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TO FIND THE CORRELATION BETWEEN ALCOHOL DEPENDENCE SCALE & WHO QUALITY OF LIFE IN CHRONIC ALCOHOLICS.

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Alcohol use disorders are chronic disorders with varying periods of abstinence and relapse which are common despite treatment. Alcohol like other addictive drugs stimulates the release of neurotransmitter dopamine from cells originating in a region of the brain called the ventral tegmental area. Alcohol use disorder causes fluctuations and instability in the life of the affected individual in physical, psychological & socio-occupational aspects which directly or indirectly affects the well-being of the individual.

Alcoholism is also known as a family disease. The effect of alcoholism on the family can cause more damage and pain than any other internal or external influence on the family unit. The impact of the drinker's abuse and addiction is usually manifested differently with members of the family and has long term implications. Alcoholism has to transform effect on the spouse or partner that can create significant mental trauma and physical health problems. Divorce rates among couples where one or both partners' drinks are much higher than average. As alcohol abuse or addiction progresses, the spouse often grows into a compulsive taking role, which creates feelings of resentment, self-pity and exhaustion.

The current study aims to know about the quality of life in patients with alcohol dependence syndrome using ADS scale & WHOQOL-BREF scale.

Keywords–Alcohol use disorder, Alcohol dependence, Chronic Alcoholics, Quality of life)

1. Introduction

Alcohol Use Disorders are chronic disorders with varying periods of abstinence and relapse which are common despite treatment. Alcohol like other addictive drugs stimulates the release of neurotransmitter dopamine from cells originating in a region of the brain called the ventral tegmental area. Alcohol use disorder causes fluctuations and instability in the life of the affected individual in physical, psychological & socio-occupational aspects which directly or indirectly affects the well-being of the individual.

The dependence symptoms include:-

1) Tolerance
2) Withdrawl
3) Increased amount of alcohol consumed over time.
4) Ineffective efforts to reduce use.
5) Interference with personal and professional life.
6) Significant amount of time spent obtaining, using and recovering from alcohol.
7) Continued use of alcohol despite harmful sequelae.

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A WHO (World Health Organisation) report states that alcoholism ranks first in causing the highest DALY's (Disability Adjusted Life Years) of about 44,000000 in a middle-income group of nation.[1] Quality of life (QOL) is a broad-ranging concept incorporating an individual's physical health, psychological state, level of independence, social relationships, personal beliefs & relationship to salient features of the environment.

They coincide with the treatment goal of enhanced client functioning and predict treatment adherence. Quality of life is an important parameter that provides an insight into how a disorder impacts the lives of those affected. World health organisation defines the quality of life as an "An individual's perception of their position in life, and in the context of culture and value systems in which they live, and also in relation to their goals, expectations, standards, and concerns." Among various psychiatric disorders, alcohol-related disorders significantly affectthe quality of life, but this area has not been extensively studied.

A review of the quality of life research on patients with alcohol dependence syndrome (ADS) states that QOL of alcohol-dependent subjects is very poor but improved as a result of abstinence, controlled or minimal drinking. The important factor in the quality of life of alcohol-dependent subjects is psychiatric comorbidity, social environment and disturbed sleep.

Alcoholism is a broad term for problems with alcoholand is generally used to mean compulsive and uncontrolled consumption of alcoholic beverages, usually to the detriment of the drinker's health, personal relationships and social standing. It is medically considered a disease, specifically a neurological disorder, and in medicine several other terms are used, specifically alcohol abuse and alcohol dependence, which have more specific definitions.

American medical association in 2007 gave a dual classification of alcohol since it includes both mental and physical components. Social environment, stress, mental health, family history, age, ethnic group, and gender all influence the risk for the condition. Long term alcohol abuse produces changes in the brain's structure and chemistry such as tolerance and physical dependence. These changes maintain the person with alcoholism's compulsive inability to stop drinking and result in alcohol withdrawal syndrome if the person stops.

