

Cross Sectional Study

The Spectrum of Psychiatric Morbidities in the Caregivers of Patients with Alcohol Use Disorder - A Cross Sectional Study

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ABSTRACT

Background: Alcohol use disorder not only impacts the individual affected but also imposes adverse consequences on their family members, who are highly vulnerable to developing significant psychiatric disorders due to the intimate dynamics of their relationship. Recognizing and addressing these challenges is paramount, as caregivers serve as essential sources of moral support and assistance in facilitating the substance user's path towards abstaining from alcohol.

Method: An assessment was conducted on 250 caregivers of patients diagnosed with Alcohol Use Disorder based on DSM-5 criteria. The evaluation involved the use of clinical instruments corresponding to both level 1 and level 2 of the DSM-5 cross-cutting measures. The data was analysed using SPSS 26.

Results: The study comprised mainly middle-aged caregivers, with the largest group aged 36-45 (44.0%), followed by those over 45 (25.6%), 26-35 (22.4%), and under 25 (8.0%). Most had completed secondary or senior secondary education, often self-employed or housewives from middle or lower-middle-class backgrounds. Caregivers were primarily wives of patients, predominantly Hindu. Urban residency and extended nuclear families were common. Sleep disturbances (33.2%), depression (25.2%), anxiety (20%), anger (12.4%), and somatic symptoms (9.2%) were prevalent psychiatric issues. Some participants exhibited moderate to severe levels of anger (6.8%, 5.6%), anxiety (17.6%, 1.6%), depression (8.0%, 14.8%, 2.4%), sleep disturbances (14.0%, 14.8%, 4.4%), and somatic symptoms (3.2%, 6.0%).

Conclusion: The study proposes the necessity to raise awareness among psychiatrists regarding the assessment and treatment of caregivers of individuals dependent on alcohol.

KEYWORDS: Alcohol use disorder, caregivers, psychiatric morbidities

INTRODUCTION

Alcohol use disorder (AUD) stands as an alarming global public health challenge, characterized by profound alterations in neurochemical systems that manifest in both acute and chronic forms¹⁻³. The widespread consumption of alcohol precipitates substantial individual suffering across diverse areas such as physical, psychological, economic, and social dimensions⁴. According to the World Health Organization (WHO), AUD accounts for 1.4% of the global disease burden, leading to 3.2% of all deaths

(approximately 1.8 million) and a loss of 4% of disability-adjusted life years (DALYs), equating to 58.3 million DALYs lost annually⁵. In particular, countries like India, where alcohol usage is prevalent among 33% of the populace, ranking second globally, witness a notable impact, with 20% of DALYs lost attributed to associated health complications, pronounced nutritional deficiencies, and a heightened prevalence of alcohol addiction⁶.

In families where someone struggles with alcohol problems, the people taking care of them become really

important. They're often at the centre of family issues caused by the person's drinking. This affects the whole family and leads to lots of problems^{7,8}. Frequent arguments, conflicts and financial troubles become common because of patient's alcohol use, which makes life tough for the caregivers⁹. They have persistent feeling of sadness and hopelessness, helplessness which makes them susceptible for, many mental health issues like sleep disturbances, depressive illness, anxiety problems, anger issues, as well as other health and social problems^{10,11}.

Despite the multitude of challenges faced by caregivers, there is a lack of substantial research investigating the impact of these challenges on their mental health. There are only a few studies on this topic. So, we need to pay more attention to how taking care of someone with alcohol problems affects caregivers' mental health. This study aims to understand this better and find ways to help caregivers cope better with their situation.

Therefore, AUD is a complicated problem that affects not only the person who has it, but also their family. To deal with this problem, we need to use comprehensive strategies that recognize the different aspects of AUD and give importance to the needs of both the people with AUD and their caregivers.

MATERIAL AND METHODS

A cross-sectional study was carried out in the Department of Psychiatry at Pacific Medical College and Hospital in Udaipur, Rajasthan. The study received ethical approval from the Ethics Review Committee of the institution. All participating subjects provided informed written consent prior to their involvement in the study. Subjects were recruited for the study over a span of 1.5 years.

Study Population

The caregivers of Alcohol Use Disorder patients attending Psychiatric health services at Pacific Medical College & hospital were included in the study. A total of 250 participants were recruited by consecutive sampling method.

Inclusion Criteria

- Patients of AUD (as per DSM-5 diagnostic criteria) and their caregivers (living with them for at least one year)
- Who gave consent to participate in the study
- Caregivers with age group above 18 to 55 years
- Comorbidity in husbands with Nicotine dependence syndrome only.

Exclusion Criteria

- Those who have a major psychiatric disorder diagnosed or treated in past
- Living with the patient for <1 year
- Age group below 18 yrs.

Instruments Used in the Study

- DSM-5 cross cutting questionnaire level 1 and level 2 to assess psychiatric morbidity among caregivers.

