

ORIGINAL RESEARCH

Comparative study of quality of life in spouses of patients with alcohol and opioid dependence

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Received: 03 October, 2023

Accepted: 05 November, 2023

ABSTRACT

Introduction: A study with the aim to compare the quality of life in spouses of patients diagnosed with Alcohol Dependence Syndrome and Opioid Dependence Syndrome was conducted in spouses of 50 patients with alcohol and opioid dependence syndrome each diagnosed and seeking treatment in outpatients and inpatient units of Department of Psychiatry, Pt.B.D. Sharma, PGIMS, Rohtak. **Material and methods:** Socio-demographic and clinical variable were compared using statistical tests amongst the two groups and the participants. In this study Severity was assessed by ASI lite assessed QOL by WHO QOL –BREF and Family burden by (burden assessment Schedule). Data was analyzed using statistical tests (mean, standard deviation, p value) to compare QOL of spouses of Alcohol dependence syndrome (ADS) and Opioid dependence syndrome (ODS). **Results:** our study showed that substance dependence (alcohol and opioid in our study) was associated with substantial burden for the family members, more for subjective and objective burdens in rural location with low income, and more for spouses with alcohol dependence group followed by spouses with opioid dependence group. Similarly, spouses of patients with Alcohol dependence syndrome had lower QoL as compared to the spouses of patients with opioid use disorder. **Conclusion:** substantial Attention should be given to the mental health issues so as to relieve the distress in this vulnerable population. We suggest directions for future research in this area.

Keywords: quality of life, alcohol, opioid, family burden

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INTRODUCTION

Substance dependence is major public health problem in India. Substance dependence causes significant harm to self family and whole society. This harm can lead to problems, distress and adverse events which impact the whole family and mainly primary caregiver¹. Alcohol is the most common substance used followed by cannabis and opioids. The prevalence of alcohol use is 4.6%, with male: female ratio being 17:1, 19% of alcohol users use it in dependent pattern. This is followed by cannabis at 2.8% and opioids at 2.1%, whereas 0.25% of cannabis users use it in dependent pattern². Opioid use is reported in 2.1% of the country's population, with heroin use being highest at 1.14% percent followed by pharmaceutical opioids at 0.96% and opium at 0.52%. Regarding the pattern of use, dependent use is highest

among users. The prevalence of opioid use in India is three times the global average³.

Substance abuse affects the quality of life (QOL) within the population, especially their wives, and is a severe public health problem¹. Those who live with a drug addict, specifically family members are affected by the level of substance dependency and incalculable losses such as financial instability and physical, psychological and verbal violence, thus it reduces QOL, which constitutes a burden for the family. Considering that the involvement of family is recommended for the recovery process of substance dependents, it is necessary to appropriately evaluate the suffering and decreased QOL of the caregivers⁴.

Within the family, it is often the woman specially wife or mother who is most affected by the individual's substance use. they have to bear a

significant part of the family burden whereas family burden encompasses subjective elements such as emotional difficulties and challenges as well as practical/objective elements. Such impact becomes even more obvious in a developing country like India, where women are already disadvantaged⁵.

In various studies it is found that greatest burden concluded is economic followed by stigmatization, emotional and relationship difficulties, and neglect of children. Substance dependence leads to financial burden so it also affects the quality of life of spouse. Studies have reported significant burden on the caregivers of substance-dependent patients and affects Quality of life of the spouse^{6,7}. Prior study had shown spouses as primary care providers to their alcoholic husbands and bear a considerable amount of burden in taking care⁸. Only a few studies had compared burden specifically on wives of different substance-dependent groups. Hence, the present research was conducted to study and compare quality of life in these two groups.

METHODOLOGY

A cross sectional study was conducted in the spouses of patients with diagnosis of alcohol and opioid dependence according to ICD 10 criteria attending State Drug Dependence Treatment Center, Department of Psychiatry, Pt.B.D. Sharma, PGIMS, Rohtak. Study was conducted between the period of November 2020 to January 2022. For this study, 50 spouses of male patients with alcohol dependence and 50 spouses of male patients with opioid dependence meeting the inclusion and exclusion study criteria were selected.