Treatment of alcoholism takes several steps. Because of the medical problems that can be caused by withdrawal, alcohol detoxification is carefully controlled and may involve medication such as benzodiazepines such as diazepam.[3]

SOCIAL EFFECTS OF ALCOHOLISM

The social problems arising from alcoholism are serious, caused by the pathological changes in the brain and the intoxicating effects of alcohol. Difficulty in walking, blurred vision, slurred speech, slowed reaction types, impaired memory. Clearly, alcohol affects the brain. Some of these impairments are detectable after only one or two drinks and quickly resolve when drinking stops. We do know that heavy drinking may have extensive and far-reaching effects on the brain, ranging from simple slips in memory to permanent and debilitating conditions that require lifetime custodial care. And even moderate drinking leads to short term impairment.Alcohol abuse is associated with an increased risk of committing criminal offences, including child abuse, domestic violence, rape, burglary and assault. Alcoholism is associated with unemployment which can lead to financial problems. [3]

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ALCOHOLICS AND THEIR FAMILIES

Alcoholism is also known as a family disease. The effect of alcoholism on the family can cause more damage and pain than any other internal or external influence on the family unit. The impact of the drinker's abuse and addiction is usually manifested differently with a member of the family and has long term implications. Alcoholism has to transform effect on the spouse or partner that can create significant mental trauma and physical health problems. Divorce rates among couples where one or both partners' drinks are much higher than average.

As alcohol abuse or addiction progresses, the spouse often grows into a compulsive taking role, which creates feelings of resentment, self-pity and exhaustion.[3]

2. Aims And Objectives Of Study

Aims of the study:

To know about the quality of life in patients with alcohol dependence syndrome using ADS scale & WHOQOL-BREF scale.

Objectives of the study

1. To assess the quality of life in patients with ADS.
2. To study the relationship between socio-demographic and clinical variables with quality of life

3. Review of Literature

3.1 THE IMPORTANCE OF QUALITY OF LIFE IN PATIENTS WITH ALCOHOL ABUSE AND DEPENDENCE.

Ugochukwu C[1], Bagot KS, Delaloye S, Kumar N.

Author information

Department of psychiatry and behavioural neuroscience, Los Angeles, USA.

This review aims to examine the quality of life in alcohol abuse and dependence by reviewing the instruments used to measure it and by analysing the impact of alcohol abuse and dependence and of treatment on quality of life.

Result and conclusion

Quality of life has been shown to be significantly impaired in those with alcohol abuse and dependence, particularly in the domains of mental health and social functioning, the very areas that show the greatest improvement with abstinence and its maintenance. Moreover, the literature demonstrates the utility of using quality of life measures throughout assessment and treatment as a motivational tool and as a marker for treatment efficacy.[8]

3.2 A systematic review of the content validity of instruments used to assess health-related quality of life in alcoholism.

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The objective of this review was to identify and evaluate the content validity of measures used to assess health-related quality of life in alcoholism. Systematic searches of Scopus were conducted using terms synonymous with alcoholism combined with terms associated with measuring the quality of life.

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Conclusion

Given the insufficiencies of generic measures and the limited applicability, there is a need for alcoholism/specific quality of life measure that focuses on the domains that are most salient to people with such problems. Individual needs to be given the opportunity to determine the extent to which their quality of life is impaired by alcoholism based upon their own criteria for what constitutes good HR-QOL. Only then will be able to assess the full impact of alcoholism on quality of life.[9]

3.3. Assessment of quality of life in patients with alcohol dependence syndrome.

Gopal Das Mohan das chikkerhally[3]

Author information

Assistant professor of psychiatry, basaveshwara medical college research centre, chitradurga, Karnataka, India.

It was a cross-sectional descriptive study involving 100 consecutive consenting patients within the age of 18-65 years.

According to the study, the quality of life in patients with alcohol dependence syndrome is significantly poor and in consideration of the chronic relapsing nature of the disorder. These findings may help in devising better treatment approaches, planning and individualising rehabilitation and improving productivity and functioning of patients, thus, ultimately reducing the burden on society.[1]

3.4. A validation study of alcohol dependence scale.

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The primary purpose of the study was to provide a comprehensive assessment of the underlying factor structures of the alcohol dependence scale (ADS).

