

Adjustment Disorder in the Spouses of Individuals with Alcohol Use Disorders

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ABSTRACT

Background: Alcoholism is regarded to be the most significant health and social concern. It affects not just the person but also the entire family. The wives of patients with alcohol use disorders are the most negatively affected, resulting in significant psychological issues. The purpose of this study is to evaluate adjustment disorder in wives of patients with alcohol use disorders.

Aim's & objectives: Hospital-based cross-sectional research. Psychiatry department/De-addiction centre of a tertiary care medical college and hospital in Rajasthan. Alcohol Dependence-diagnosed individuals attending the department of psychiatry are studied with their spouses.

Material and Procedure: Sixty participants were investigated based on inclusion and exclusion criteria. According to the standardised pro forma, demographic data and psychiatric disease history were recorded. The GHQ-12 was utilised to screen for mental comorbidity. Participants scoring >2 on the GHQ-12 were further evaluated by the psychiatrist for the existence of adjustment disorder and were classified according to ICD-10 diagnostic criteria.

Results: According to ICD-10, fifteen (25%) participants were diagnosed with an adjustment disorder. The most prevalent subtype of adjustment disorder was adjustment disorder with mixed anxiety and depression reaction (60%), followed by adjustment disorder with extended depressive reaction (20%) and significant disturbance of other emotions (20%).

Conclusion: The current study suggests that the wives of patients with Alcohol Use Disorders suffer substantial psychological co morbidities. The most prevalent diagnosis among adjustment disorders was adjustment disorder with mixed anxiety and depressed reaction.

Key words: Wives of Alcohol Dependent males, Psychiatric morbidity, Adjustment Disorder

1. INTRODUCTION

Alcohol consumption is a global public health concern and a big issue in India. Despite the fact that alcohol consumption disorder affects a large number of people, rather than focusing on families as a whole, counselling typically focuses on individuals. As the family's pillars of support and the seeming bearers of the difficulties, the mental health of the spouses is disregarded.

An Indian research on the wives of patients with alcohol use disorders found that approximately 65% of the subjects had psychiatric illness, mostly mood disorders, with 43% having depressive disorder.

1. Therefore, wives of patients with alcohol use disorders are at the highest risk for developing serious psychiatric problems. Alcohol consumption has numerous harmful effects on couple relationships.

2. Patients suffering from Alcohol Use Disorder are so preoccupied with drinking that they disregard the requirements and circumstances of their family members and are unable to assume their expected duties and obligations. In such circumstances, men's responsibilities pass on their wives, hence increasing their burdens and miseries.[3] Addressing the mental health difficulties of wives of alcoholics can not only alleviate their burden but also improve their well-being.

The quality of life and effectiveness of treatment for alcoholics.[4] Despite the fact that high levels of psychological distress appear to be present in wives of patients with Alcohol Use Disorders, remarkably few Indian studies have directly investigated this. [5] The majority of research suggests that wives of patients with alcohol use disorder exhibit avoidance, withdrawal or separation/divorce from the marital connection, codependence on alcohol, and emotions of powerlessness and anguish.[6] Numerous researchers have examined the impact on the wives of patients with Alcohol Use Disorders, who frequently fail to understand the extent of their own suffering. The concentration of their efforts on their husbands leads to the development of codependence. Their own personal needs, creativity, and sexual and aggressive drives are frequently repressed, resulting in a stifling of their cognitive, emotional, and spiritual growth, and, over time, the co-dependent spouse typically develops stress-related psychiatric disorders. 7 Health professionals, especially psychiatrists and psychologists, interact often with the carers of alcohol-dependent patients. Conducting research in this area will aid in the development and teaching of stress-reduction techniques.[7]

2. METHODS & MATERIALS

Once receiving approval, this cross-sectional study was done at the psychiatry department of a tertiary care hospital affiliated with a medical college. The research ethics board. Participants are wives of newly diagnosed alcohol dependence patients who accompany their husbands to the psychiatric OPD for alcohol disorder therapy.

Research Group: The study group consisted of sixty wives of psychiatric OPD patients with alcohol dependence. Participants meeting the criteria for inclusion were recruited for the study. These cases were enrolled after receiving their informed, written consent to participate in the study. Participants' sociodemographic information was obtained. GHQ-129 was used to evaluate subjects for the existence of psychiatric comorbidities. Participants scoring >2 on the GHQ-12 were further evaluated by the psychiatrist for the presence of an adjustment disorder and classified using the ICD-1010 diagnostic criteria.