INCLUSION CRITERIA

The study included Spouses of male patients of mental and behavioural disorder due to use of alcohol (F10.) and spouses of male patients of mental and behavioural disorder due to use of opioid (F11.) diagnosed according to ICD-10 above ≥ 21 yrs of

age, married for one year and who can read, write and understand Hindi.

EXCLUSION CRITERIA

Patients/spouse with mental retardation and with comorbid physical illness or psychiatric illness were excluded from the study.

TOOL USED

A special Performa was used to gather socio – demographic and psychiatric variables. Family burden was assessed by **BURDEN ASSESSMENT SCHEDULE OF SCARF**, developed at SCARF with the support of the WHO SEARO and is based on an integrative framework encompassing subjective and objective components of burden. The instrument comprised 40-items with kappa value of 0.8. Total burden is assessed by summing up the individual scores on each item. Higher score means higher burden of care with highest score in each domain is 3 and highest total score is 120.⁹

Quality of life was assessed by WHO QOL-BREF

(HINDI VERSION): It is an abbreviated version of the WHOQOL-BREF representative of four domains related to the quality of life: physical health, psychological, social and environmental. Domains scores were found to correlate highly with the whoqol-100 domains scores. A total quality of life is obtained by summing up the individual scores on each item. Higher scores denote higher quality of life with the highest possible score in each domain being 100.¹⁰

The data was entered in MS Excel spread sheet, coded appropriately and was analyzed using appropriate inferential and descriptive statistical tests (mean, standard deviation, p value) was applied as per demand of study. Chi square test was applied to compare the sociodemographic variables of the two groups and unpaired t test was applied to correlate the findings among both the groups, which are summarised in the following two tables.

RESULTS

Table 1: Compares the socio demographic variables between the two groups

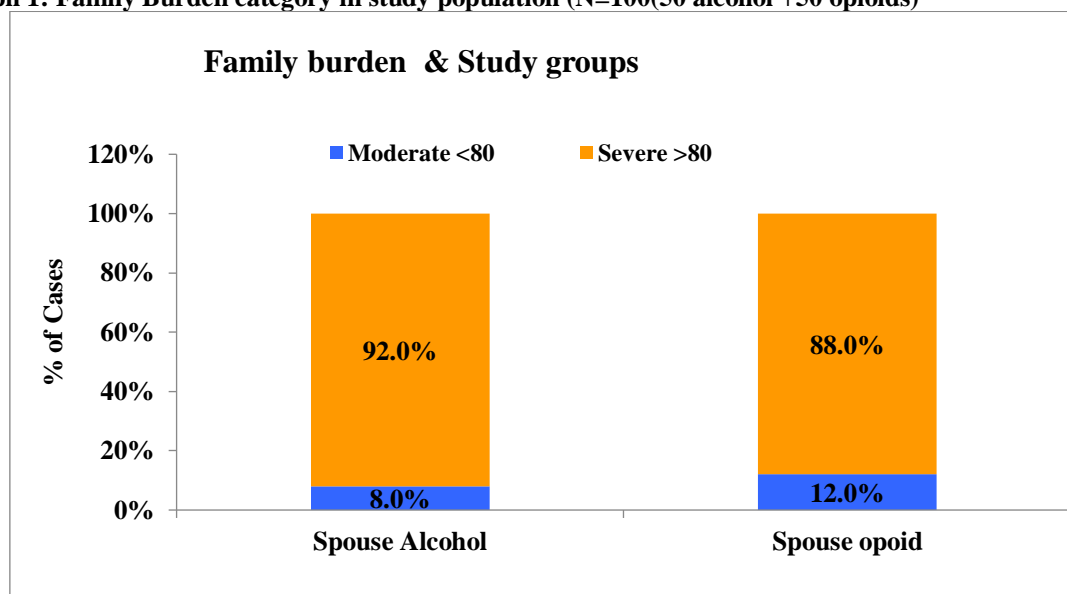
S. No.	Socio demographic variables	Sub groups	Frequency in spouses of Alcohol Dependence Syndrome		Frequency in spouses of Opioid Dependence Syndrome		P value
			Frequency	%	Frequency	%	
1.	Age of caregiver (in years)	21-25	2	4.0%	11	22.0%	<0.001
		26-30	4	8.0%	20	40.0%	
		31-40	13	26.0%	12	24.0%	
		41-50	18	36.0%	5	10.0%	
		Above 50	13	26.0%	2	4.0%	
2..	Education	Elementary School	21	42.0%	9	18.0%	
		Secondary School	5	10.0%	9	18.0%	
		Technical School	10	20.0%	14	28.0%	
		University	5	10.0%	8	16.0%	
		Post-Degree	7	14.0%	7	14.0%	
		Others(Not	2	4.0%	3	6.0%	