Secondary goals included assessing concurrent validity of the total ADS and subscales derived from the factor analysis with variables related to alcohol dependence and further evaluating the validity of two proposed dichotomously scored reduced item ADS measures.[1]

4. Materials and Methodology

This study was a cross-sectional descriptive study. Data about the socio-demographic profile of the patients was collected in a semi-structured proforma, and data regarding co-morbid psychiatric and medical conditions were noted.

4.1 Inclusion criteria

1. Age of subjects between 25- 45 years.
2. Those who fulfilled the criteria for ADS as per the diagnostic guidelines. Scores above 14 were considered which indicates that subjects having an intermediate level of alcohol dependence and above were considered.
3. Patients who were able to give valid informed consent.

4.2 Exclusion criteria

1. Primary axis – 1 psychiatric disorder like mood disorders, eating disorders, psychotic disorders, dissociative disorders & anxiety disorder.

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2. Patients with major medical problems.
3. Patients with any other disabilities.

5. Method

Initially, the alcohol dependence scale (ADS) was administered on 25 samples.
Out of 25 samples, 20 samples had score of 14 and above which were considered for administrating the quality of life scale.

6. Study design

It is a comparative cross-sectional study. A total of 25 subjects aged between 25 to 45 of age group with alcoholism were included in the study. The researcher gave all eligible subjects the verbal information and also explain questionnaire along with example.

6.1 The world health organisation quality of life (WHOQOL) assessment instrument

WHOQOL-BREF is an abbreviated 26-term version of the WHOQOL-100 containing items that were extracted from the WHOQOL-100 field trial data. WHOQOL-BREF contains one item from each of the 24 facets of quality of life included in the WHOQOL-100, plus 2 benchmark items from the general facet on overall QOL and general health (not included in the scoring). It contains four domains: physical, psychological, social relationships and environment. The scores are transformed on a scale from 0 to 100 to enable comparisons to be made between domains composed of unequal numbers of items. Internal consistency measured by ronbach's alpha scores is high. These results indicate that overall WHOQOL – BREF is a sound, cross-culturally valid assessment of QOL. In this study, the WHOQOL-BREF version was administered which has 26 questions distributed among four domains as mentioned earlier. Scores from this version are obtained and transformed to the full version of WHOQOL which is comparable across populations. Scores were arranged on a scale of 0 to 100 and lower the score, poor the quality of life.[1]

6.2 Alcohol Dependence Scale

The alcohol dependence scale provides a quantitative measure of the severity of alcohol dependence consistent with the concept of alcohol dependence syndrome. The 25 items cover alcohol withdrawal symptoms, impaired control over drinking, awareness of a compulsion to drink, increased tolerance to alcohol. The alcohol dependence scale is widely used as a research and clinical tool, and studies have found the instrument to be reliable and valid. Use of the alcohol dependence scale has been reported mostly for clinical adult samples, however, studies have used the instrument in the general population and correctional settings. The alcohol dependence scale yields a measure of the severity of dependence that is important for treatment planning, especially with respect to the intensity of treatment.[3]

The alcohol dependence scale can be used in a wide variety of settings for screening and assessment of alcohol dependence. A score of 9 or more is highly predictive of DSM diagnosis of alcohol dependence. The alcohol dependence scale can be used for basic research studies where a quantitative index is required regarding the severity of alcohol dependence. For clinical research, the alcohol dependence scale is a useful screening and

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case-finding tool. It is also of value with respect to matching clients with the appropriate intensity of treatment and for treatment outcome evaluations.[4]

The alcohol dependence scale was derived from a larger scale, it was not developed specifically to measure alcohol dependence. The alcohol dependence scale appears to cover most of the domains generally associated with alcohol dependence. Those who received higher scores on the alcohol dependence scale tend to have more psychological problems and more medical problems.[5]

7. STATISTICAL ANALYSIS

Data was analysed using independent-test T- test for inter-gender comparison correlation relation was done using Pearson correlation (intergroup comparison between the sThe furtherFurther sample is divided into comparable groups based on age of onset of dependence, family history of ADS, simple and compwithdrawalithdrawl, additional diagnosis patients received, and comparisons were madalcohol-related related variables and QOL. P v es of < 0.05 are considered to be statistically significant and are reported.

