



Distressing behaviors of alcohol dependence patients: A study from India

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ABSTRACT

Alcohol dependence is a chronic relapsing disorder similar to other major psychiatry disorders. Alcoholism is considered to be stressful to the family members. This study attempted to examine the behaviors family members report more distressful in frequency and also in their severities. Family members, mostly spouses of fifty males with alcohol dependence were interviewed for the behaviors which they considered distressful. Scale for Assessment of Family Distress (SAFD) for alcoholism was used to assess the frequency and severity of the distressing behaviors. Family members of all the patients (100%) reported behaviors like excessive spending and disturbance of peace at home as distressful. With regard to severity, in addition to the above two behaviors, does not working and earning, not taking responsibility, and being physically and verbally abusive were also considered as very distressful. Sexually embarrassing behaviors, legal problems or road traffic accidents were not commonly reported as distressful.

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1. Introduction

Alcohol consumption from developing countries is increasing and is becoming a major public health problem (Uchtenhagen, 2004). National household surveys from India reported 21% of the population to be current users and of them approximately one-third fulfill criteria for dependence (Ray, 2004).

Alcoholism is considered an on-going stressor for family members, and is very harmful to the individuals exposed to it (Hurcom et al., 2000; Tomori, 1994). In particular, spouses report a higher degree of depression, anxiety, and somatic complaints than the ones with nonalcoholic partners (Halford et al., 1999). The relationship between domestic violence and alcoholism has been clearly established in the literature (Cunradi et al., 2002; Fals-Stewart et al., 2003; O'Farrell et al., 1999), which could be a significant distressing behavior for the family members. Greater psychological distress is also reported among nonalcoholic women in marital therapy with their alcoholic male partners (Kahler et al., 2003). Psychological distress reported by spouses is attributable primarily to the stress of living with an alcoholic (e.g. Jackson, 1954) has generally been supported in the literature.

At the same time one needs to identify exactly which behavior(s) is/are more distressing for the family members living with the alcohol dependent person. The perception of distressful behaviors could be different and influenced by culture (Gopinath

and Chaturvedi, 1992). There is no similar instrument assessing the distressful behaviors in case of alcoholism.

It is important to assess the symptoms perceived as distressful by the family members, to effectively design a family intervention programme. The objective of the study was to determine which symptoms or behaviors of an individual dependent on alcohol were perceived to be distressful by the family member and to determine the severity of such distress.

2. Materials and methods

The study was conducted at the Department of Psychiatry, National Institute of Mental Health & Neurosciences, Bangalore, India. Fifty consecutive in-patients diagnosed with alcohol dependence syndrome on ICD 10 were included into the study. Patients with comorbid psychosis or other axis 1 disorders were excluded from the study. A first degree relative or spouse accompanying the patient was interviewed after good rapport was established and written informed consent sought. Apart from collecting basic demographic and clinical data, the key relative accompanying the patient was interviewed regarding the patient's behavior at home. The modified version of the Scale for Assessment of Family Distress (SAFD) due to alcoholism (Gopinath and Chaturvedi, 1986, 1992) was administered. The original scale, i.e. Scale for Assessment of Family Distress has been used in Indian populations in caregivers of schizophrenia and excluded the patients with alcohol dependence. This scale measures the perceives distress caused by symptoms and behaviors to the family members. In the absence of any suitable scale, SAFD, which was used for schizophrenia was modified by excluding some of the

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symptoms of schizophrenia and adding items specific to alcoholism. This was done by interviewing ten relatives of patients with alcoholism about the symptoms and behaviors of their patient, which they perceived to be distressful. These additional items were added to the original SAFD [see Appendix A]. While administering the SAFD for alcoholism, the relatives were encouraged to mention as many behaviors as possible, irrespective of the amount of distress. Later, the relatives were asked to specify the amount of distress caused by each of the symptoms reported. The prevalence of various symptoms was derived. The severity of distress was rated on a 5-point scale (0: no distress; 1: mild distress; 2: moderate distress; 3: severe distress; and 4: profound distress). The severity was also assessed by asking the individuals to describe the distress in terms of percentage of distress (0: no distress and 100: maximum possible distress).

SPSS 13 was used for statistical analysis.

3. Results

All patients were males. The majority (88%) were married, and were employed. Mean age of patients was 40 years (SD: 9.1 years). Majority (90%) belonged to poor socio economic status. The mean duration of alcohol duration was 13.76 years (SD: 7.22) and of features of alcohol dependence was for last 7.22 (SD: 4.51) years. Ninety percent of patients had simple withdrawal features at the time of presentation. Sixteen percent patients had comorbid medical problems.