		formally educated but can read and write Hindi)					0.186
3.	Occupation	Employed	27	54.0%	33	66.0%	0.307
		Unemployed	23	46.0%	17	34.0%	
4.	Background	Rural	28	56.0%	35	70.0%	0.214
		Urban	22	44.0%	15	30.0%	
5.	Family Type	Nuclear	26	52.0%	37	74.0%	0.058
		Joint	23	46.0%	13	26.0%	
		Extended	1	2.0%	0	0%	
6.	Duration of stay spouse with patient	<10 years	10	20.0%	27	54.0%	0.002
		10-20 years	37	74.0%	21	42.0%	
		>20 years	3	6.0%	2	4.0%	
7.	Psychiatric comorbidities in spouses of patients	Absent	42	84.0%	42	84.0%	1.000
		Present	8	16.0%	8	16.0%	
8.	Family history of psychiatric illness Family history of psychiatric illness	Absent	40	80.0%	45	90%	0.140
		Present	10	20.0%	5	10%	

Table2: Domains of QOL in study population (N=100(50 alcohol +50 opioids)

	Spouse Alcohol	Spouse opioid	p value
	Mean ± SD	Mean ± SD	
Domain1	19.17 ± 3.10	18.15 ± 3.11	0.110
Domain2	15.48 ± 2.98	14.88 ± 3.54	0.368
Domain3	8.19 ± 2.23	8.06 ± 2.10	0.778
Domain4	21.46 ± 5.23	20.85 ± 5.17	0.570

Graph 1: Family Burden category in study population (N=100(50 alcohol +50 opioids)



RESULTS

Table 1 shows that there is no significant difference between the two groups in any of the socio demographic variables included in the studies.

Table 2 shows Domains of QOL in study population The mean domain 1 was 19.77 ± 3.10 in spouses of patient with alcohol dependence as compared to spouses of opioid dependence in which

score was 18.15 ± 3.11 in domain 1 with p value 0.110.

The mean domain 2 was 15.48 ± 32.98 in spouses of patient with alcohol dependence as compared to spouses of opioid dependence in which score was 14.88 ± 3.54 in domain 2 with p value 0.368.

The mean domain 3 was 08.19 ± 2.33 in spouses of patient with alcohol dependence as compared to

spouses of opioid dependence in which score was 08.06 ± 2.10 in domain 3 with p value 0.778.

The mean domain 4 was 21.46 ± 5.23 in spouses of patient with alcohol dependence as compared to spouses of opioid dependence in which score was 20.85 ± 5.17 in domain 4 with p value 0.570.

Graph 3 shows Family Burden category in study population Among the study population in spouses of alcohol dependence patient 4(8%) participants had moderate burden as compared to 6 (12%) in spouses of opioid dependence and 46(92%) participants had severe burden in spouses of alcohol dependence as compared to 44 (88%) in spouses of opioid dependence. However no significant difference was seen among the two groups.

DISCUSSION

This study compared the quality of life among spouses of alcohol and opium dependence patients. In the present study sociodemographic profile showed that age distribution of spouses of alcohol dependence were mainly towards 41-50 years i.e 36% as compared to spouses of opioid dependence which were 40 % towards age group 26-30 years. The spouses of alcoholics were older when compared with spouses of opioid dependence patients. This is mainly due to fact that adult male are more likely having opioid dependence syndrome and alcohol dependence syndrome towards later life. This fact is also accordance with majority of other Indian studies¹¹.

