



## **Evaluation of Psychiatric Disorders in Spouse of Patients with Alcohol Dependence Syndrome**

**Mahesh Tilwani<sup>1\*</sup>**

<sup>1</sup>*Department of Psychiatry, Gujarat Adani Institute of Medical Science, Bhuj, Gujarat, India.*

### **Author's contribution**

*The sole author designed, analyzed, interpreted and prepared the manuscript.*

### **Article Information**

DOI: 10.9734/INDJ/2021/v15i330153

*Editor(s):*

(1) Dr. Takashi Ikeno, National Center of Neurology and Psychiatry, Japan.

*Reviewers:*

(1) Shaw-Ji Chen, Taitung MacKay Memorial Hospital, Taiwan and Mackay Medical College, Taiwan.

(2) Matteo Pacini, ISC De Lisio, Italy.

(3) Ignasi Oliveras, Autonomous University of Barcelona, Spain.

Complete Peer review History: <http://www.sdiarticle4.com/review-history/66646>

**Original Research Article**

**Received 17 January 2021**

**Accepted 23 March 2021**

**Published 27 March 2021**

### **ABSTRACT**

**Background and Aim:** Alcohol Dependence Syndrome has deleterious consequences not only on the patient with Alcohol Dependence Syndrome but also on the members of his family. The psychopathology in wives of patients with Alcohol Dependence Syndrome is a largely neglected area in psychiatric research. Aim of the present study was to evaluate the frequency and nature of psychiatric disorders in wives of patients with Alcohol Dependence Syndrome.

**Materials and Methods:** A total of 177 wives, 100 wives of patients with Alcohol Dependence Syndrome and 77 wives of patients with Bipolar Affective Disorder- current episode mania were evaluated. Tools used were ICD-10 AM symptom checklist and modules for assessment of psychiatric morbidity and diagnosis was made based on The International Classification of Diseases – (Diagnostic Research Criteria DCR-10).

**Results:** Psychiatric disorders are diagnosed in 75% of the wives of patients with alcohol dependence syndrome out of which 45% have dysthymia, 12% have mild depressive episode, 8% have adjustment disorder- prolonged depressive reaction, 5% have moderate depressive episode and 5% have anxiety disorder unspecified.

**Conclusion:** The present study concludes that the wives of patients with Alcohol Dependence Syndrome have significant psychiatric morbidity when compared to wives of patients with Bipolar Affective Disorder-current episode mania. The most common psychiatric disorder is dysthymia.

*Keywords: Psychiatric disorders; alcohol use; dysthymia.*

## 1. INTRODUCTION

Alcohol use is associated with progressively increased consumption leading to alcohol related disorders resulting in multiple physical, psychological and social problems. The problem of excessive alcohol consumption is a major cause of public health concern in most of the countries today [1,2]. Alcohol is a potent drug that causes both acute and chronic changes in almost all neurochemical systems. According to the World Health Organization (WHO), Alcohol Use Disorders account for 1.4% of the global disease burden. Globally alcohol consumption causes 3.2% of deaths (1.8 million) and 4.0% loss of disability adjusted life years (58.3 million) [3,4]. Research in the field of alcoholism has given answers to some of the questions regarding the vulnerability of certain people to develop alcohol dependence and its complications, but a more needs to be understood.

Alcohol has been consumed in India since antiquity. Many mythological texts portray that alcoholic beverages were consumed by people of ancient India. Previously, alcohol use was occasional and had ritualistic connotations; people usually used it during major social events only [5]. The Indian alcohol-drinking pattern has changed dramatically over time. 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. 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 [6].

The International Classification of Diseases tenth revision (ICD-10) has defined dependence as a cluster of physiological, behavioural and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value. Alcohol related problems thus comprise of physical, psychological and social problems that are a consequence of excessive drinking and dependence [7,8]. However, the psychiatric morbidity in wives of patients with Alcohol Dependence Syndrome is a largely neglected

area in psychiatric research. The present study was planned to evaluate the frequency and nature of psychiatric disorders in wives of patients with Alcohol Dependence Syndrome.

## 2. MATERIALS AND METHODS

The present study was carried out in the deaddiction and treatment centre in the, medical college. The study period consist of two years. Total of 100 wives of the adult patients of alcohol deaddiction and treatment centre were selected consecutively to form the sample. Inclusion criteria age group range between 18 and 64 years. Any wives with age above 64 years and below 18 years were excluded and also the wives of psychiatric disorder patient not related to the alcohol, wives of the patients who were not willing and co morbid substance use other than tobacco in the patients were excluded from the study.