The spouse was the informant in 70% of the patients; mother was informant in 22% and brother/sister in 8% patients. All the informants were staying with the patient for substantial period of time.

The most frequent distressing behaviors were in the realm of activity related. Family members of all the patients reported behaviors like *excessive spending* and *disturbance of peace at*

home as distressful. The behaviors like '*not taking responsibility*', '*being abusive*' and '*does not eat well*' were reported distressful in nine out of ten family members who participated in the study. The less common distressful behaviors reported were: *showing sexually embarrassing behaviors, tearing clothes, getting into legal problems, suicide attempts, being overactive* and *meeting road accidents*.

Some of the behaviors were considered as very distressful (profound/very intense) with regard to its severity. The behaviors like *spending excessively* and *disturbance of peace at home* were distressful behaviors with regard to both frequency and severity. The other severe distressful behaviors were *does not work and earn, not taking responsibility*, and being *physically and emotionally abusive*.

Among some distressing behaviors, there were mismatches between the frequency and severity scores. These were *social withdrawal, having few leisure interests* and *slowness in doing things*. Although these behaviors were reported more frequently the family members reporting these as less severe (Table 1).

4. Discussion

The study highlights the perceived distress among family members in patients with alcohol dependence. This is an important area where there is little research from developing countries where family bondage in closely knit joint families exist. Almost all patients stay with the family members who help in their treatment. This was also reflected in this study population where the majority were married and staying with family. So alcohol dependence being a chronic and relapsing disorder, the distress to family members is expected.

In our study disturbance of peace at home, not taking responsibility, and being abusive are the common distressing behavior reported. This indirectly indicates significant family conflict. Family conflict and psychological stress appear to mutually influence each other. Studies from the West also corroborate similar findings. In both Mexican and English families with an alcoholic member, open family conflict was found to correlate positively with family members' distress and positive family climate correlated negatively with distress (Orford et al., 2001).

Violent behaviors like physical and verbal abuse were among very much distressful behaviors found in our study. The elevated rates of marital violence among alcoholics seeking treatment have been well documented (Murphy and O'Farrell, 1994; Murphy et al., 2001) and suggest the possible unique role of violence in spousal distress and relationship dissatisfaction (Kahler et al., 2003). Although the aggressive behaviors are more marked during intoxication, studies showed that husbands are more likely to have been drinking during occurrences of physical violence than during occurrences of verbal aggression, suggesting that alcohol use may contribute most strongly to episodes of severe violence (Leonard and Quigley, 1999).

Significant distress associated with patient's excessive spending and not going to work and earning in our study is a reflection of worsening financial problems in the family. Most were poor with average monthly income below 50 USD (2500 INR). A study from India has showed that even drinking three times a week in one family member increased the family spending by more than 14 times with significant increased financial debt than that of the family without any drinking adult (Saxena et al., 2003). So it is logical to imply that in the current study, patient's excessive spending for drinking alcohol had a significant impact on the already constrained needs of the family. Similarly, drinking alcohol regularly has affected occupational functioning and thereby further decreased in earning. The above study (Saxena et al.,

Table 1

Table showing number of people reporting distress and the severity of distress (%).

Behavioral items	No. reporting distress (%)	No. with severe and profound distress (%)
1. Does not do work and earn.	82	68
2. Does not take care of himself.	66	20
3. Does not sleep well.	84	36
4. Does not do household tasks.	80	34
5. Does not eat well.	90	46
6. Does not talk much.	64	22
7. Wanders away from house.	48	20
8. Beats and assaults others, threatens.	72	54
9. Tears clothes.	30	10
10. Breaks household articles.	64	26
11. Talks nonsense.	78	42
12. Is abusive.	90	52
13. Shows odd behavior.	50	8
14. Is always suspicious.	60	30
15. Attempted suicide.	34	10
16. Social withdrawal.	64	14
17. Has few leisure interests.	60	10
18. Is slow in doing things.	58	6
19. Is overactive.	38	6
20. Gets and/or talks about odd ideas.	54	14
21. Feels and reports sadness, depression.	52	12
22. Shows socially embarrassing behavior.	64	20
23. Shows sexually embarrassing behavior.	20	2
24. Involved in a road traffic accident.	38	20
25. Spends excessively.	100	90
26. Sells/steals household objects.	62	42
27. Disturbance of peace at home.	100	84
28. Gets into legal trouble.	32	6
29. Does not take up responsibility.	92	74
30. Has medical illness due to drinking.	78	30

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