

Assessment of Mental Health & Conjugal Satisfaction among Spouses of Men with Alcohol Dependence Syndrome: A Cross-Sectional Study

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ABSTRACT

Background: Alcohol dependence syndrome is a disorder affecting not only the individual but also its immediate family members and most importantly, spouse given their nature of the intimate relationship. Alcohol use disorder present in the male partner is associated with poor mental health and marital discord among spouses putting them at greater risk of suffering from psychiatric morbidities. Resilience of spouse and their ability to cope with the stress play an important role not only in positively adapting with difficult life situations but also helps in shaping the treatment of their husbands suffering from alcohol use disorder. Hence this study focuses on assessing the psychiatric morbidity, marital satisfaction along with coping strategies and resilience in spouses of men suffering from alcohol use disorder.

Aim: To assess the pattern of psychiatric morbidity, marital satisfaction along with coping strategies and resilience in spouses of men diagnosed with alcohol dependence syndrome and explore the association.

Methodology: This is a cross-sectional, non-interventional study where seventy-one spouses of men diagnosed with alcohol dependence syndrome were recruited for the study. ICD-11 was used to diagnose psychiatric morbidity in spouses. Severity of alcohol dependence in the husbands and consequences of drinking were assessed using severity of alcohol dependence questionnaire and drinker's inventory of consequences respectively. Marital adjustment test and coping strategies inventory was used to assess marital satisfaction and coping strategies used by spouses respectively. Resilience was assessed using Connor-Davidson resilience scale.

Results: Approximately half of the spouses (47%) were suffering from psychiatric illness. Generalised Anxiety disorder was the most common psychiatric morbidity. Our study concluded that there is a statistically significant association between the psychiatric morbidity of spouses and the severity of alcohol dependence in husbands. Marital satisfaction was found to be inversely proportional to severity of alcohol dependence. Most common coping strategies used by spouses of the alcohol dependent patients were problem focused and emotion focused engagement strategies. While assessing resilience we found that majority of the spouses scored in lowest quartile range. Increased severity of alcohol dependence in men was associated with decreased resilience in women.

Conclusion: Psychiatric morbidity in spouses of alcohol dependent men is high with marital satisfaction being reportedly low. Wives adopted same coping strategies irrespective of the severity of alcohol dependence in husbands and majority of the spouses exhibited low resilience. Hence addressing these areas will be of utmost help to spouses as they play an important role in the treatment of their husbands suffering from alcohol use disorder.

Keywords: Psychiatric morbidity, Alcohol dependence syndrome, Marital satisfaction, Coping Strategies, Resilience

Introduction

Alcohol use disorder is one of the most serious and enduring health issues in our nation[1]. It is characterized by a heightened tolerance for and physical dependence on alcohol, which reduces one's ability to appropriately regulate alcohol consumption[Recently released data published by WHO shows that people over 15 years of age consume an average of 6.2 Litres of pure alcohol per year, or 13.5 g of pure alcohol each day.^[3] One of the largest Study done at the National level by National drug dependence treatment centre, AIIMS New Delhi titled, "Magnitude of substance use in India" conveys that about 14.6% of the population uses alcohol and, as many as 19% of current users of alcohol consume alcohol in a dependent pattern. The prevalence of dependent pattern of alcohol use in the general population (10- 75 years) is estimated to be 2.7%, or 2.9 crore individuals.^[4]

Alcohol use disorder affects not only the one who consumes the alcohol but also their family members, especially their spouses who are severely affected because of the closeness of their bond and the continual exposure to the behaviour of alcohol dependent men. They are more susceptible to physical, social, and psychological issues like divorce, hostility, criticism, and domestic abuse, all of which can result in depression, adjustment disorder, anxiety, and somatization, which can in turn lower quality of life and compromise psychological health.^[5] Spouses of alcoholics are known to be exposed to high rates of domestic violence, which could be physical, verbal or sexual^[6,7,8] Low marital satisfaction^[9,10,11] maladaptive coping skills^[12] in addition to economic burden and social stigma, are the other major issues among the spouses.

