

PATTERN OF PSYCHIATRIC MORBIDITY IN SPOUSES OF PATIENTS WITH ALCOHOL DEPENDENCE SYNDROMEPonnu Mary Mammen¹, Pradeep Thilakan², Susan Solomon³**HOW TO CITE THIS ARTICLE:**

Ponnu Mary Mammen, Pradeep Thilakan, Susan Solomon. "Pattern of Psychiatric Morbidity in Spouses of Patients with Alcohol Dependence Syndrome". Journal of Evolution of Medical and Dental Sciences 2015; Vol. 4, Issue 71, September 03; Page: 12309-12315, DOI: 10.14260/jemds/2015/1778

ABSTRACT: BACKGROUND: Alcohol use causes harm to the well-being and health of the individual and affects the family as well. Stress of living with an alcoholic, intimate partner violence and poor marital satisfaction has contributed to the psychiatric morbidity in spouses. Addressing the mental health issues of spouses of alcoholics can reduce their burden and improve their quality of life. **AIMS:** It was done with an aim of assessing the pattern of psychiatric morbidity in spouses of male patients with alcohol dependence syndrome. The objectives were to determine the most common type of psychiatric disorder among these women, to identify the factors influencing psychiatric morbidity, and to explore the association between psychiatric morbidity in them and severity of alcohol dependence in the male patients. **SETTINGS AND DESIGNS:** Hospital based, Observational and cross sectional study conducted among spouses of 100 male patients with a diagnosis of alcohol dependence syndrome reporting to Psychiatry department at Pondicherry Institute of Medical Sciences for a period of 1 year. **METHODS AND MATERIALS:** Scales used were MINI PLUS and SAD-Q. **STATISTICAL ANALYSIS USED:** Chi-squared test. **RESULTS:** The sample included 100 spouses, out of which 36 % had psychiatric morbidity. Mood disorders comprised 50 % and anxiety and stress related disorders comprised about 36% of the total morbidity. There was significant association between psychiatric morbidity in the wives and severity of alcohol dependence in husbands. **CONCLUSION:** It was evident that a major proportion of wives are having psychological morbidities which have clear links to the severity of alcohol use pattern in their husbands. Therefore identifying the high prevalence of morbidity and treating them would go a long way in improving the quality of life in both spouses.

KEYWORDS: psychiatric morbidity, Alcohol dependence, Spouses of patients.

INTRODUCTION: Alcoholism is one of the major public health problems and world's third largest risk factor for disease and disability.¹ Alcoholism causes harm to the well-being and health of the person and also the family. Spouses are mostly affected because of the intimate nature of the relationship. Traditionally most of the studies have focused only on the individual consuming alcohol. Even though few data has been reported in public media, studies on the impact on spouses have been very less in psychiatric literature. Clinicians started recognizing from 1970s that the psychological problems of caregivers were not as a result of their own pathology but as a consequence of chronic stress.²

Current data from our country shows that prevalence of psychiatric morbidity is significantly high among spouses of alcoholics. Major depressive disorder was reported in 43 % of subjects. Among the depressed subjects 18% had panic symptoms also.³ another study found a positive correlation between duration of dependence in men and higher levels of distress in their spouses.⁴

Depressive symptoms lead to a state of social withdrawal which in turn leads to feelings of anxiety, despair and powerlessness and continues as a vicious cycle. Several studies have shown

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significant correlation between alcohol use in husband and suicidal tendency in spouses. Causes for high rates of suicide in married women included suspicion by husband, domestic violence & poverty.⁵ there is increased incidence of somatization, interpersonal sensitivity and hostility in spouses of alcoholic men especially when associated with battering by spouses.⁶

Stress of living with an alcoholic was responsible for the personality deficits in women.⁷ Studies done on the personality deficits of spouses of alcoholics showed that they were less extroverted than wives of non-alcoholics and found them to be silent, timid, eccentric and group dependent.^{8,9} Research has shown the association of alcoholism with variations in the quality and outcomes of marital relationship.¹⁰ Quality of the marital life can be inversely related to the psychological distress. A study done to assess the interaction pattern in families with alcoholic husband has shown poorer pattern in the domains of reinforcement, social support, role, communication and leadership.¹¹ Domestic violence and an exacerbation of poverty have made alcohol abuse the single most important problem for women in India.

Studies have shown alcoholic husband emerging as the main cause of domestic violence.¹² Women who suffered any kind of violence were at increased risk of poor mental health. The likelihood of menstrual problems and irritable bowel syndrome are more in women who are subject to violence. Unsatisfactory sexual relationship can also contribute to marital discord. Erectile dysfunction in men had significant adverse effects on female partner's sexual experience.¹³ and infertile couples were reported to have poor marital adjustment and quality of life.¹⁴

All these effects would ultimately lead to low marital satisfaction, maladaptive coping skills and poor social support. This will adversely affect their social and functional roles as a mother, sister and home maker as well as impacting the family harmony.¹⁵ addressing the mental health issues of spouses of alcoholics will not only reduce their burden but also improve their quality of life and treatment outcome of alcoholics. The present study is designed with this background.

