Psychiatric morbidity in spouses of patients with alcohol related disorders

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Abstract

Context: Alcohol dependence is on rise world over, especially in developing countries such as India. According to the World Health Organization, about 30% of Indians consume alcohol, out of which 4%-13% are daily consumers and up to 50% of them, fall under the category of hazardous drinking. Another worrying trend from India is that the average age of initiation of alcohol use has reduced from 28 years during the 1980s to 17 years in 2007. In India, alcohol abuse also amounts to huge annual losses due to alcohol-related problems in workplaces. This was a cross-sectional, noninterventional study which was carried out at the Department of Psychiatry, Sri Venkateswara Ramnarain Ruia Government General Hospital (SVRRGGH), Tirupati, Andhra Pradesh.

Aim: The aim of this study was to determine the frequency and nature of psychiatric morbidity in spouses of patients with alcohol-related disorders (ARDs).

Methods: Study design - Hospital-based cross-sectional study. Study setting - Psychiatry Department of SVRRGGH, Sri Venkateswara Medical College, Tirupati. Study period - October 1, 2014 to September 30, 2015. Study units - the spouses of adult patients attending the Department of Psychiatry, with a diagnosis of ARDs. After the ethical clearance from the Institutional Ethical Committee, the spouses of adult patients attending the Department of Psychiatry with a diagnosis of ARDs according to the International Classification of Diseases-10 classification of mental and behavioral disorders constitute the population for the investigation. After obtaining written informed consent from each of the concerned subjects, demographic details and history of psychiatric illness were noted as per the structured pro forma.

Results: The age of the alcohol-dependent men and spouses of men with ADS ranged from 23 to 67 years (mean ± standard deviation [SD] 41.24 ± 10.101) and 21–60 years (mean ± SD 35.04 ± 8.98), respectively. Among the study population, 36.6% of alcohol-dependent men were in the age group of 31–40 years and 43.6% of wives were in between 31 and 40 years.

Conclusion: The findings of association of duration of alcohol abuse by husband, marital life satisfaction, poor family support, low socioeconomic status with psychological morbidities in spouses of men of alcohol related disorder are in agreement with earlier studies. But community studies with adequate sample size are required to estimate the effect of these key determinants.

Keywords: Alcohol dependence, psychiatric disorders, Tirupati

Introduction

Spouses of patients with alcohol-related disorders (ARDs), a key member of such dysfunctional family system, are most vulnerable to have significant psychiatric disorders such as adjustment disorders, mood disorders, anxiety disorders, and psychosocial problems. Spouses play an important role in treatment programs of persons suffering from ARDs. Studies showed that the wives of ARDs in a family agency setting described them as often equally as sick as their husbands with a need to dominate, to suffer, to punish, or to belittle their maids. Such a wife and frequently the daughter of an alcohol-dependent father may also suffer from feelings of basic anxiety and inadequacy which can be denied or assuaged by their feeling superior to their husband.

Alcohol abuse affects couple relationships in a variety of negative ways. Studies show that spouses of alcohol-dependent persons have higher rates of psychological and stress-related medical problems (hypertension, diabetes). The current understanding
indicates differences in consequences among various family members. Children as well as spouses are exposed to considerable stress as per Moos and Billings. Family members of ARDs very often become codependent; codependency is an unconscious addiction to another person’s abnormal behavior. This leads to isolation, depression, emotional problems, and suicide attempt.

In 1964, a World Health Organization Expert Committee introduced the term “dependence” to replace the terms “addiction” and “habituation.” The term can be used generally with reference to the whole range of psychoactive drugs (drug dependence, chemical dependence, substance use dependence) or with specific reference to a particular drug or class of drugs (e.g., alcohol dependence, opioid dependence).

Subjects and Methods

The study was conducted at the Psychiatric Department of Sri Venkateswara Ramnaraian Ruia Government General Hospital (SVRRGH), Sri Venkateswara Medical College, which is a government tertiary care center in Tirupati, from October 1, 2014 to September 30, 2015. This was a cross-sectional, noninterventional study which was carried out at the Department of Psychiatry, SVRRGH, Tirupati, Andhra Pradesh.