Marital satisfaction and happiness both refer to subjective evaluations of positive affect in the marital relationship by one (or both) of the spouses. Marital adjustment signifies both behavioural and evaluative aspects of a marital relationship. These include dyadic cohesion, satisfaction, consensus, interpersonal tensions, and troublesome dyadic differences.^[13] With psychological well-being compromised, spouses are likely to cope less efficiently^[14] thereby adversely affecting their social and functional roles as well as impacting their family harmony.

Coping has been defined as "continuously changing Behavioral or cognitive efforts to meet inner and/or outer demands which compel subjective limits of the person or exceed his/her self-resources."^[15] Engaged coping is a type of coping in which the alcoholic spouse becomes actively involved with the alcoholic partner. This may include arguing with the partner to encourage them to quit, throwing away their drinks, and informing the user that their actions were negatively affecting them. Avoiding the drinker, being involved actively in other self-regulating activities, and developing independence are all components of the withdrawal coping strategy. By accepting the issue, tolerant coping is passive coping.^[16] Despite the evidence of increased psychological distress and marital dissatisfaction in spouses of person suffering from alcohol use disorder, most of them are able to adapt remarkably well in their family life. There are certain protective factors that minimize or neutralize the effects of adversity and help them to cope effectively. In order to understand the protective factors within the family, researchers in the field of substance use disorders have set forward to explore the effect of resilience.^[17]

Resilience is defined as the capacity of an individual to tolerate stressors without displaying psychological dysfunction while dealing with intense stress and trauma, or more simply, the capacity to recover from adversity.^[18] Very few studies have tried to investigate the variables that affect resilience and the relationship between resilience and marital quality.

Therefore, this study aims at assessing mental health, marital satisfaction, coping strategies and resilience among spouses of men diagnosed with alcohol dependence syndrome in order to lessen their stress and enhance general quality of life.

Methodology

Study Design: This was a cross-sectional, non-interventional study carried out in the Department of Psychiatry of Shri B.M. Patil Medical College Hospital and Research Centre, Vijayapura in men who were diagnosed with Alcohol dependence syndrome and their spouses.

Inclusion criteria:

The inclusion criteria included the spouses of patients attending the Department of Psychiatry with a diagnosis of Alcohol dependence syndrome according to the ICD-11 classification of Mental and Behavioral disorders and those who were willing to give informed consent.

Exclusion criteria:

The exclusion criteria were psychiatric disorders in the patient and their spouses which are not related to alcohol use and those who were not willing to give informed consent for the study.

Ethics:

Informed consent was taken both from the spouse and husband. Prior approval from ethics committee of our institutional review board was taken. Every participant's responses were recorded in a proforma containing details of demographic variables such as participant's initials, age, religion, residence, occupation, education, duration of marriage & Husband's SAD-Q score. Interview of every participant's husband was taken for diagnosis of Alcohol Dependence syndrome using ICD 11.

Scales:

Severity of alcohol dependence in the husbands and consequences of drinking was assessed using severity of alcohol dependence questionnaire (SADQ)^[19] and Drinker's inventory of consequences (DrInC)^[20] respectively. Severity of Alcohol Dependence Questionnaire (SADQ) assesses the severity of alcohol dependence. It consists of 20 questions. Each question is rated on a four-point Likert scale ranging from 0 (Almost never) to 3 (Almost always). A score of 31 or higher indicates "severe alcohol dependence". A score of 16-30 indicates "moderate dependence", and score less than 16 indicates "mild dependence".

DrInC, is a scale devised to assess the consequences of drinking in five domains viz., physical, intrapersonal, interpersonal, impulse control and social responsibility. It comprises of 50 items with four possible responses, which are scored as 0-3. There are many versions of the scale, ranging from those, which examine the past 3 months to those examining lifetime consequences. In this study, we have used the one which considers lifetime consequences. Higher total scores in each of its domains indicate greater negative consequences or problems.