Most of spouses were educated with 42 % spouses of patient with alcohol dependence were elementary school passed as compared to spouses of opioid dependence with 26% were technical school passed . The educational status of spouses of opioid dependence patient was better than spouses of alcoholics. Among the study population of spouses of alcohol dependent patients 54% were employed ,46% were unemployed as compared to spouses of opioid dependent patients in which 66% were employed ,34% were unemployed. Peer et al¹² conducted a study in 2016 in which majority of the wives of patients with Alcohol Dependence Syndrome were having poor educational status, hence unemployed.

Most of spouses were from rural background 56% in alcohol dependence and 70% in opioid dependence .most of spouses were from nuclear family 52% in alcohol dependence as compared to 74% in spouses of opioid dependence patients. These findings can be explained on the fact that rural population still makes the majority in our country particularly the state of Haryana and a trend of nuclear family is becoming increasingly day by day due to urbanisation .

While talking about the duration of stay of spouse with patient , it was found that 74% having duration of stay of spouses of alcohol dependence between 10-20 years as compared to 54% i.e. majority of opioid dependence patient's spouses less than 10 years .This finding was mainly due to fact that opioid users was mainly adult and were involved in intravenous

administration of opioid outside home , so duration of stay with wives were small .No significant past and family history of psychiatric illness was noted in spouses of patients with alcohol and opioid dependence .

Among the study population 8 (16%) each of spouses of patients with alcohol and opioid dependence were found to be suffering from psychiatric diagnosis at the time of sample collection and all of them had mild depressive disorder or adjustment issues due to substance abuse of patient .As there were no Indian or western studies we could find testing psychiatric morbidity in spouses of alcohol and opioid dependent patients. we are not able to compare our find the existing literature.

Quality of life is an important aspect for spouses of substance use disorders as spouses are directly involved in patient care. There are very few studies have assessed the quality of life of caregiver of subjects with opioid dependence and alcohol dependence. In our study all four domains of QOL viz physical health, psychological health, social relationship and environment domain score were calculated.

Spouses of patients with Alcohol dependence syndrome had lower QoL as compared to the spouses of patients with opioid use disorder. There are no previous studies involving comparison of QOL in spouses of patients of alcohol and opioid dependence examining this issue. Although there are studies on QOL in caregivers of substance use disorders. Our results are to study conducted by Marcon SR et al¹³ who concluded that Quality of life of the caregivers in the domains functional capacity, physical aspect, pain and vitality were more affected when compared to the users . However another reason of decreased QOL in substance use disorders may be due to the interpersonal problems including domestic violence, stress, interpersonal conflicts that caregivers (mainly spouses) face by persons with Alcohol dependence syndrome. Indian research has consistently shown that spouses face interpersonal problems due to alcohol use of the husbands¹⁴. and specifically domestic violence in interpersonal problems is much more common in Alcohol dependence syndrome as compared to other drugs¹⁵.

In present study family burden categorized as moderate and severe burden for subject achieving score less than 80 moderate and more than 80 is severe respectively. Among the study population in spouses of alcohol dependence patient 8% participants had moderate burden as compared to 12% in spouses of opioid dependence and 92% participants had severe burden in spouses of alcohol dependence as compared to 88% in spouses of opioid dependence. The result of the present study shows that significant family burden exists on spouses of alcohol and opioid dependent patients which is similar to study conducted by Mattoo et al ⁶ comparing burden on caregivers of alcohol- and opioid-dependent patients

also found moderate to severe burden in 95%–100% of the caregivers.

There are more deterioration in a marital relationship in spouses of opioid dependent patients may be because of the fact that opioids is the illegal drug and time spent in the procurement of the opioids through illicit sources is quite high as compared to alcohol. Hence, there is inadequate attention and affection toward the spouse and inability to satisfy the emotional needs of partner.

Due to lack of appreciation of care given higher family burden was perceived by spouses of opioid dependent patients as compared to spouses of patients of alcohol dependence. Due to all these spouses, patients and their family members have a poor reputation in the society.

CONCLUSION

In conclusion, our study showed that substance dependence (alcohol and opioid in our study) was associated with substantial burden for the family members, more for subjective and objective burdens in rural location with low income, and more for spouses with alcohol dependence group followed by spouses with opioid dependence group. Similarly, spouses of patients with Alcohol dependence syndrome had lower QoL as compared to the spouses of patients with opioid use disorder These findings may suggest directions for future research in this area.

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