Study subjects

The spouses of adult patients attending the Department of Psychiatry with a diagnosis of ARDs according to the International Classification of Diseases-10 (ICD-10) of mental and behavioral disorders constitute the population for the investigation.

Inclusion criteria

The inclusion criteria include the spouses of adult patients attending the Department of Psychiatry with a diagnosis of ARDs according to the ICD-10 classification of mental and behavioral disorders and age group above 18 years.

Exclusion criteria

The exclusion criteria were physical and psychiatric disorders in the patient and their spouses which are not related to alcohol use and patients as well as their spouses not consenting for the study.

Study method

After the ethical clearance from the Institutional Ethical Committee, the spouses of adult patients attending the Department of Psychiatry with a diagnosis of ARDs according to the ICD-10 classification of mental and behavioral disorders constitute the population for the investigation. After obtaining written informed consent from each of the concerned subjects, demographic details and history of psychiatric illness were noted as per the structured pro forma.

1. Severity of alcohol dependence (SAD) in the patients was assessed using SAD-questionnaire (SAD-Q).

2. General Health Questionnaire (GHQ) 28-item version was used to screen for the possible presence of morbidity among spouses of ARDs, those who were found positive with a score of 5 and above were further examined for psychiatric morbidity and diagnosed according to ICD-10 classification of mental and behavioral disorders.

Data were collected and entered into Excel software which was later analyzed using R version 3.2.1, Free Software Foundation’s GNU General Public License. Appropriate statistical tests such as calculating percentage and Chi-square analysis were applied.

Results

During the study period, a total of 101 alcohol-dependent men and their spouses were studied. The age of the alcohol-dependent men and spouses of men with ADS ranged from 23 to 67 years (mean ± standard deviation [SD] 41.24 ± 10.101) and 21–60 years (mean ± SD 35.04 ± 8.98), respectively. Among the study population, 36.6% of alcohol-dependent men were in the age group of 31–40 years and 43.6% of wives were in between 31 and 40 years. The psychiatric morbidity was more in between 31 and 40 years age group constituting about 29.7%, majority of the sample population belongs to rural domicile (53.4%), and psychiatric morbidity was also found to be more (33.4%) among spouses belonging to rural domicile. About 77.2% of patients belong to nuclear families and psychiatric morbidity was also found to be more among them of about 52.5%. Majority (44.5%) of the sample are from upper lower socioeconomic status, but the psychiatric morbidity was found more among spouses belonging to lower middle socioeconomic status, but there was no significant impact (P > 0.05) on psychiatric morbidity between the groups either due to age, domicile, type of family, or socioeconomic status [Table 1].

The psychiatric morbidity was more in 1–10 years duration of marital life (30.7%). There was no significant difference between the groups. The psychiatric morbidity was more among the families whose duration of marital life in between 1 and 10 years constituting for about 59.4%. There was no statistical difference between the groups. Table 2 shows that psychiatric morbidity was more among women who received the verbal and physical violence constituting for about 37.6%. There was a nil significant difference between these groups (P > 0.05). There is no impact of psychiatric morbidity in relation to the distress of alcohol-dependent men [Table 2].

Table 3 shows the data regarding SAD on SAD-Q in males. The range of SAD-Q score was from 9 to 53 (mean ± SD: 26.92 ± 10.83). Almost equal numbers of patients were found in the mild, moderate, and severe dependence range; only 4% of patients had very severe dependence.

There was statistically significant association (P < 0.05) between SAD and psychiatric morbidity in their spouses [Table 4].
There is no significant association ($P > 0.05$) between psychiatric diagnosis with or without physical and/or neuropsychiatric illness in men with alcohol dependence and psychiatric morbidity in their spouses [Table 5].