The Mini-International Neuropsychiatric Interview (MINI) v7.0.2 was used to screen for any psychiatric morbidities in spouses and subsequently, ICD 11 was used to confirm the psychiatric diagnosis. MINI^[21] was designed as a brief structured interview for screening major psychiatric disorders. It screens for 17 major psychiatric disorders. The validity and reliability are compared to SCID, and it can be administered in a much shorter period of time. A screening question for a psychiatric illness appears at the beginning of each module. If the answer to that question is "YES," then specific questions pertaining to that diagnosis were asked to the spouse"

Marital adjustment test^[22] is a 15-item scale that measures marital satisfaction. It was initially used to differentiate well-adjusted couples from distressed (unsatisfied) couples. The 15 items are answered on a variety of response scales. The scores for all 15 items should be added up together. Higher scores indicate greater satisfaction. A minimum score will be two, and the maximum score will be 158. Scores between 100 and 158 indicate high acuity with regard to marital satisfaction, scores between 85 and 99 indicate moderate acuity, and

scores between 2 and 84 indicate low acuity.

Coping Strategies Inventory (CSI)^[23] was used to evaluate coping thoughts and behaviour in response to a specific stressor. For this interview we used CSI short form 32 which is a self-report questionnaire with a 5 item Likert format. There is a total of 14 subscales including eight primary subscales, four secondary subscales, two tertiary scales. There are 9 items in each of the primary subscales. Raw scale scores are calculated by adding the Likert responses of the items for a particular subscale. After describing a stressful situation for controls, the study population taking the CSI are asked to respond to the 32 questions.

Resilience was measured using Connor Davidson resilience scale-10^[24] which comprises of 10 items, each rated on a 5-point scale (0–4), with a total scores ranging from 0-40 with higher scores reflecting greater resilience. The CD-RISC has good internal consistency and test–retest reliability. This scale measures flexibility, sense of self efficacy, capacity to regulate emotion, optimism.

Statistical analysis

The data obtained was entered in a Microsoft Excel sheet, and statistical analysis was performed using a statistical package for the social sciences, (Version 20). Results were presented as Mean, (Median)±SD, counts and percentages, and diagrams. For normally-distributed continuous variables between two groups were compared using an independent t-test and for not normally distributed variables Mann Whitney U test was used. One-way ANOVA with Post hoc test was used two compare more than two groups. Categorical variables between the two groups were compared using the Chi-square test. A Correlation coefficient was used to find the correlation between quantitative variables. p<0.05 was considered statistically significant.

Results:

A. Demographic Data:

Table No. 1 Socio- Demographic Variables of Alcohol Dependent Patient and spouse

Variables	Alcohol Dependent Men	Spouses
AGE		
Range	21-60	20-50
Mean ±S.D	42.56±9.1	35.25±8.9
EDUCATIONAL STATUS		
Illiterate	3 (4.2%)	7(9.9%)
Primary	23(32.4%)	30(42.3%)
Secondary	20(28.2%)	22(31%)
Higher Secondary	11(15.5%)	8(11.3%)
Degree/Diploma	14(19.7%)	4(5.5%)
OCCUPATIONAL STATUS		
Civil Servant	11(15.5%)	-
Self-employed	39(54.9%)	5(8.5%)
Farmer	17(23.9%)	-
Unemployed	4(5.7%)	-
Housewife	-	66(91.5%)

SOCIO-ECONOMIC STATUS	
Lower	2(2.8%)
Lower-Middle	48(67.6%)
Upper-Middle	21(29.6%)
FAMILY TYPE	
Nuclear	37(52.1%)
Joint	34(47.9%)
DOMICILE	
Rural	53(74.6%)
Urban	18(25.4%)
RELIGION	
Hindu	68(95.8%)
Muslim	3(4.2%)
DURATION OF MARRIAGE (Years)	
1-15	38(53.52%)
16-30	28(39.43%)
>30	5(7.05%)

Socio-demographic characteristics of alcohol-dependent men

The age of the men in the sample ranged between 21-60 years with the mean age being 39 years (± 7). 32% of husbands suffering from alcohol use disorder had completed only their primary schooling; they were self-employed or agriculturists. The majority of them were from rural background and lower socio-economic status.