Participants, Procedure and Study Design

- Patients of Alcohol use disorder as per DSM-5 diagnostic criteria and their caregivers (living with them for at least one year) were assessed. These caregivers are not having any other psychiatric disorder and their family members were under treatment as outpatient or inpatient for AUD. All the subjects recruited for the research underwent following:
- Details of the study protocol were explained to the subjects.
- Informed consent was obtained.
- Detailed history was taken including demographic details and details regarding alcohol consumption
- DSM-5 cross cutting level 1 and 2 scale: to make diagnoses of psychiatric disorders according to DSM-5
- **Statistical Analysis**
- All statistical calculations were done using SPSS (Statistical Package for the Social Science; SPSS Inc., Chicago, IL, USA) version 26.

RESULTS

Most of the people in the study were between 36 and 45 years old (44.0%), followed by those over 45 years old (25.6%), 26 to 35 years old (22.4%), and under 25 years old (8.0%), as indicated in Table 1.

The majority of the participants had completed secondary or senior secondary education and had graduated. In terms of occupation, most were either self-employed or housewives. Many of them belonged to the middle class or lower middle class, as shown in Tables 2, 3, and 4.

The study included mostly Hindus, and most of the caregivers were wives of the patients, as shown in Tables 5 and 6.

A large portion of the study participants were from urban areas and belonged to extended nuclear families, as shown in Tables 7 and 8.

The most common psychiatric issues observed were sleep disturbances (33.2%), followed by depression (25.2%), anxiety (20%), anger (12.4%), and somatic symptoms (9.2%), as detailed in Table 9.

Among the participants, 6.8% showed moderate anger and 5.6% showed severe anger. For anxiety, 1.6% showed mild symptoms and 17.6% showed moderate symptoms. In terms of depression, 2.4% showed mild symptoms, 8.0% showed moderate symptoms, and 14.8% showed severe symptoms. For sleep disturbances, 4.4% showed mild symptoms, 14.0% showed moderate symptoms, and 14.8% showed severe symptoms. Lastly, for somatic symptoms, 3.2% showed moderate symptoms and 6.0% showed severe symptoms, as shown in Table 10.

Table 1: Distribution of study population according to age

Age (years)	Frequency	Percentage
≤ 25 years	20	8.0%
26-35 years	56	22.4%
36-45 years	110	44.0%
> 45 years	64	25.6%
TOTAL	250	100

Table 2: Distribution of study population according to education level

Education	Frequency	Percentage
Uneducated	40	16.0%
Primary	34	13.6%
Middle	25	10.0%
Secondary/ Senior Secondary	70	28.0%
Graduation	81	32.4%
TOTAL	250	100%

Table 3: Distribution of study population according to occupation

Occupation	Frequency	Percentage
Laborers	44	17.6%
Self - Employed	68	27.2%
Professional	20	8.0%
Agriculture	31	12.4%
Business	14	5.6%
Housewife	73	29.2%
Total	250	100%

Table 4: Distribution of study population according to socioeconomic status

Socio-economic Status	Frequency	Percentage
Upper Middle Class	21	8.4%
Middle Class	126	50.4%
Lower Middle Class	71	28.4%
Lower Class	32	12.8%
Total	250	100%

Table 5: Distribution of study population according to religion

		Frequency	Percent
Religion	Hindu	110	73.3%
	Muslim	40	26.7%

Table 6: Distribution of study population according to relationship with caregiver

Relationship of Caregiver with Patient	Wife	90	60.0%
	Mother	58	38.7%
	Other	2	1.4%

Table 7: Distribution of study population according to area of residence

		Frequency	Percent
Area of Residence	Urban	125	50.0%
	Rural	125	50.0%

Table 8: Distribution of study population according to type of family

Type of the Family	Nuclear	56	22.4%
	Joint	80	32.0%
	Extended Nuclear	110	44.0%
	Living alone	4	1.6%

Table 9: Distribution of study population according to DSM-5 level 1 cross cutting measure

DSM-5 CROSS CUTTING LEVEL 1 (Psychiatric Morbidity)	Frequency	Percent
1 (Anger)	31	12.4%
2 (Anxiety)	50	20.0%
3 (Depression)	63	25.2%
6 (Sleep disturbances)	83	33.2%
7 (Somatic symptoms)	23	9.2%

Table 10: Distribution of study population according to DSM-5 level 2 cross cutting measure

Psychiatric Morbidity Interpretation	Severity	Frequency	Percent
Anger	None	219	87.6%
	Moderate	17	6.8%
	Severe	14	5.6%
Anxiety	None	202	80.8%
	Mild	4	1.6%
	Moderate	44	17.6%
Depression	None	187	74.8%
	Mild	6	2.4%
	Moderate	20	8.0%
	Severe	37	14.8%
Mania	None	250	100.0%
Repetitive Thoughts & Behavior	None	250	100.0%
Sleep Disturbances	None	167	66.8%
	Mild	11	4.4%
	Moderate	35	14.0%
	Severe	37	14.8%
Somatic Symptoms	None	227	90.8%
	Moderate	8	3.2%
	Severe	15	6.0%
Substance Use	None	250	100.0%