AIM AND OBJECTIVES: It was done with an aim of assessing the pattern of psychiatric morbidity in spouses of male patients with alcohol dependence syndrome. The objectives were to determine the most common type of psychiatric disorder among these women, to identify the factors influencing psychiatric morbidity, and to explore the association between psychiatric morbidity in them and severity of alcohol dependence in the male patients.

MATERIALS AND METHODS: The study was a hospital based, observational and cross sectional study. Study was conducted among spouses of 100 male patients with a diagnosis of alcohol dependence syndrome according to DSM IV TR criteria.¹⁶ reporting to Psychiatry department at Pondicherry Institute of Medical Sciences for a period of 1 year. Spouses with age between 18 and 50 years and those who gave informed consent were included in the study. The procedures followed were in accordance with the ethical standards of the institutional ethics committee of our institution and with the Helsinki Declaration of 1975 that was revised in 2000.

Subjects were then screened for any psychiatric morbidity according to the MINI plus scale.¹⁷ Data was analysed by using statistical software SPSS 16.0 version. Association between psychiatric morbidity and other variables like duration of marital life, medical co morbidities and severity of dependence in husbands was analysed. Chi-square test was used to check the associations and p value less than 0.05 was considered to be significant.

RESULTS:

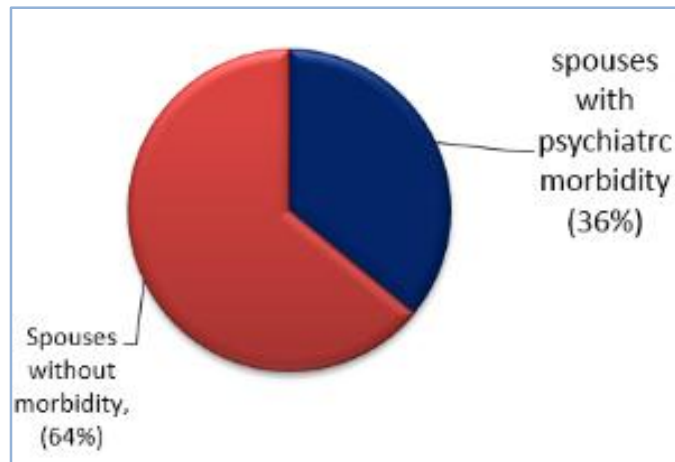


Fig. 1: Prevalence of Psychiatric Morbidity

Spouses with psychiatric morbidity	36
Spouses without psychiatric morbidity	64
Total no. of spouses in sample	100

Table 1: Prevalence of Psychiatric Morbidity

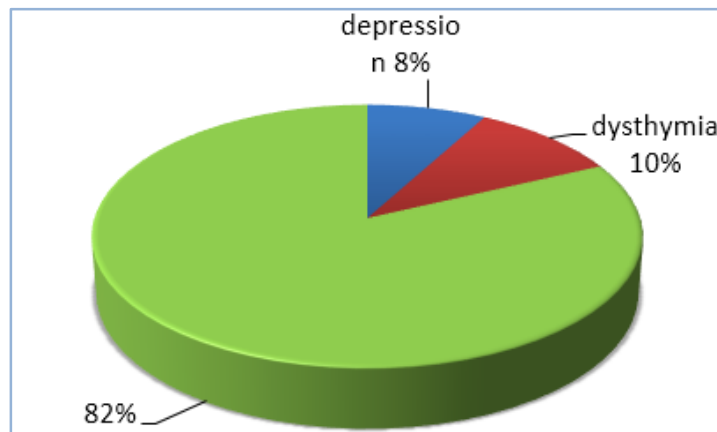


Fig. 2: Prevalence of Mood Disorders

Disorder	Prevalence
Depression	8 (8%)
Dysthymia	10 (10%)

Table 2: Prevalence of Mood Disorders

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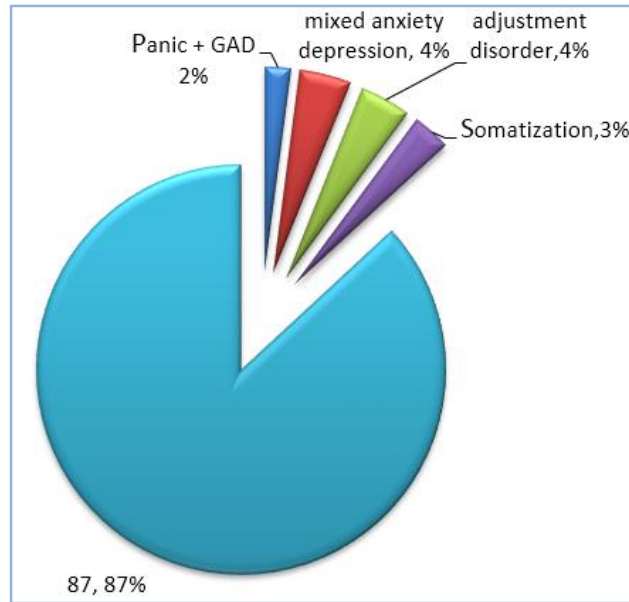