A semi-structured, self-designed proforma was utilised. It includes the subsequent Socio-demographic data GHQ-12 (General Health Questionnaire) (General Health Questionnaire) [9].

The scale consists of 12 questions (each rating a distinct symptom) that assess the severity of mental issues during the past few weeks or month. Indian patients have utilised the valid, trustworthy, and sensitive Hindi version of the GHQ-12.

Thus collected data was assembled and further evaluated. Mean and standard deviation were used to examine quantitative data, whereas percentages were used to analyse qualitative data. The statistical analysis was conducted using the SPSS 26 software.

3. RESULTS

As shown in Table 1, the sample consisted of sixty wives of alcohol-dependent patients, as

Variables	%
Age Group (Years)	
18-25	42
26-35	23
36-45	22

indicated by the composition of the sample. Most prevalent age bracket was age group 18–25 years (n=24, 42%), followed by age group 26–35 years (n=15, 23%). The majority of participants were illiterate (n = 45, 68%), unemployed (n = 54, 84%), and from rural areas (n = 39, 62%).

The majority of participants are socioeconomically disadvantaged (n = 27, or 48%). The majority of couples in the survey were married for between one and five years. (n=27, 48%)

> 46	17
Education	
Literae	32
Illiterate	68
Employment	
Employed	16
Unemployed	84
Residence	
Rural	62
Urban	38
Socio-economic status	
Upper	25
Middle (lower-middle, upper-middle)	33
Lower	42
Duration of marriage	
< 1 year	27
1-5 year	46
6-10 year	23
> 10 year	04

Table-1: Socio-demographic distribution of wives of patients with alcohol dependence

Table-2: Psychiatric comorbidity (GHQ-12, Cut-off score > 2)

Psychiatric comorbidity in wives	Number of patients with alcohol dependence participants n=65, (%)
Yes	42(64.61%)
No	23(35.38%)

Out of sixty participants administering the Hindi version of the GHQ-12, fifty-eight percent (35 individuals) scored over two (cut-off score 2). (Table 2)

Table-3: Adjustment disorder in wives of patients with alcohol dependence (ICD-10 diagnostic criteria)

Adjustment disorder in wives of person with alcohol dependence	Number of participants, n=65, (%)
Yes	18(45%)
No	22(55%)
Total	40(100%)

Table 3 shows 18 participants (45%) were suffering from adjustment disorder as per ICD-10 diagnostic criteria

4. DISCUSSION

In our study, the majority of participants were between 18 and 25 years old, illiterate, unemployed, from rural backgrounds, and of lower socioeconomic position. The majority of participants had been married for less than five years. Our findings were consistent with those of Sharma et al.,³ Kishore et al.,⁵ and Bhowmik et al.⁷ in terms of the somewhat younger age of the participants, and with those of Ghosh et al.¹¹ in terms of residence, education, and socioeconomic standing. In contrast to the findings of Sreekumar et al.¹, in which the majority of the subjects were middle-aged, educated, and employed, the majority of our subjects belonged to the middle age group and were employed.

This is possibly due to the fact that the institution where this research was done primarily serves rural communities.

Incidence of psychiatric comorbidity in our population. The prevalence of mental comorbidity in our study was 58% (n=35), which was consistent with the findings of Dandu et al.² and Rajsheker et al.⁴, who found 66% and 56% comorbidity in their respective studies. In contrast, Kishore et al.⁵ found 90% mental comorbidity in their research.

Among our study, 25% of participants (n=15) were diagnosed with an adjustment disorder, which was consistent with the findings of Soni et al.¹² However, Dandu et al.² identified a little lower prevalence of adjustment disorder (18%) in wives of alcoholics. In contrast, few other studies revealed a relatively low prevalence of adjustment disorder among wives of alcoholics, which was 4%, 13.3%, and 4.3%, respectively.¹²⁻¹⁴

Mixed anxiety and depression reaction was reported in 62% (n=9) of participants with adjustment disorders, followed by adjustment disorder with extended depressive reaction (20%, n=3) and adjustment disorder with primary disruption of other emotions (20%, n=3). In contrast to our findings, Dandu et al.² found a higher frequency of adjustment disorder with persistent depressed reaction (63%) in their study, followed by adjustment disorder with mixed anxiety and depression (21%) and adjustment disorder with significant disruption of other emotions (15%).

5. CONCLUSION

The current study concludes that the wives of patients with Alcohol Use Disorders experience significant adjustment-related psychological morbidity disorder.

6. REFERENCES

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