In the present study the control group consist of wives (n = 100) of patients with bipolar affective disorder selected with similar inclusion and exclusion criteria of the study group. Study participants were selected by random sampling method. This study has been cleared by the institutional ethical committee. A written informed consent was obtained from all the subjects. All the subjects (n=200) underwent a thorough physical and mental status examination. In the end only 77 were included in the study. The assessment was done in the first week of hospitalization. The sociodemographic and clinical information was collected and recorded using a specially designed proforma for the clinical study. The socioeconomic status of the subjects was assessed with the Socioeconomic Status Schedule. The quality of marital life was assessed using the Marital Quality Scale. Each subject was screened using the ICD-10 AM symptom checklist screener and were administered the appropriate ICD-10 AM modules. The diagnosis of psychiatric disorders was made on the basis of Diagnostic Criteria for Research (DCR-10).

### 2.1 Statistical Analysis

The recorded data was compiled and entered in a spreadsheet computer program (Microsoft Excel 2007) and then exported to data editor page of SPSS version 15 (SPSS Inc., Chicago,

Illinois, USA). For all tests, confidence level and level of significance were set at 95% and 5% respectively.

### 3. RESULTS

The present study was undertaken to evaluate the frequency and nature of psychiatric disorders in wives of patients with Alcohol Dependence Syndrome. Total of 177 wives were included in the study. 100 were included in the case group and 77 were in the control group. Comparison was done among the data in both the groups.

There was no significant difference between the ages of wives between the two groups. Majority of wives in both the groups were in the age group of 31 – 40 years of age. Most of the wives were house wife with their personal income less than 3000 INR. Most of them in both the groups had education till high school only. Very few among both the groups had degree education. Majority of the patients in both the groups belong to the class III of socioeconomic status schedule. Majority of the patients in case as well as control group belong to the rural area. Owing to the period of marriage maximum number of patients were married over the period of 6 to 10 years. Majority of the patients were dependent for the period of 6 – 15 years. 6% of these patients had withdrawal symptoms with complications- 3% have complicated withdrawal with convulsions and 3% have delirium without convulsions. Only 18% have alcohol related physical complications in the form of gastritis. 33.3% have peripheral neuropathy, 3 have delirium and 3 have seizures. Most of the patients in both the groups also have occupational distress and well as economic problems.

There is no significant statistical difference between the menstrual cycles of the two control

groups ( $p=0.7>0.05$ ) Majority of the wives in both groups have regular menstrual cycles.

Only 4 wives of patients with Alcohol Dependence Syndrome report family history of psychiatric illness whereas none of the wives of patients with Bipolar Affective Disorder report family history of psychiatric illness. Psychiatric morbidity among the wives of patients with Alcohol Dependence Syndrome is 150 out of which 60 have dysthymia, 20 have mild depressive episode, 15 have adjustment disorder- prolonged depressive reaction, 10 have moderate depressive episode without somatic syndrome and 10 have anxiety disorder unspecified. Psychiatric morbidity between the wives of patients Bipolar Affective Disorder - current episode mania is 57 out of which 30 have adjustment disorder- brief depressive reaction, 10 have mild depressive episode and 4 have anxiety disorder unspecified.

### 4. DISCUSSION

The present research is carried out on 100 wives of patients admitted for the treatment of alcohol dependence syndrome in the alcohol deaddiction and treatment centre and 77 wives of patients with bipolar affective disorder current episode mania admitted under the department of psychiatry.

The two samples do not significantly differ in terms of age, religion, educational status, domicile distribution, occupation, income, duration of marital life, occupational distress, economic problems, menstrual cycles, family history of psychiatric illness and socioeconomic status. This fact indicates that the wives of patients with Alcohol Dependence Syndrome and the wives of patients with Bipolar Affective Disorder-current episode mania are matched.

