

# Psychiatric Morbidity Among Patients with Alcohol-Related Diseases' Spouses

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## ABSTRACT

Alcohol abuse is on the rise everywhere, but especially in emerging nations like India. According to the World Health Organization, up to 50% of Indians who drink alcohol fall into the category of hazardous drinking, with 4%-13% of them doing so on a daily basis. The average age at which alcohol usage begins has decreased in India, from 28 years in the 1980s to 17 years in 2007. Hospital-based cross-sectional study was the study's design. Study location: Sri Venkateswara Medical College, Tirupati, Psychiatry Department. October 1, 2014, through September 30, 2015, was the study period. Study subjects: Husbands and wives of adults receiving ARDs treatment at the Department of Psychiatry. The population for the inquiry is made up of the wives of adult patients who are seen in the Department of Psychiatry and have been diagnosed with ARDs in accordance with the International Classification of Diseases 10 classification of mental and behavioural disorders. Following the receipt of each subject's signed informed consent, the structured pro forma was followed to record each subject's demographic information and history of psychiatric disease. The spouses of men with ADS and alcohol dependence ranged in age from 21 to 67 years old (mean SD 35.04 8.98) and 23 to 67 years old (mean SD 41.24 10.101), respectively. 43.6% of spouses and 36.6% of alcohol-dependent men in the study's sample population were between the ages of 31 and 40. The results are consistent with other studies in that they show a relationship between the duration of the husband's alcohol misuse, marital life satisfaction, inadequate family support, and low socioeconomic position and psychiatric morbidities in spouses of men with alcohol-related disorders. But to quantify the impact of these important factors, community studies with a sufficient sample size are needed.

**Keywords:** Alcohol dependence, psychiatric disorders, mental, behavioural.

## 1. INTRODUCTION

A crucial component of such a dysfunctional family structure, spouses of patients with alcohol-related disorders (ARDs) are particularly susceptible to developing serious psychiatric conditions like adjustment disorders, mood disorders, anxiety disorders, and psychosocial issues. In the therapy plans for those who have ARDs, spouses are crucial. According to studies, the wives of ARDs in a family agency environment frequently reported them as being just as ill as their husbands and having a need to control, ruin, punish, or denigrate their maids. Such a wife, as well as the daughter of an alcoholic father, may experience feelings of fundamental fear and

inadequacy that can be suppressed or relieved by believing they are better than their husband. [1]

Couple relationships are negatively impacted by alcohol misuse in many different ways. According to studies, spouses of alcoholics experience greater rates of psychological distress and stress-related illnesses (hypertension, diabetes). According to current knowledge, there are disparities in the effects for different family members. According to Moos and Billings, both spouses and children experience a great deal of stress. [2] Codependency is a form of addiction to another person's deviant conduct, and it happens to family members of ARDs frequently. Isolation, depression, emotional issues, and suicide attempts result from this. The words "addiction" and "habituation" were replaced by the term "dependency" by a World Health Organization Expert Committee in 1964. The phrase can be used to refer to either a specific drug or class of drugs, or to apply generally to the entire spectrum of psychoactive drugs (drug dependency, chemical dependence, and substance use dependence) (e.g., alcohol dependence, opioid dependence). [3]

## 2. SUBJECTS AND METHODS

The study was carried out from October 1, 2014, to September 30, 2018, at the Psychiatric Department of Sri Venkateswara Ramnarayan Ruia Government General Hospital (SVRRGGH), Sri Venkateswara Medical College, a government tertiary care facility in Tirupati. At the SVRRGGH in Tirupati, Andhra Pradesh, the Department of Psychiatry conducted this cross-sectional, noninterventional study. The population for the inquiry consists of spouses of adult patients who visit the Department of Psychiatry and have been diagnosed with ARDs according to the ICD-10 classification of diseases for mental and behavioural disorders.

**Inclusion criteria:** The spouses of adult patients who are seen in the department of psychiatry and who have been diagnosed with ARDs according to the ICD-10 classification of mental and behavioural disorders and who are over the age of 18 are included in the inclusion criteria.

**Exclusion criteria:** The exclusion criteria included patients' and their spouses' medical and mental health issues that weren't related to alcohol use, as well as their refusal to participate in the study.

**Study method:** The population for the inquiry is made up of the wives of adult patients who are seen at the Department of Psychiatry and have been diagnosed with ARDs according to the ICD-10 classification of mental and behavioural disorders. Following the receipt of each subject's signed informed consent, the structured pro forma was followed to record each subject's demographic information and history of psychiatric disease.

1. Utilizing the SAD-Q, the severity of alcohol dependence (SAD) in the patients was evaluated[4].
2. The 28-item General Health Questionnaire (GHQ) version was used to screen for the potential presence of morbidity among spouses of ARDs; those who tested positive with a score of 5 or higher underwent additional testing for psychiatric morbidity and were diagnosed with mental and behavioural disorders in accordance with the ICD-10 classification. [5]

Data were gathered and entered into Excel software before being processed under the terms of the GNU General Public License and R version 3.2.1. The proper statistical tests, including percentage calculations and Chi-square analysis, were used.