Socio-demographic characteristics of spouses

The age of wives in the sample ranged between 20-50 years, with the mean age being 35.25 ± 8.9 . 42% of spouses had completed only their primary schooling and almost all of them were housewives.

B. Characteristics of Alcohol Dependence:

Table 2. Duration of Alcohol use and Severity of Alcohol Dependence in Alcohol Dependent Patients (n=71)

Variables	No.	Frequency (%)	Mean \pm	SD	Range
Duration of alcohol use (Years)	1-10	15	21.12%		
	11-20	29	40.84%	19.79 \pm	8.874
	21-30	23	32.39%		
	31-40	4	5.63%		
Severity of alcohol dependence (Based on SAD-Q score)	Mild	13	18%		
	Moderate	27	38%	27.24 \pm	10.30
	Severe	31	44%		

Table 3. Mean and Standard Deviation scores of Drinkers inventory of Consequences (DrInC) scale

Variables	Mean	SD	Minimum	Maximum
DRINC -2L	25.51	7.61	7	41
Physical	6.06	1.35	2	8
Inter-personal	5.80	1.81	1	10
Intra- personal	4.24	2.168	0	8
Impulse Control	4.72	2.269	1	10
Social Responsibility	4.66	2.280	0	8

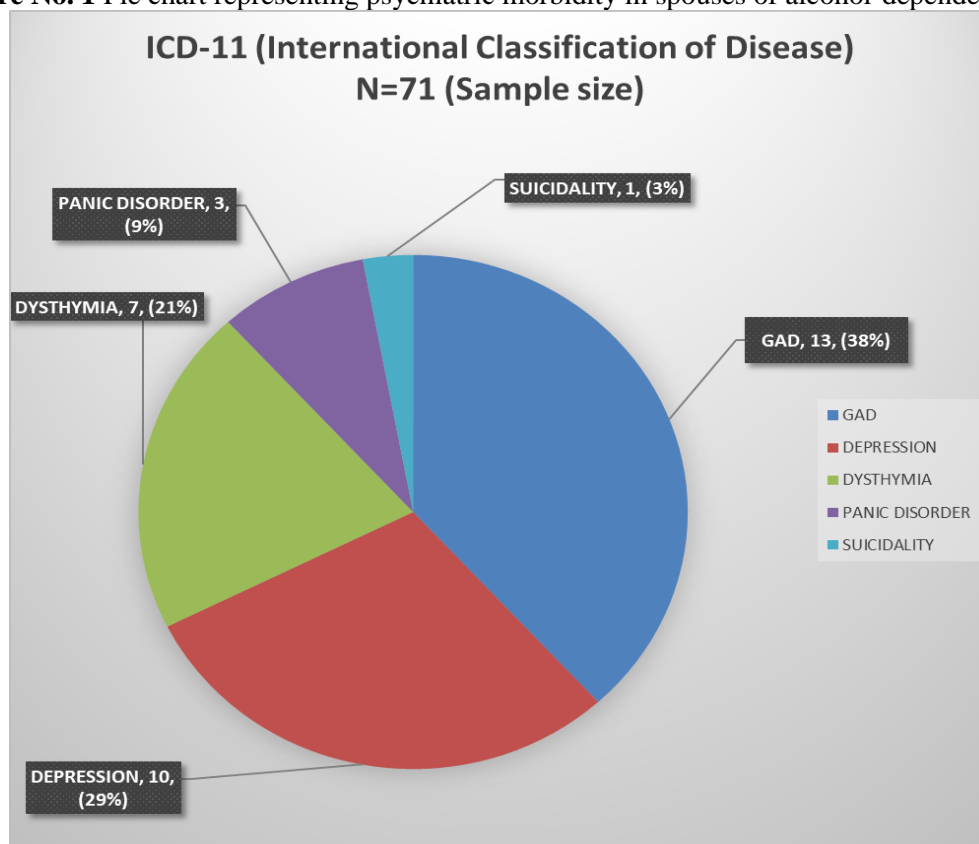
Duration of alcohol use ranged from 1 to 40 years for the sample, with a mean duration of 19.79±8.8. Scores on the SADQ ranged from 5 to 39, with a mean score of 27±10, indicating significant dependence, where 18% of men suffered from mild dependence, 38% had moderate dependence, and 44% of the individual had severe dependence. DrInC scores were in the range of 7-41 (mean = 25.51±7.61) on the total index.

