



**ORIGINAL ARTICLE**

**PSYCHIATRIC MORBIDITY IN SPOUSES OF PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME**

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**ABSTRACT**

**Background:** Alcohol dependence has adverse health and social consequences. Alcohol related problems primarily occur within family context and maximum impact is felt on spouses, given the intimate nature of their relationship. Spouses play an important role in treatment programs related to alcohol. There is thus a need to study psychiatric morbidity and marital satisfaction in spouses of alcohol dependent patients in order to understand and address such issues. **Aim:** Identifying various psychiatric disorders in spouses of alcohol dependent men. **Materials and methods:** This is a cross-sectional study conducted in Department of Psychiatry of RMMCH, Chidambaram, Tamilnadu. This study consists of spouses of 50 alcohol dependence syndrome patients whose Marital satisfaction was assessed using Marital quality scale, General well being scale, HAM-A and HAM-D. **Results:** More than half of the spouses (65%) had a psychiatric disorder. Primarily mood and anxiety disorder were present. Major depressive disorder was present in 43%. Psychiatric morbidity and marital dissatisfaction in spouses and poor well being were found to significantly high. **Conclusion:** Psychological distress and psychiatric morbidity in spouses of alcohol dependent men is high, with marital satisfaction is low. Addressing this issue will be beneficial as spouses are known to play an important role in the treatment of alcohol dependence syndrome.

**Keywords:** Psychiatric Morbidity, Marital satisfaction, spouses of men with alcohol dependence.

**1. INTRODUCTION**

Alcohol is a potent drug that causes both acute and chronic changes in almost all neuro chemical systems.

The term alcoholism is a widely used term first coined by MAGNUS HASS in 1849, but in medicine is replaced by alcohol dependence.

Alcohol use disorder are common in all developed countries, and are more prevalent in men than women. Substance related disorders have become matter of global concern because of impact on individual health, familial and social consequences, criminal and legal problems and the effects on the national productivity and economy.

According to the WHO, alcohol use disorders accounts for 1.4% of the global disease burden. Globally alcohol consumption causes 3.2% of deaths and 4.0% loss of disability adjusted life year.

Alcoholism is considered as an ongoing stressor, not only for the individual, but for family members as well. Spouses are particularly affected given the intimate nature of their relationship and the constant exposure to the behavior of the alcoholic. The negative social consequences of alcohol consumption and stressful life events may trigger psychological, biological, behavioral responses which interact to diminish the individual's ability to adapt leading to emotional distress reactions and thereby increasing the likelihood of psychological problems.

Spouses of alcoholics are known to be exposed to high rates of domestic violence, which could be physical, verbal or sexual. Low marital satisfaction, maladaptive coping skills and poor social support, in addition to economic burden and social stigma are the other major issues among the spouses.

**AIM**

Identifying various psychiatric disorders in spouses of alcohol dependent men.

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**OBJECTIVES**

1. To evaluate the prevalence and nature of psychiatry morbidity in spouses of patients with alcohol dependence syndrome.
2. To study the relationship between socio demographic and clinical variables and psychiatric disorder affecting spouses of patients with alcohol dependence syndrome.

**2.MATERIALS AND METHODS**

This cross sectional study was conducted in the department of psychiatry at Rajah muthiah medical college and hospital, Chidambaram between November 2013 to April 2014. Aim of the work was explained to all spouses of alcohol dependent patients.

**INCLUSION CRITERIA:**

1. The spouses of adult in patients with a diagnosis of alcohol dependence syndrome according to the ICD-10 classification of mental health and behavioral disorders.
2. Age group of 18 and above.

**EXCLUSION CRITERIA:**

1. Age below 18 years
2. Physical and psychiatric disorder in the patients which are not related to alcohol use
3. Wives of patients not consenting for the study
4. Spouses who themselves have medical and surgical problems.

**TOOLS USED :**

1. Semi structured proforma
2. The General Well Being Scale
3. Marital Quality Scale (Shah.A 1991)
4. Hamilton Rating Scale For Depression (HAM-D)
5. Hamilton Rating Scale For Anxiety (HAM-A)
6. ICD-10 Symptom checklist for Mental Disorders (WHO)

Based on inclusion and exclusion criteria patients were selected. Informed verbal and written consent were obtained from the spouses of patients with alcohol dependence syndrome. Detailed history were taken with a individual proforma for spouses and husbands of alcohol dependence syndrome.

**3.OBSERVATION AND RESULTS:**

**TABLE:1 HAM-A**

Type of scale	Frequency	Percentage
Mild	28	56
Moderate	12	24
Normal	9	18
Severe	1	2
Total	50	100

Fifty six percentage of wives in the study were found to have Mild anxiety according to HAM-A.