DISCUSSION

Demographic Details

In our study, the majority of participants were aged between 36 and 45 years (44.0%), followed by those over 45 years (25.6%), 26 to 35 years (22.4%), and under 25 years (8.0%). Akhilesh et al. found that the average age of caregivers in their study was 41.5 years. In research focused on understanding the burden on families of individuals with alcohol problems¹². Rospenda et al. noted that most caregivers were females, with an average age of 42.1 years¹³. Regarding education, most participants in our study had completed secondary or senior secondary education, with many also having graduated. The primary occupations were self-employment and housewifery,

and the majority of participants belonged to the middle or lower-middle socioeconomic class. Most of the participants identified as Hindu, and the majority of caregivers were wives of the patients. Urban areas were the predominant residence location, and extended nuclear families were common.

In another study by Kaur et al., the majority of caregivers were housewives, with smaller percentages employed in various occupations such as unskilled employees, semiskilled workers, or being jobless or farmers¹⁴. The level of education varied, with a significant proportion having completed high school or elementary school, while some were illiterate or had completed middle school. Similarly, Goit et al. found that the majority of caregivers were married, with a large portion being illiterate and most working as housewives¹⁵.

Psychiatric Morbidities

In our study 6.8% of subjects showed moderate anger, while 5.6% showed severe anger. Mild anxiety was demonstrated by 1.6% of subjects, with 17.6% experiencing moderate anxiety. For depression, 2.4% showed mild symptoms, 8.0% showed moderate symptoms, and 14.8% showed severe symptoms. Similarly, 4.4% of subjects experienced mild sleep disturbances, 14.0% experienced moderate disturbances, and 14.8% experienced severe disturbances. Additionally, 3.2% of subjects exhibited moderate somatic symptoms, while 6.0% exhibited severe symptoms.

In a study by Gohil et al., 71% of caregivers were found to suffer from at least one DSM-5 diagnosis, indicating a significant impact of alcohol dependence on caregivers. Among these, 36.4% had dysthymia, 21.8% had major depressive disorder, 8.2% had anxiety disorders, and 4.5% had generalized anxiety disorder. However, 29% showed no psychiatric condition, while 30% showed no psychiatric condition at all¹⁶.

Kishor et al. observed that 65% of spouses of individuals with alcohol use disorder had a psychiatric disorder, with mood and anxiety disorders being the most prevalent. Specifically, 43% of those surveyed had major depressive disorder¹⁵.

In a study conducted by Kumar et al., the findings revealed that 8.8% of participants exhibited symptoms of dysthymia, 29% were diagnosed with major depression, 6.7% experienced social anxiety disorder, and 13.3% were diagnosed with generalized anxiety disorder¹⁷.

Another study conducted by Rajpurohit et al., levels of depression were categorized into normal, mild, moderate, severe, and extremely severe symptoms among caregivers, with percentages of 31%, 19%, 30%, 9%, and 11%, respectively. Likewise, varying degrees of anxiety and stress symptoms were observed, with percentages for each category as follows: normal (53%), mild (10%), moderate (27%), severe (4%), extremely severe (6%) for anxiety, and normal (35%), mild (41%), moderate (13%), severe (10%), and extremely severe (1%) for stress among caregivers¹⁸.

Gupta et al. investigated the occurrence of psychiatric diagnoses in wives of individuals with alcohol and opioid dependence. They found that psychiatric diagnoses were prevalent in 16% and 20% of wives in the alcohol and opioid dependence groups, respectively. Depression and dysthymia were identified as the most frequent diagnoses in both groups¹⁹.

A study by Sekar et al., out of the total, 72% of wives were evaluated for the prevalence of psychiatric disorders, findings unveiled 43% exhibited moderate depression, 12% had mild depressive episodes, and 3% experienced severe depressive episodes. Additionally, 6% suffered from severe anxiety disorders, while 8% had moderate anxiety disorders. Notably, depression emerged as the predominant diagnosis among wives of individuals with Alcohol Dependence Syndrome²⁰.

CONCLUSION

Psychiatric issues in the caregivers of individuals struggling with alcohol use disorder are frequently overlooked or not given enough attention. The findings of this study highlight the significant mental health challenges in caregivers, underscoring the need for greater awareness and support. Addressing these issues is crucial not only for improving outcomes for the individuals with alcohol dependence but also for mitigating potential risk factors that could adversely affect the caregiver's own health. Therefore, it is essential for treatment programs for those with alcohol dependence to include formal psychological assessments of their partners. This proactive approach will not only cater to the needs of this often-overlooked group but also facilitate their meaningful participation in the treatment journey.

CONFLICT OF INTEREST: None

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