Physical, Interpersonal, and Social Responsibility domains were found to be most affected followed by Impulse control and the intra-personal domain.

C. Psychiatric Morbidity among spouses:

The prevalence of psychiatric morbidity among spouses of alcohol-dependent men was 47.7%. Figure no. 1 shows the profile of psychiatric diagnosis assessed according to ICD 11 indicating the predominant presence of anxiety and depressive disorders.

Figure No. 1 Pie chart representing psychiatric morbidity in spouses of alcohol-dependent men



D. Marital satisfaction among spouses:

The scores were in the range of 26-156 with the mean being 97.13 ± 34.741 (as shown in table 4), whereas 29% of spouses had low acuity marital satisfaction, 20% of spouses experienced moderate acuity, 51% of spouses had severe acuity marital satisfaction (as shown in figure 2)

Table 4. Mean and Standard deviation score for Marital satisfaction

	Mean	SD	Minimum Score	Maximum Score
Marital satisfaction (score)	97.13	34.741	26	156

Figure No. 2 Pie chart Representing Marital satisfaction in spouses of Alcohol Dependent Men

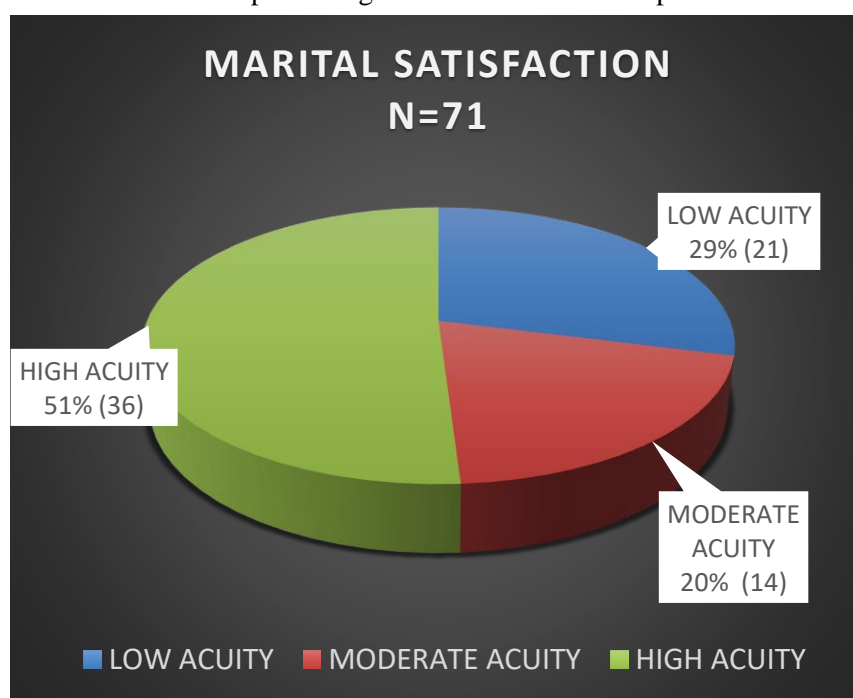


Table. 5 Variables associated with the Severity of alcohol dependence in Husbands

Characteristics	Pearson’s Correlation Coefficient	P value
Marital satisfaction in spouses	-0.600	0.000
Psychiatric Morbidity in spouses	-	0.002