8. RESULTS

Table 1: Gender wise Age Distribution

	sex	N	Mean	Std. Deviation	Std. Error Mean
Age	Male	13	31.46	6.050	1.678
	Female	7	25.43	.976	.369

Table 2:Gender wise Comparison between Domains of Quality of life

	sex	N	Mean	Std. Deviation	t- Value	p-value
Domain1	Male	13	58.77	10.059	1.29	> 0.05
	Female	7	52.14	12.375		
Domain2	Male	13	57.31	11.600	0.12	> 0.05
	Female	7	56.43	21.555		
Domain3	Male	13	59.23	21.092	-1.15	> 0.05
	Female	7	71.43	25.264		
Domain4	Male	13	61.15	11.437	0.1	> 0.05
	Female	7	61.71	12.672		

Table 3: Gender wise Comparison of alcohol dependence scale

	sex	N	Mean	Std. Deviation	t- Value	p-value
Ads score	Male	13	20.92	7.511	0.79	> 0.05
	Female	7	18.57	2.760		

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Table 4: The inter co-relation between physical health and environment

		Domain1	Domain4
Domain1	Pearson Correlation	1	0.276
	Sig. (2-tailed)		> 0.05
	N	20	20

Table 5: The inter co-relation between physical health and psychological health

		Domain1	Domain2
Domain1	Pearson Correlation	1	0.544
	Sig. (2-tailed)		< **0.05**** (0.013)
	N	20	20

Table 6: The inter co-relation between physical health and social relationship

		Domain1	Domain3
Domain1	Pearson Correlation	1	.070
	Sig. (2-tailed)		> 0.05
	N	20	20

Table 7: The inter co-relation between psychological health and social relations

		Domain3	Domain2
Domain3	Pearson Correlation	1	.657**
	Sig. (2-tailed)		<0.05** (0.002)
	N	20	20

Table 8: The inter co-relation between psychological health and environment

		Domain2	Domain4
Domain2	Pearson Correlation	1	0.491

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	Sig. (2-tailed)		<0.05** (0.02)
	N	20	20

Table 9: The inter co-relation between environmental relation and social relation

		Domain4	Domain3
Domain4	Pearson Correlation	1	0.576
	Sig. (2-tailed)		<0.05** (0.008)
	N	20	20

Table 10: Correlation of different Domains of Quality of life and alcohol dependence scale

		Ads score	Domain1
Ads score	Pearson Correlation	1	-0.456
	Sig. (2-tailed)		<0.05** (0.043)
	N	20	20

9. Discussion

Quality of life is a dynamic index which is perceived well-being of an individual. It can be affected by various factors including physical, psychological, social relations, and environmental aspects of an individual. Some of the following socio demographic indices and alcohol- related variables in the study needs to be considered in relation to QOL assessment. The age group considered for the study sample is 25- 45 Years. The significant value (P) is < 0.05.

The data consisted of more male population compared to female population. In India, we have more male population who consume alcohol as compared to female population so in our study we had more males as subjects as compared to female.

According to the study, the quality of life in people with alcohol dependence is affected and the domain that is affected the most is psychological domain.

According to the study conducted by Ugochukwu C, Bagot KS, Delaloye S, Kumar N; quality of life has been shown to be significantly impaired in those with alcohol abuse and dependence, particularly in the domains of mental health and social functioning.

Study conducted by Gopal Das Mohan DasChikkerhally; quality of life in patients with alcohol dependence syndrome is significantly poor and in consideration of chronic relapsing nature of the disorder.

As the psychological domain is the most affected domain, therefore the other domains i.e, physical health, social relations, environment showed significant co-relation with this domain.

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10. Conclusion

On the basis of data analysis it is concluded that,

- The quality of life of the subjects in alcohol dependence is poor.
- The domain that is most affected is the psychological domain.

11. Limitations of the Study:

1. The scales that are used in the study, the data is subjective and it may vary from person to person and also according to the subject's mood. Therefore, the chances of human error are more.
2. According to our study, our data consisted of more male population compared to female population. In India, we have more male population who consume alcohol as compared to female population so in our study we had more males as subjects than female because of which we could not take males and females as an equal ratio.
3. We have not implemented any intervention, so there is a scope for further study. After intervention, we can take regular follow ups to measure the effectiveness of Occupational Therapy in improvement in the quality of life.

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