**TABLE: 2 HAM-D**

Type of scale	Frequency	Percentage
Normal	7	14
Mild	8	16
Moderate	14	28
Severe	14	28
Very Severe	7	14
Total	50	100

Majority of wives in the study were found to have Moderate to severe scores in HAM-D

**TABLE:3 MARITAL QUALITY SCALE**

Marital Quality Scale	Frequency	Percentage
Good<100	7	14
Poor100-150	41	82
Very poor>150	2	04
Total	50	100

According to Marital quality scale 82% of wives were found to have poor quality of marital life.

**TABLE:4 GENERAL WELL BEING SCALE**

Type of Scale	Frequency	Percentage
Severe	4	8
Serious	8	16
Distress	15	30
Stress	11	22
Marginal	5	10
Low Positive	1	2
Positive	6	12
Total	50	100

30% of wives in the study were under distress according to General Well-being Scale.76% of the spouses had high distress level.

**TABLE 5: PSYCHIATRIC MORBIDITY AMONG THE SPOUSES (ICD-10)**

Psychiatric disorder	Observed	ICD- Classification
		Mild -8
		Moderate -14
		Severe - 14
Depression	43	Dysthymia -7
Anxiety	1	GAD- 1
		Brief depressive reaction - 1
Adjustment Disorder	2	Prolonged depressive reaction - 1
Total Psychiatric Morbidity	46	

Majority of spouses(43) are found to had Depression than Anxiety with significant P value is 0.004

**TABLE:6 PSYCHIATRIC COMPLICATION IN HUSBAND VS HAM-A IN THEIR SPOUSES**

Psychiatric complications	HAM - A				Total
	Mild	Moderate	Normal	Severe	
Yes	15	9	1	1	26
No	13	3	8	0	24
Total	28	12	9	1	50

**Chi - Square test**

Test	Value	DF	P - value
Chi - square	9.523	3	0.023

There was significant rise in the anxiety levels among wives of husbands with psychiatric co-morbidities.

**TABLE:7 PSYCHIATRIC COMPLICATION IN HUSBAND VS HAM-D IN THEIR SPOUSES**

Psychiatric complications	HAM – D					Total
	Mild	Moderate	Normal	Severe	Very severe	
Yes	1	4	2	12	7	26
No	7	10	5	2	0	24
Total	8	14	11	14	7	50

**Chi – Square test**

Test	Value	DF	P – value
Pearson Chi – square	22.456	4	0.000

Statistically, spouses of husbands with psychiatric co-morbidity were found to have significant severe depression with a P- value of 0.000

**TABLE:8 PSYCHIATRIC COMPLICATION IN HUSBAND VS GWBS IN THEIR WIVES**

Psychiatric complications	GWBS						Total	
	Severe	Serious	Distress	Stress	Marginal	Low positive		Positive
Yes	4	9	11	0	0	1	1	26
No	0	1	4	9	5	0	5	24
Total	4	10	15	9	5	1	6	50

**Chi – Square test**

Test	Value	DF	P – value
Pearson Chi – square	31.303	6	0.000

There was an inverse relationship between the general well being of wives and husbands psychiatric co-morbidity.

**TABLE:9 PSYCHIATRIC COMPLICATION IN HUSBAND VS FINANCIAL DISTRESS IN FAMILIES**

Psychiatric complications	Financial Distress		Total
	Yes	No	
Yes	18	8	26
No	3	21	24
Total	21	29	50

**Chi – Square test**

Test	Value	DF	P – value
Pearson Chi – square	16.488	1	0.000

There was significant financial distress in families in which husbands had psychiatric co-morbidities.

**TABLE 10: DURATION OF MARITAL LIFE WITH HAM-A IN THEIR SPOUSES**

Duration of Marital life	HAM – A				Total
	Mild	Moderate	Normal	Severe	
2-10	11	3	3	0	17
10-20	12	6	3	1	22
20-30	4	2	2	0	8
>30	1	1	1	0	3
Total	28	12	9	1	50

**Chi – Square test**

Test	Value	DF	P – value
Pearson Chi – square	3.178	9	0.046

Duration of marital life did not influence the HAM-A scores. There is no statistical significance between it.