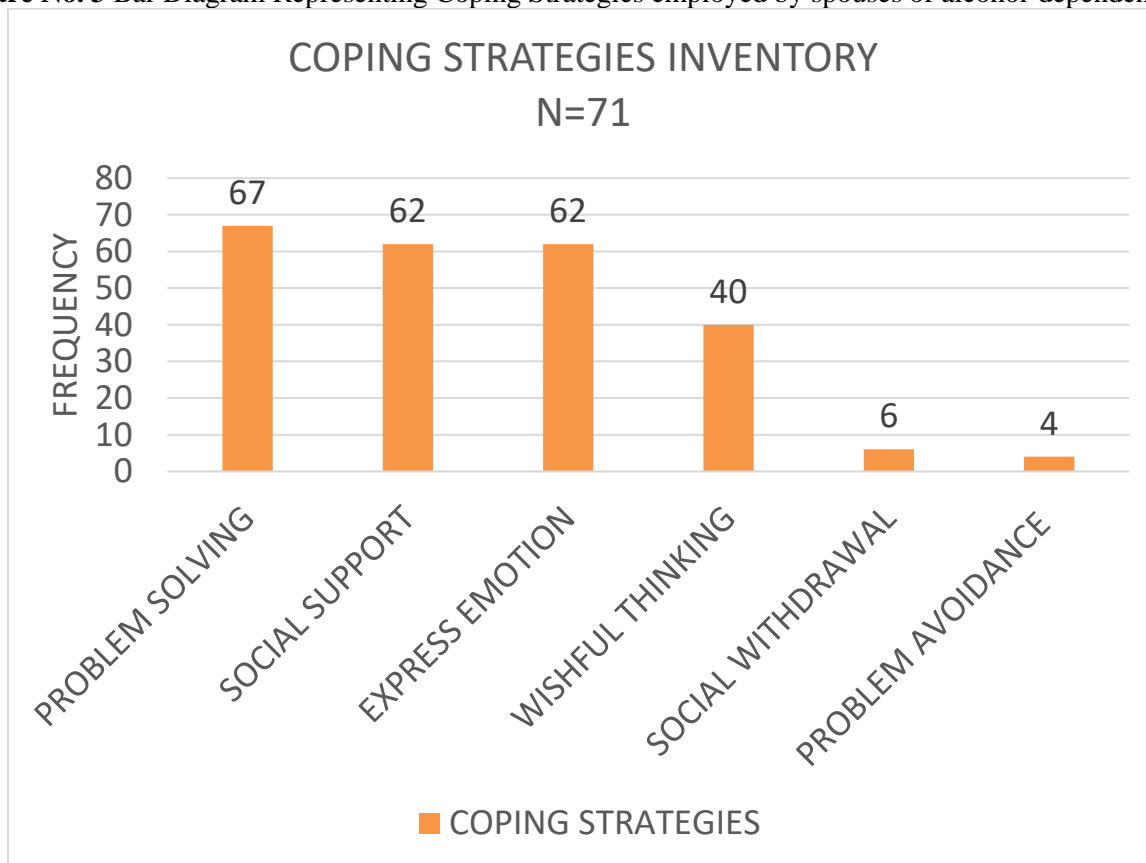
Spearman’s correlation coefficient obtained a moderate negative correlation coefficient of -0.600 between Severity of alcohol dependence score and Marital satisfaction score which was significant with a P-value of 0.000 suggesting that severity of alcohol dependence and marital satisfaction are inversely proportional i.e. as severity of dependence increases then marital satisfaction decreases. (as shown in table 5)

Our study found that there is a statistically significant association between the severity of Alcohol Dependence in Husbands and Psychiatric morbidity in spouses with (p-value – 0.002) as shown in table 5.

