concluded that there is more psychopathology in all the domains of reported, observed and total in spouses of patients with a shorter duration of alcohol dependence. This could probably be due to the coping strategies adopted by the spouses over time to deal with the alcohol dependence and also due to the enabling behaviour of the spouses. [50]

Marital satisfaction is negatively correlated with the severity; duration of alcohol dependence in men and total duration of marriage, with satisfaction being lower as severity, duration of dependence and duration of marital life increases. Western studies have found a correlation between duration of alcohol dependence and marital discord, [51] while one Indian study had found a positive correlation between duration of dependence in men and higher levels of distress in their spouses. [52] This however, was not replicated in the present study. We found a positive correlation between severity, duration of alcohol dependence and total duration of marriage with psychopathology, being higher as severity, duration of dependence and duration of marital life increases. On finding a correlation between psychopathology and marital satisfaction we found that the two variables were negatively correlated. So we could infer that with increasing psychopathology marital satisfaction decreases or vice versa.

Higher adverse consequences of alcoholism, marital dissatisfaction and psychiatric morbidity in spouses were found to be significantly correlated with each other and their association was robust particularly when problems in the physical, interpersonal and intrapersonal domains were high. However, it is likely that these variables share a complex inter-relationship and hence the findings need to be replicated especially in the Indian context.

## V. Conclusion

Our study concludes that there is need to consider the impact that substance use disorders have on the psychological health of family members, especially the spouses. Addicts and their couples face major problems based on the prevalence of addiction that requires more attention and it is essential to design interventions that aim at allaying their distress and improving their mental health and quality of life.

## Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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