**TABLE 11: DURATION OF MARITAL LIFE WITH HAM- D IN SPOUSES**

Duration of Marital life	HAM – D					Total
	Mild	Moderate	Normal	Severe	Very severe	
2-10	3	5	3	4	2	17
10-20	3	7	3	5	4	22
20-30	1	2	1	3	1	8
>30	1	0	0	2	0	3
Total	8	14	7	14	7	50

**Chi – Square test**

Test	Value	DF	P – value
Pearson Chi – square	5.287	12	0.001

The duration of marital life influences the HAM-D scores. There is a statistical significance of p value is 0.001.

**TABLE 12: DURATION OF ALCOHOL INCREASES WITH INCREASE IN HAM-A SCORE IN THEIR SPOUSES**

Duration of Alcohol increases	HAM – A				Total
	Mild	Moderate	Normal	Severe	
3-10	12	2	4	0	18
10-20	11	8	2	1	22
20-30	5	3	2	0	10
Total	28	13	8	1	50

**Chi-Square test**

Test	Value	DF	P – value
Chi – square	5.541	6	0.002

Duration of alcohol increases, there is a significant increase in HAM-A score in spouses with statistical significance of p value is 0.002.

**TABLE 13: DURATION OF ALCOHOL INCREASES WITH INCREASE IN HAM-D SCORES IN THEIR SPOUSES**

Duration of Alcohol Increase	HAM – D				Total
	Mild	Moderate	Normal	Severe	
3-10	5	5	2	3	18
10-20	1	7	4	7	22
20-30	2	2	1	4	10
Total	8	14	7	14	50

**Chi – Square test**

Test	Value	DF	P – value
Pearson Chi – square	5.967	8	0.000

Duration of alcohol increases there is a marked increase in HAM-A scores with statistical significance of P value is 0.000.

**TABLE 14: DURATION OF ALCOHOL INCREASES WITH DECREASE IN GWBS IN THEIR SPOUSES**

Duration of Alcohol Increase	GWBS						Total
	Severe	Serious	Distress	Stress Problem	Marginal	Low positive	
3-10	2	1	6	1	2	1	18
10-20	0	5	7	7	3	0	22
20-30	2	3	2	2	0	0	10
Total	4	9	15	10	5	1	50

**Chi – Square test**

Test	Value	DF	P – value
Chi – square	24.784	12	0.016

As the duration of alcohol increases there is a marked decrease in General well being with statistical significance of P value is 0.016.

**TABLE 15: DURATION OF ALCOHOL INCREASES WITH MARITAL QUALITY SCALE IN THEIR SPOUSES**

Duration of Alcohol Increase	MQS			Total
	0-100	100-150	>150	
3-10	3	15	0	18
10-20	1	20	1	22
20-30	3	6	1	10
Total	7	41	2	50

**Chi – Square test**

Test	Value	DF	P – value
Pearson Chi – square	5.768	4	0.006

As the duration of alcohol increases there is a decrease (or) poor marital quality with statistical significance of P value is 0.006

#### 4. DISCUSSION

This study was carried out by Cross sectional method. The investigation was carried out on 50 wives of patients admitted for the treatment of alcohol dependence syndrome in psychiatric inpatient service at Rajah Muthiah medical college, Annamalai Nagar. The variables compared were the i) spouse education with HAM-A, HAM-D, ii) duration of marital life with HAM-A and HAM-D, iii) Duration of alcohol dependence in husband with HAM-A, HAM-D, iv) Marital quality scale and General well-being scale, v) Psychiatric complications in husbands with HAM-A and

HAM-D in the spouse general well being and financial distress in family and vi) Psychiatric morbidity in spouse. hereas husband was interviewed on the following variables like Age, Duration of alcohol dependence, treatment received, physical complication, neurological complications, occupational distress, financial problems and psychiatric morbidity in husband were included.

There is a general agreement that psychiatric illness predominantly mood disorders are higher in spouses of patients with alcohol dependence syndrome.

According to Age distribution, domicile, Education, occupational status and family type there is no significant changes are noted.

The spouses of patient with male alcohol dependence syndrome, were assessed by HAM-A, HAM-D, MQS, GWBS Questionnaire.

On administering HAM-A for all 50 wives of alcohol dependent patients it was found that most of them ie:) 56% were found to have mild anxiety and 24% had moderate anxiety. It was to be noted that as the duration of alcohol dependency increased the HAM-A scores also proportionately increased with a significant p-value of 0.000. According to Dawson<sup>3</sup> et al's investigation on the impact of partner's alcohol problems on women's physical and mental health, it was found that women whose partners had alcohol problems were more likely to experience victimization, injury, mood disorders, anxiety disorders and being in fair or poor health than women whose partners did not have alcohol problems.