E. Coping strategies employed

Our study found that the majority of the wives adopted engagement strategies that were either Problem-focused or Emotion focused while dealing with the stress caused by the alcohol dependent husbands (as shown in figure 3)

Figure No. 3 Bar Diagram Representing Coping Strategies employed by spouses of alcohol-dependent men



F. Resilience

The scores on the CDRS-10 scale (as shown in Table 6) ranged from 16-39 with the mean being 28.80±6.21, majority of the spouses (49%) scored in the lowest quartile range, (16%) spouses in the second quartile range, (27%) scored in third quartile range, (8%) scored in top quartile range (as shown in figure 4)

Table. 6 Mean and Standard Deviation score for Resilience

	Mean	SD	Minimum	Maximum
Resilience (Score)	28.80	6.21	16	39

Figure no. 4 Connor Davidson resilience scale 10

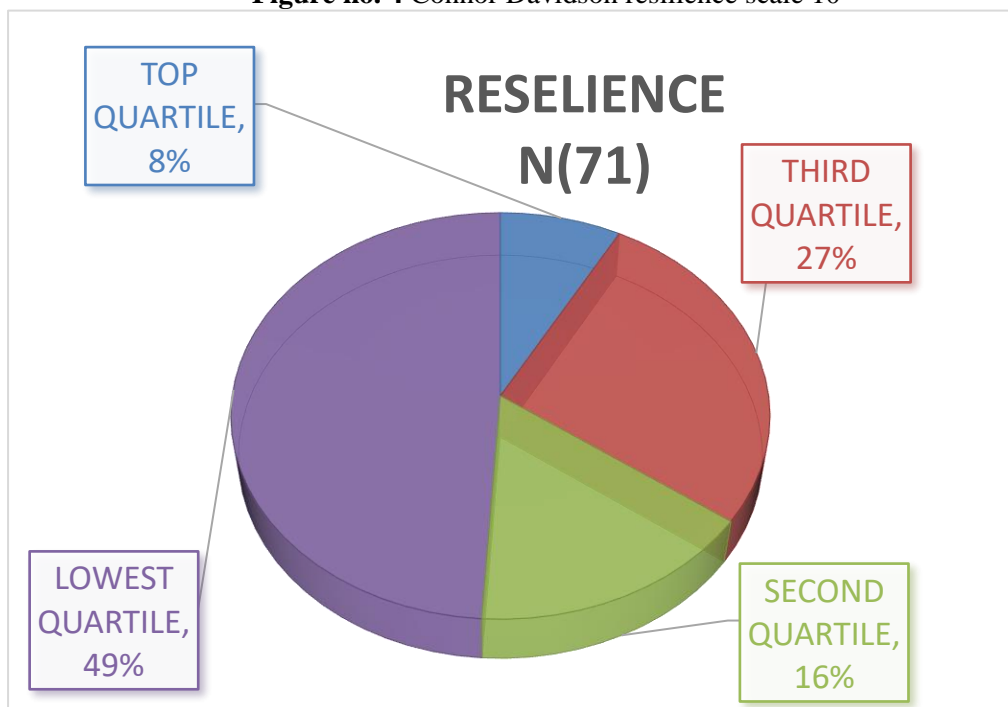


Table.7 Factors associated with Resilience in spouses

Variables	Pearson’s correlation coefficient; P-value
Severity of alcohol dependence in Husbands	-0.378; 0.001
Marital Satisfaction in spouses	0.534; 0.000
Family Type	-, 0.014

Spearman’s correlation coefficient obtained a mild negative correlation coefficient of -0.378 between Resilience and Severity of Alcohol dependence score which was statistically significant with a P-value of 0.001 suggesting that severity of alcohol dependence and resilience are inversely proportional i.e., resilience decreases as the severity of dependence increases. (As shown in table 7)

Spearman’s correlation coefficient obtained a mild positive correlation coefficient of 0.534 between Resilience and Marital satisfaction score which was statistically significant with a P-value of 0.000 suggesting that resilience and marital satisfaction are positively correlated i.e., as resilience increases then marital satisfaction also increases. (As shown in table 7)

Discussion:

In our study majority of alcohol dependent men belonged to 41-50 years age group, this data is little on the higher side as compared to findings of community sample data of national drug dependence treatment centre where majority of alcohol consuming population belonged to 18–49 year age group, and the reason for that being our study does not include the community based sample, it included individual who came to the hospital for seeking treatment. In the study done by Koustubh et al.,^[25] in Indian Population majority of alcohol dependent men belonged to 31-50 years age group which was almost similar to our finding. In our study majority of the spouses belonged to 31-40 years age group, with the mean age being 35.25±8.9 years which is almost similar to

the findings of study done by M Kishore et al.,^[26]