Fig. 3: Anxiety and Stress Related Disorders

Disorder	Prevalence
Mixed Anxiety Depression	4
Adjustment Disorder	4
Somatisation Disorder	3
Panic Disorder	1
Generalised Anxiety Disorder	1

Table 3: Anxiety and Stress Related Disorders

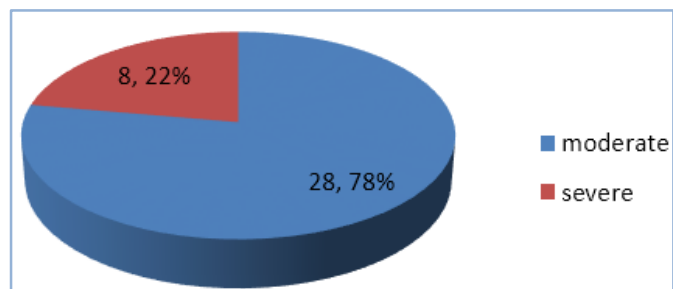


Fig. 4: Severity of Dependence in Husbands of Spouses with Morbidity

Severity of Dependence	Prevalence
Severe	8 (22%)
Moderate	28 (78%)

Table 4: Severity of Dependence in Husbands of Spouses with Morbidity

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The sample included 100 spouses and out of them 36(36%) had psychiatric morbidity. Mood disorders including major depressive disorder and dysthymia constituted 18% which comprised 50% of the total psychiatric morbidity. Anxiety and stress related disorders included generalized anxiety disorder, panic disorder, somatization disorder, adjustment disorder and mixed anxiety depression which comprised 36% of the morbidity.

One spouse had Psychosis and 4 had premenstrual dysphoric disorder. Socio demographic profile was analyzed and statistical analysis didn't reveal any significant association between socio demographic data and psychiatric morbidity. 8 out of 36 spouses having psychiatric morbidity had husbands with severe alcohol dependence. Chi square test showed p value of 0.04 and hence there was statistically significant association between psychiatric morbidity in spouses and severity of alcohol dependence in their husbands.

DISCUSSION: The prevalence of psychiatric morbidity among the spouses was 36% in our study. In an Indian study conducted in 2013, the prevalence of psychiatric morbidity assessed using GHQ was 65% and same study also showed predominance of mood disorders.⁽³⁾ The difference in prevalence between that study and ours can be explained by variation in the scales used. In the other study the scale used was GHQ and a score of 2/12 was considered positive whereas in the present study subjects had to be diagnosed according to the various modules of MINI plus scale which is more specific. Even though many of the spouses reported psychological distress, majority of them didn't satisfy criteria for a psychiatric disorder according to the diagnostic tool.

Present study also showed a higher prevalence of mood disorders including major depressive disorders and dysthymia of about 18% comprising 50% of the spouses having psychiatric morbidity. This study showed similar results to that of a study where depressive disorder was present in 15% of the sample. Above findings can be explained by the presence of adverse life events and environmental stress which can alter brain's biology and also lead to a state of learned helplessness where depressive phenomena result from uncontrollable events.

13 spouses were diagnosed to anxiety spectrum and stress related disorders including mixed anxiety depression, generalized anxiety disorder, panic disorder, adjustment disorder and somatization disorder. Current study showed that 4% of the spouses were having both anxiety and depressive features which is almost similar to another study where 3.3% of the sample showed depressive and anxiety symptoms.⁽³⁾ Present study also showed a total prevalence of 2% for panic disorder and generalized anxiety disorder together. Even though anxiety symptoms were present in many spouses, only 2% had an anxiety disorder. One of the striking findings in the current study was the absence of alcohol abuse among spouses, which has been commonly reported from the West and this can be explained in the cultural context.

70% of the spouses having psychiatric morbidity belonged to the age group 35-45. 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. Indian studies and Western literature brought out positive correlation between duration of marital life, marital satisfaction and duration of dependence and found out that marital distress increased with duration of marital life. However in the present study marital satisfaction scales were not used and psychiatric morbidity alone didn't have any significant relationship with duration of marital life.

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As with physical complications, other impairments also probably becomes worse with the severity of dependence, as evidenced by the statistically significant association of severity of dependence in husbands with the morbidity in spouses.

The limitations of the study included small sample size, cross-sectional nature of the study and sample not being a community sample.

CONCLUSION: This study shows us the myriads of psychological problems that spouses of alcohol dependence individuals are going through. Many a times, either due lack of awareness or time constraints clinicians fail to assess the spouses. A holistic treatment of alcoholics would also comprise of looking for psychiatric co morbidities in their spouses and addressing them. This would definitely improve the adherence of alcohol dependent individuals as well as improve the quality of life.

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