HAM-D was also administered for all the 50 spouses of male alcohol dependence individuals. Out of 50 spouses, 14% had very severe depression but majority ie:) 28% were found to have moderate to severe depression. As the quantity and duration alcohol dependency increased there was a marked rise in HAM-D score with a significant p-value of 0.000. Fulkunishi<sup>4</sup> examined 48 family members of the families of alcohol dependent individuals in terms of alexythymia and depression. The investigators reported a prevalence of alexythymia as 47.9% and that of depression as 63.3%. They also concluded that families with alcohol dependent individuals do have strong conflicts.

Marital Quality Scale were administered in all 50 wives of alcohol dependence syndrome. This study reveals that quality of marital life among wives of patients with alcohol dependence syndrome (100-150) is poor, ie:) 82% of wives fell under the category of poor marital functioning. As the duration of alcohol dependency increases there is a significant decrease in quality of marital life in this study with a statistical significance of p-value 0.004. According to Cranford<sup>5</sup> et al, study on husband's alcohol use disorders and marital interactions as longitudinal predictors of marital adjustment, the results indicated that marital adjustment may be driven by the husband's alcohol use disorder and marital behaviors.

General Well Being scale were administered in all 50 spouses of alcohol dependence syndrome. Out of 50 wives, majority around 30% were found to have distress and 22% had stress problem. Only 12% of the spouses had positive well being. As the duration of alcohol dependency increases there is a proportionate decrease in scores of general well being scale with statistical significance of p-value 0.000.

About 50% of overlap between patients presenting with marital discord and patients presenting with depressive symptoms is reported by Weiss<sup>6</sup> et al. Brown and Harris<sup>7</sup> et al, report that the lack of intimate and confiding relation with the spouse is a vulnerability factor related to depression. Significant association between marital adjustment and depression is reported by other investigators

as well. All these observation are in agreement with the findings of the present study indicating a significant association between the quality of marital life and total psychiatric morbidity. The poor quality of marital life may be one of the important etiological contributory factors for the development of psychiatric disorders.

About 26% of spouses are found to have anxiety and depression with raise in HAM-A and HAM-D score with significant p-value of 0.023 and 0.000.

Steinglass<sup>8</sup> et al, studied the impact of alcohol dependence syndrome on the family in terms of relationship between degree of alcohol dependence and psychiatric symptomatology. 31 families of alcohol dependent and non alcohol dependent spouses constituted the sample of the study. The results of this investigation suggests that the psychopathology in the spouse is possibly proportional to the degree of alcohol dependence and with the husband's social impairments.

About 26% of spouses were found to have poor well being when there is significant increase in psychiatric complication in husbands with p-value of 0.000.

The ICD-10 symptom checklist and appropriate modules were used to assess the symptoms in the wives and the diagnosis is made as per ICD-10 Classification of mental and behavioural disorders. ICD-10 checklist were used to assess both the spouses and the patients with alcohol dependence syndrome. Out of 50 wives, 43 were found to have depression. In that 8% had mild depression, 14% moderate – severe depression, and 7% had Dysthymia. Whereas 1% had anxiety which is grouped under Generalised anxiety disorder. 2% had adjustment disorder throughout their life. 1% had Brief depressive reaction and 1% had prolonged depressive reaction. However when the patients had significant p value of 0.004 for depression it indicates there will be increase in HAM-D and decrease in HAM-A score. And in anxiety when significant p value was 0.023 it showed raise in HAM-A score and decrease in HAM-D score. In adjustment disorder both Ham-A and HAM-D showed normal value. Davis<sup>9</sup> et al, found that degree of social impairment and psychiatric symptoms are severe in spouses of alcohol dependent men when compared to normal.

According to ICD-10 symptom checklist, the psychiatric disorder in husbands with alcohol dependence syndrome were diagnosed and admitted for treatment. Out of 50 patients, 25 had significant psychiatric morbidity. A majority of 14% had depression which was categorized into 3% of mild depression, 5% of moderate depression and 6% of severe depression and they also had significant p value of 0.000 where there was increase in HAM-D scores and decrease in HAM-A scores. Whereas among 7% of anxiety disorder cases 4% had panic anxiety disorder and 3% had agoraphobia with significant p value is 0.003 which indicates raise in HAM-A and decrease in HAM-D scores. And another small group of 5% patients had psychotic symptoms.

## 5. CONCLUSION

- The present study concluded that the wives of patients with Alcohol Dependent Syndrome had significant psychiatric morbidity.
- The most common psychiatric disorder is Depression.
- There is a significant association between duration of alcohol dependence of the husband, duration of marital life and psychiatric complications in their husband.
- High degree of dependence is also a risk factor for psychopathology in their wives, poor marital functioning.

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