In our study, prevalence of psychiatric disorders among spouses of alcohol dependent men was 47.7%. Our study found that spouses of alcohol dependent men were primarily suffering from Anxiety and mood disorders, the most common being generalized anxiety disorder, followed by Depression, Dysthymia, Panic disorder, suicidality. The findings of the high rates of anxiety and mood disorders in our study was similar to the findings of the previous studies done in the western countries and Indian literature i.e. previous study done by M. Kishor et al^[26], Kamal Solati et al.,^[27] One of the striking findings in the current study is the absence of substance abuse among spouses, which has been commonly reported from the West

Our study found that on DrInc, Physical, Inter-personal, Social Responsibility domain were found to be most affected followed by Impulse control and intra-personal domain, findings of this study is similar to the previous study done by Kaustubh R et al.,^[31] but differs from study done by Kishore et al.,^[32] where Physical and inter-personal were the least affected domains.

Our study also found that marital satisfaction in women was negatively correlated with severity of alcohol dependence in men i.e. women whose husbands were having more severe alcohol dependence were suffering from low marital satisfaction, these findings were consistent with the findings of the previous study done by Debasree Bora et al.,^[28], Humayoon Akbar et al.,^[29] which also concluded that marital satisfaction decreases as severity of alcohol dependence increases. Reportedly reasons for low marital satisfaction in spouses with increasing severity of dependence is because of the spouses going through repeated verbal abuse and physical abuse, along with increasing burden on them to handle family finances because of the excessive spending of money by the husband on procuring alcohol, lack of mutual decision making, poor conventionality (the way the husbands behave in society and family during their intoxicated state).

Our study concluded that wives adopted engagement strategies which were either Problem focused or Emotion focused while dealing with the stress. The wives adopted same coping strategies i.e. (engagement) irrespective of severity of alcohol dependence hoping that their husband would come out of illness which will ultimately lead to their family welfare, along with that accompanying their husbands for treatment in itself was reflecting an engagement on their part to deal with the husband's problematic behaviour. Findings of our study was similar to the previous studies done by Hiromani Barman et al.,^[30], Nitasha Sharma et al.,^[31], Jack B Schaffer et al.,^[32] all of which showed more of engaged coping and less of withdrawal coping. Findings of this study is in contrast to the previous study done by Orford and Guthrie et al.,^[12], Satyanarayana Rao and Kuruvilla et al.,^[33], Srijana Pandey et al.,^[16] in which avoidance, fearful withdrawal, were the common coping behaviors and taking special action (engagement) was the least common coping behaviour.

Our study found that that there is inverse relationship between the resilience in spouses and severity of alcohol dependence in Husbands which is consistent with the findings of the previous study done by Sreeja Sreekumar et al.,^[34], Ramya RM et al.,^[35]. The reason reportedly of the wives experiencing low resilience as the severity of dependence increases is their inability to bounce back after repeatedly getting exposed to verbal and physical abuse by husband who are consuming alcohol leading to decreased tolerance of negative affect. Our study found that there is significant association between Resilience and family type which could be due to the amount of social support the wives are receiving which strengthens their ability to cope with stressors, this finding is similar to previous study done by Sreeja Sreekumar et al.,^[34]

Conclusion:

This study shows us the myriads of psychological problems that spouses of alcohol dependent individuals are going through along with poor marital satisfaction and low resilience. Many a times, due to time constraints clinicians fail to assess the spouses. Hence using a holistic approach while treating alcohol dependence individuals will comprise of assessing for psychiatric morbidities in their spouses along with addressing other

factors such as marital satisfaction, coping strategies, resilience which in turn will not only have an impact on the treatment adherence of alcohol dependent individuals but will also improve the quality of life of spouses.

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