### 3. RESULTS

101 alcohol-dependent men and their spouses were studied overall over the study period. The spouses of males with ADS ranged in age from 21 to 60 years old (mean SD 35.04 8.98) and from 23 to 67 years old (mean SD 41.24 10.101), respectively, for the alcohol-dependent men. 43.6% of the spouses and 36.6% of the alcohol-dependent men in the study sample were between the ages of 31 and 40. The majority of the sample population (53.4%) has a rural residence, and psychiatric morbidity was also found to be higher (33.4% among spouses with a rural residence), with the age group of people between 31 and 40 years old accounting for around 29.7% of the total. Nuclear families make up around 77.2% of patients, and psychiatric morbidity was found to be higher among them at roughly 52.5%. The majority (44.5%) of the sample members are from upper lower socioeconomic status, but spouses from lower middle socioeconomic status were more likely to experience psychiatric morbidity. Neither age, place of residence, family structure, or socioeconomic status had a significant impact ( $P > 0.05$ ) on the differences in psychiatric morbidity between the groups. The psychological morbidity was higher (30.7) in marriages lasting 1 to 10 years. Between the groups, there was no discernible difference. The families with a median length of marriage of 1 to 10 years, or 59.4% of all households, had higher rates of psychiatric illness. No statistical difference existed between the groups. According to Table 2, women who experienced verbal and physical abuse made up roughly 37.6% of those with psychiatric illness. The difference between these groups was not statistically significant ( $P > 0.05$ ). No relationship exists between the suffering of alcohol-dependent men and psychiatric illness. SAD-Q scores ranged from 9 to 53 (mean SD: 26.92 10.83). There were nearly equal percentages of patients with mild, moderate, and severe levels of dependence; only 4% of patients had very severe dependence. The relationship between SAD and psychiatric illness in their spouses was statistically significant ( $P 0.05$ ) Between psychiatric diagnosis in males with alcohol dependence and psychiatric morbidity in their spouses, whether with or without physical and/or neuropsychiatric illness, there is no significant connection ( $P > 0.05$ ). 66.3% of people who tested positive on the GHQ and had an ICD-10 diagnosis. This suggests that the occurrence of an ICD-10 diagnostic and screening test (GHQ) positivity have a strong link in the spouses of alcohol-dependent men evaluated. 43.7% of the study participants had no psychiatric illnesses, 3% had anxiety disorders, 18.8% had adjustment disorders, and 44.6% had depressive disorders.

### 4. DISCUSSION

In the current study, 101 men who had been diagnosed with ARDs according to the ICD 10 classification of mental and behavioural disorders were examined, and their spouses underwent GHQ-28 screening. Those whose results indicated psychiatric morbidity underwent additional interviews and ICD-10 diagnosis.

The mean age of men with ARD was found to be 41.24 years old in the current study, whereas the average age of their spouses was 35.04 years old. Most wives were between the ages of 31 and 40. The age group of 31 to 40 years, which made up around 29.7% of the population, had a higher prevalence of psychiatric illness. It was discovered that there is no discernible relationship between spouses' psychological illness and age groups. According to a Puducherry study[6], 70% of spouses with psychiatric illness were between the ages of 35 and 45. The age range of 30-39 years likewise saw the highest number of cases, according to Sedain[7]. According to the literature, wives in this age range are more likely to experience

depression symptoms because they must fill the tasks of both parents when the family's financial responsibilities shift from two parents to one.

About 53.5% of the sample population is from a rural area, and 77.2% of them are nuclear families. In rural areas, which made up around 33.7% of the population, psychiatric morbidity was higher. In the current study, nuclear families had more psychiatric morbidity than joint households, which made up around 52.5% of the population. This is due to the protective effect that strong family support has on couples with mixed families. Neither residence nor family structure significantly correlate with psychiatric illness.

The study by Mattu et al.,[8] which likewise revealed no significant correlation between spouses' psychiatric morbidity and type of domicile and family type, is comparable to the study conducted in this article. This is so because both studies were conducted in India, where the majority of people live in rural areas.

Between 1 and 10 years is the average length of marriage for 41% of the couples, and among them, psychiatric illness was more common, making up roughly 29.7% of the total. Contrary to a study from Maharashtra[9] that found a significant correlation between spouses' psychiatric morbidity and the length of their marriage, the number of couples in this study who had been married for more than 21 years was lower. This may be due to the smaller sample size of couples in this group. There was no statistically significant difference between the groups that we could see.

A greater percentage of 57.4% of males with ARD had psychiatric morbidity, and around 83.2% of these men had alcohol dependency lasting 1 to 10 years. In contrast, a research conducted in India[9] found that 43.33% of the population, or the majority, had been alcohol dependent for more than 21 years. As in many Western studies but few Indian studies, we found a highly statistically significant correlation between psychiatric illnesses among wives and the length of alcohol dependence in men. [10,11] In this investigation, there was no statistically significant correlation between these categories. The contrast between the two studies is a result of the different research sample distribution.