**Table 1. Psychiatric disorders in two groups**

Psychiatric Disorders	Cases	Control	P value	Total
Adjustment disorder-brief depressive reaction	5	30	0.04*	35
Mild depressive disorder	20	10		30
Anxiety disorder unspecified	10	4		14
Dysthymia	60	5		65
Adjustment disorder- prolonged depressive reaction	15	4		19
Moderate depressive episode without somatic syndrome	10	4		14
Total Psychiatric Morbidity	120	57		177

\* indicates statistically significance at  $p \leq 0.05$   
Test applied chi-square test

Majority of the wives in both the groups are between the age group of 31-40 years. This is similar to the findings of other investigators. Ponnudurai et al. [9] and Dandu et al. [10] indicate that the 77 mean age of patients attending a deaddiction center at the time of seeking treatment is 39.22 years. All the patients with Alcohol Dependence Syndrome are admitted for detoxification and deaddiction. Most of the patients have more than 6 years of duration of alcohol dependence with most drinking for a period of 6-15 years. 6% of these patients had withdrawal symptoms with complications- 3% have complicated withdrawal with convulsions and 3% have delirium without convulsions. Only 18% have alcohol related physical complications in the form of gastritis. 33.3% have peripheral neuropathy, 3 have delirium and 3 have seizures. Most of the patients in both the groups also have occupational distress and well as economic problems.

Dysthymia is a diagnosis found exclusively in wives of patients with Alcohol Dependence Syndrome and is diagnosed in 60 wives of patients with Alcohol Dependence Syndrome whereas 5 of the wives with Bipolar Affective Disorder have dysthymia. This difference is statistically significant. Adjustment disorder is diagnosed in 20 wives of patients with Alcohol Dependence Syndrome whereas 35 wives of patients with Bipolar Affective Disorder have adjustment disorder and the difference is statistically significant. Anxiety disorder is diagnosed in 10 wives of patients with Alcohol Dependence Syndrome and in only 4 wives of patients with Bipolar Affective Disorder and this difference is not found to be statistically significant. The above findings indicate that wives of patients with Alcohol Dependence Syndrome tend to have a less severe chronic depressive state as compared to wives of patients with Bipolar Affective Disorder who have a brief depressive reaction to the current episode.

## 5. CONCLUSION

The present study concludes that the wives of patients with Alcohol Dependence Syndrome have significant psychiatric morbidity when compared to wives of patients with Bipolar Affective Disorder-current episode mania. The most common psychiatric disorder is dysthymia. There is significant association between the ages of the wives, duration of alcohol dependence of the husband, occupational distress of the

husband and economic problems and the total psychiatric morbidity in the wives of patients with Alcohol Dependence Syndrome.

## CONSENT AND ETHICAL APPROVAL

This study has been cleared by the institutional ethical committee. A written informed consent was obtained from all the subjects.

## COMPETING INTERESTS

Author has declared that no competing interests exist.

## REFERENCES

1. Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. The alcohol use disorders identification test. Guidelines for use in primary health care Geneva: World Health Organization; 1992.
2. Babor TF, Ritson EB, Hodgson RJ. Alcohol-related problems in the primary health care setting: A review of early intervention strategies. *British Journal of Addiction*. 1986;81:23-46.
3. Bauer M, Whybrow PC, Angst J, Versiani M, Möller HJ. Disorders WTFoTGfUD: World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for biological treatment of unipolar depressive disorders, part 1: Acute and continuation treatment of major depressive disorder. *The World Journal of Biological Psychiatry*. 2002;3:5-43.
4. Bauer M, Pfennig A, Severus E, Whybrow PC, Angst J, Moeller HJ. Disorders ŠbotTFoUD: World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for biological treatment of unipolar depressive disorders, part 1: Update 2013 on the acute and continuation treatment of unipolar depressive disorders. *The World Journal of Biological Psychiatry*. 2013;14:334-85.
5. Singh N, Bhattacharjee D, Das B, Kumar M. Interaction patterns in Indian families with alcohol-dependent persons. *Hong Kong Journal of Psychiatry*. 2009;19:117-21.
6. Srivastava S, Bhatia MS. Quality of life as an outcome measure in the treatment of alcohol dependence. *Industrial Psychiatry Journal*. 2013;22:41.

7. Organization WH: The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines: Geneva: World Health Organization; 1992.
8. Adler NE, Boyce T, Chesney MA, Cohen S, Folkman S, Kahn RL, et al. Socioeconomic status and health: The challenge of the gradient. American Psychologist. 1994;49:15.
9. Ponnudurai R, Jayakar J, Raju B, Pattamuthu R. A psychodemographic study of the patients of a deaddiction centre in madras. Indian Journal of Psychiatry. 1993;35:167.
10. Dandu A, Bharathi S, Dudala SR. Psychiatric morbidity in spouses of patients with alcohol related disorders. J Family Med Prim Care. 2017;6:305-10.

---

© 2021 Tilwani; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

*Peer-review history:*

*The peer review history for this paper can be accessed here:*  
<http://www.sdiarticle4.com/review-history/66646>