71.3% who were found positive on GHQ, 66.3% had some diagnosis according to ICD-10. This implies that there has been a high degree of correlation between screening test (GHQ) positivity and the presence of ICD-10 diagnosis in spouses of alcohol-dependent men studied [Table 6].

Among the study subjects, 44.6% had depressive disorders, 3% had anxiety disorders, 18.8% had adjustment disorders, and 33.7% had no psychiatric disorders [Table 7].

**Discussion**

In the current study, 101 men with diagnosis of ARDs according to ICD 10 classification of mental and behavioral disorders were studied and their spouses were screened with GHQ-28, for those who were found positive for psychiatric morbidity were further interviewed and diagnosed according to ICD-10.

In the current study, mean age of men with ARD was found to be 41.24 years and that their spouses were 35.04 years. Majority of spouses were in between 31 and 40 years. The psychiatric morbidity was present more in the age group of 31–40 years constituting for about 29.7%. It was found that there is no significant difference between the age groups and spouses' psychiatric morbidity. A study from Puducherry\(^6\) observed 70% of the spouses with psychiatric morbidity belonged to the age group 35–45. Sedain\(^7\) also observed highest number of cases
in the age group of 30–39 years. Literature shows that spouses of this age group are more prone for depressive symptoms as they have to perform roles of both the parents with family responsibility shifting from two parents to one parent and also due to financial constraints.

Majority of sample population belong to rural community constituting about 53.5% and 77.2% were nuclear families.

The psychiatric morbidity was more among rural population constituting for about 33.7%. In the current study, nuclear families had more of psychiatric morbidity compared to the joint families constituting for about 52.5%. This is because good family support is a protective factor for spouses who belong to combined families. There is no significant association between psychiatric morbidity either with domicile or the type of family. This study is similar to the study done by Mattu et al.,[8] who also found no significant association between psychiatric morbidity of spouses and type of domicile and family type. This is because both are Indian studies where majority of the population belong to rural domicile.

Forty-one percent of the couples having their duration of marital life between 1 and 10 years and psychiatric morbidity were also present to be more among them constituting about 29.7%. This is in contrast to the study done from Maharashtra,[9] where they observed more of psychiatric illness in spouses married for more than 21 years and they got significant association between psychiatric morbidity of spouses with their duration of marital life; this may be lower number of couples in the group above 21 years of married life in this study. We did not observe any statistical significant difference between the groups.

About 83.2% of males with ARD were having 1–10 years of alcohol dependence and the psychiatric morbidity among spouses was also found to be more in this group constituting for about 57.4%. This is in contrast to an Indian study,[9] where majority of population were alcohol dependent for more than 21 years constituting for about 43.33%. We observed highly statistical significant association between psychiatric disorders among spouses and duration of alcohol dependence in males as seen in many Western studies and few Indian studies.[10,11] There was no statistical significant association between these groups in this study. The contrast between two studies is due to difference in the distribution of the study sample.

The range of SAD-Q score was from 9 to 53 (mean ± SD: 26.92 ± 10.83). Almost equal numbers of patients were found in the mild, moderate, and severe dependence range; only 4% of patients had very severe dependence. There is statistically significant association present between SAD and psychiatric morbidity among spouses. A study done by Bagul et al.[9] observed scores on the short alcohol dependence data ranged from 4 to 45, with a mean score of 20.45 ± 9.356, indicating significant dependence. In another study, the marital satisfaction negatively correlated with the SAD in men, satisfaction being lower as severity of dependence increases.[12] Western studies have found a correlation between duration of alcohol dependence and marital discord,[13,14] while one Indian study had found a positive correlation between duration of dependence in men and higher levels of distress in their spouses.[15]

In the current study, about 52.5% of males had physical complications such as gastritis, jaundice, hematemia, and pancreatitis; 54.5% had neuropsychiatric complications which
included peripheral neuropathy, delirium, seizures, ideas of infidelity, mood symptoms, and sexual dysfunction. In a study done from Maharashtra, about 22% alcohol-dependent men had physical complications in the form of gastritis, hematemesis, and melena; 35% had neuropsychiatric complications. As our institute is a tertiary care referral center, most of the cases present with neuropsychiatric complications. In the current study, majority of males (52%) had occupational distress like not performing productive work and 39% of the males were lodging their families to suffer with financial burden. Majority of spouses with psychiatric morbidity had their husbands whose ARD poses them to suffer from occupational distress.