SAD-Q scores ranged from 9 to 53 (mean and standard deviation: 26.92 and 10.83). Only 4% of patients had very severe dependence, although about equal percentages of patients fell into the mild, moderate, and severe dependence categories. The relationship between SAD and the psychiatric morbidity of spouses is statistically significant. According to a research by Bagul et al. [9], the brief alcohol dependence data's observed scores ranged from 4 to 45, with a mean score of 20.45 9.356 suggesting substantial dependence. Another study found a negative correlation between men's SAD and marital satisfaction, with happiness decreasing as dependent intensity rose. [12] While one Indian study indicated a positive correlation between alcohol dependence duration in men and higher degrees of distress in their spouses, Western studies have established a link between alcohol dependence duration and marital discord[13,14, 15] About 52.5% of the male participants in the current study suffered somatic issues such as pancreatitis, gastritis, jaundice, and hematemesis, while 54.5% had neuropsychiatric complications like peripheral neuropathy, delirium, seizures, thoughts of infidelity, mood disorders, and sexual dysfunction. According to a Maharashtra study,[9] approximately 22% of alcohol-dependent men experienced medical symptoms such as gastritis, hematemesis, and melena, while 35% experienced mental difficulties. As a tertiary care referral facility, our institute receives a majority of clients with neuropsychiatric problems. The majority of men (52%) in the current study had occupational discomfort, such as not being able to perform productive job, and 39% of the men were allowing their families to suffer financially. The majority of wives who had psychiatric morbidity had husbands whose ARD made them more likely to have occupational hardship.



Approximately 85% of spouses experienced verbal or physical abuse. There was no correlation between the groups and the psychiatric morbidity of spouses, however 34% of spouses reported that their husbands had physically and verbally abused them. Out of 101 spouses of ARD men who were studied, 72 (71.3%) showed GHQ positivity, and 67 (66.3%) had at least one ICD-10 mental diagnosis. As a result, the instrument is very accurate in identifying psychiatric illness. The investigation conducted by Bagul et al. and the results mentioned above were comparable. [9] Out of 60 patients, 43 (71.66%) were GHQ-positive, and 38 (63.33%) had at least one mental diagnosis on the Structured Clinical Interview for DSM-I Disorders-I and II (SCID-I) scale; as a result, the test is extremely sensitive in detecting psychiatric morbidity.

In the current study, 66.3% of spouses of alcohol-dependent men had psychiatric illness. The most frequent diagnosis for spouses was depressive disorder, which comprised dysthymia and major depressive disorder (MDD), in 44.6% of cases, and adjustment disorder in 18.8% of cases. 3% of patients had anxiety disorders, including panic disorder and generalised anxiety disorder. Each partner was free of personality issues. A few research from India revealed that 3.3% and 4.0% of spouses had both depression and anxious symptoms. [6,12] This is comparable to the recent research. According to a study by Bagul et al. [9], 63.33% of spouses of alcohol-dependent men had psychiatric illnesses on the whole. The most frequent diagnosis was depressive disorder, which comprised dysthymia and MDD in 35% of patients. Anxiety disorder, which included panic disorder (without agoraphobia), generalised anxiety disorder, and particular phobia in 15% of patients, came in second. In 13.33% of patients, adjustment issues were found. According to SCID II, none of the spouses had personality disorders. Similar to the current study, 65% of the spouses in a different study by Kishor et al. [12] had psychiatric illness. The majority of the diagnoses in their study were for mood and anxiety disorders, with MDD (43.3%) being the most prevalent. Dysthymia (35%), bipolar depression, and panic disorder (15%) were the next most prevalent diagnoses.

Few Indian research have particularly looked at the presence of psychiatric illness in spouses, and even fewer have done so. [16,17] According to Puducherry researchers Ponnu et al. [6], roughly 36% of spouses had psychological illness. Additionally, they demonstrated a greater prevalence of mood disorders, such as MDDs and dysthymia, with an estimated 18% of spouses having psychiatric morbidity. The different prevalence rates amongst the studies could be a result of the different scales that were employed. In this study, GHQ 28 was employed, and a score of 5/28 was deemed positive. Kishor et al. [12] used GHQ and a score of 2/12 was considered a positive result. According to Ponnu et al [6] 's report, the individuals' diagnoses were made using the different Mini International Neuropsychiatric Interview plus scale modules. Western literature is consistent with the high incidence of mood disorders and low rates of personality disorders. [18,10]

### Limitations

The study's primary weakness is that the sample was drawn from patients who requested assistance at a teaching hospital for tertiary care. Such patients probably have more severe physical and mental health issues that call for hospital consultation. As a result, the conclusions might not apply to patients in the community who experience comparable issues or who seek assistance in other contexts.

## 5. CONCLUSION

The results support earlier studies' findings that long-term alcohol abuse by the husband, marital life satisfaction, insufficient nuclear family support, low socioeconomic status, and rural families working in the unorganised sector are associated with psychological comorbidities of spouses of men affected by alcohol-related disorders. The impact of these factors has to be examined further in a sizable community study with a sufficient sample size. In order to develop effective methods to lessen the burden of broken families in society, it is therefore possible to investigate the obstacles to these major variables.

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