About 85% of spouses were affected by verbal or physical violence. Majority of spouses (34%) with psychiatric morbidity affected by both verbal and physical violence from their husbands, but there was no association between the groups with psychiatric morbidity of spouses.

Out of 101 spouses of ARD men studied, 72 (71.3%) patients were GHQ-positive and 67 (66.3%) patients had at least one psychiatric diagnosis on ICD-10. Thus, the tool is highly sensitive in diagnosing psychiatric morbidity. The above results were similar to the study done by Bagul et al. Out of 60 patients, 43 (71.66%) were GHQ-positive and 38 (63.33%) patients had at least one psychiatric diagnosis on Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders Axis I Disorders-I (SCID-I) and II; thus, the tool is highly sensitive in identifying psychiatric morbidity.

In the present study, the prevalence of psychiatric morbidity among spouses of alcohol-dependent men was 66.3%. Most common diagnosis being depressive disorder in 44.6% spouses, which included dysthymia and major depressive disorder (MDD), followed by adjustment disorder in 18.8% spouses. Anxiety disorders were present in 3% of patients which include panic disorder and generalized anxiety disorder. None of the spouses had personality disorders. Few studies from India showed that 4% and 3.3% of the spouses had both anxiety and depressive features. This is similar to the current study. In a study done by Bagul et al. observed the overall prevalence of psychiatric disorders among spouses of alcohol-dependent men was 63.3%. Most common diagnosis being depressive disorder in 35% patients which included dysthymia and MDD, followed by anxiety disorder in 15% which included panic disorder (without agoraphobia), generalized anxiety disorder, and specific phobia. Adjustment disorders were present in 13.33% patients. None of the spouses had personality disorders on SCID II. In another study by Kishor et al. 65% of the spouses had psychiatric morbidity, which is more or less similar to the present study. In their study, the diagnoses were primarily mood and anxiety disorders, the most common being MDD (43.3%), followed by dysthymia (35%), double depression, and panic disorder (15%). There have been very few Indian studies and even fewer have specifically examined the presence of psychiatric morbidity in spouses. Ponnu et al. from Puducherry observed that the prevalence of psychiatric morbidity among the spouses was about 36%. They also showed a higher prevalence of mood disorders including MDDs and dysthymia of about 18% comprising 50% of the spouses who had psychiatric morbidity. The difference in prevalence in between the studies may be due to variation in the scales used. Kishor et al. used GHQ and a score of 2/12 was considered positive; in this study, GHQ 28 was used and a score of 5/28 was considered positive. Ponnu et al. reported that the subjects were diagnosed according to the various modules of Mini International Neuropsychiatric Interview plus scale. The high rates of mood disorders and low rates of personality disorders are in agreement with Western literature.

Limitations
The major limitation of the study is that the sample was selected from patients who sought help at a tertiary care teaching hospital. It is likely that such patients have more serious physical and psychiatric conditions, which necessitate consultation at a hospital. Hence, the findings may not be generalized to patients with similar problems in the community or who seek help in other kinds of settings.

Conclusion
The results corroborate the findings of earlier studies of association of psychological comorbidities of spouses of men affected of alcohol related disorders with duration of alcohol abuse by husband, marital life satisfaction, inadequate family support of nuclear families, low socioeconomic status, and rural families working in unorganized sector. The effect of these determinants should be further assessed in large community study with ample sample size. Hence, barriers to these key determinants can be explored to design effective strategies to mitigate the burden of broken families in the society.

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Conflicts of interest
There are no conflicts of interest.

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