

# Influence the quality of life among spouses of patients with alcohol dependence syndrome and schizophrenia

## Abstract

**Background:** Persons with schizophrenia and alcohol dependence undergo many difficulties in their relationship as well as some also relate that they feel closer as a result of going through hard times together. Especially spouses of both the disorders face care and financial burden due to which their quality of life gets affected. **Aim:** This study assesses and compares the influence quality of life among spouses of patients with alcohol dependence and schizophrenia. **Methods:** The sample consisted of 100 spouses of patients with ADS and schizophrenia (50 ADS and 50 schizophrenia) selected from OPD of Central India Institute of Mental Health and Neuro Sciences (CIIMHANS) Dewada, Rajnandgaon, Chhattisgarh by using purposive sampling method. Socio-demographic and clinical details of all the spouses of patients with ADS and schizophrenia assessed by using the Quality of Life -BREF (WHOQOL -BREF, 1996). **Result:** The spouses of schizophrenia patients had poor quality of life comparison to spouses of ADS patients. Significant difference found in quality of life among spouses of patients with ADS and schizophrenia. **Conclusion:** These disorders have continuous course and spouse's responsibility in caring for the patients who may be with negative symptoms predominantly. In the spouses spend numerous care hours with their husband and family members and also face a lot of financial burden on a daily basis.

**Keywords:** Alcohol dependence syndrome, schizophrenia and quality of life.

## Introduction

Schizophrenia is a severe mental disorder, characterized by intense disruptions in thinking, affecting language, perception, social withdrawal and sense of self. Schizophrenia affects about 24 million people across the world, with a worldwide prevalence of about 0.7% (WHO, 2007). Quality of life is a multidimensional concept related to a person's satisfaction with various aspects of life, such as physical, social and mental health functioning, and general health perceptions (Ritsner et al., 2000). The chronic burdens of everyday living can profoundly

reduce the quality of life and the spouse's satisfaction with their partners (Jungbauer et al., 2004). Family stress levels are found significantly higher, typically, females go through more anxiousness, tired, frustration, isolated and greater workload. Beside the domestic responsibilities female spouses have social responsibilities, extra financial burden and care of the husband's illness (Mishra et al., 2005).

Alcohol dependence is a mal-adaptive pattern of substance use for a period of 12 months, which is characterized by tolerance, withdrawal

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**Submitted:** 13.08.2020 **Revised:** 20.10.2020

**Accepted:** 24.11.2020 **Published:** 20.12.2020

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**Website :** [www.jpsw.co.in](http://www.jpsw.co.in)

**DOI:** <https://doi.org/10.5281/zenodo.4445610>

## Quick Response Code



**How to cite:** Ranjan, L.K., Baraik, M.S., Panday, R., & Gupta, P.R. (2020). Influence the Quality of Life among Spouses of Patients with Alcohol Dependence Syndrome and Schizophrenia. *Journal of Psychosocial Wellbeing*, 1(2), 63-68.

symptoms, loss of control, and craving (APA, 2000). Alcohol use and its problems associated are at the increase in India which has the second largest population in the world with 33% of the population consuming alcohol (WHO, 2007). It is the third leading psychiatric problems in the world today (Sharma, 2009). Spouses whose husbands had alcohol dependence were more likely to experience victimization, injury, domestic violence, mood, anxiety, stress, general health problems, and poor quality-of-life compare to whose husbands did not have alcohol dependence (Dawson et al., 2007). Spouses face low-income backdrop and their husbands was significantly affecting their mental health. Increased incidence of per natal psychiatric illnesses was more particularly associated with violent behaviors by their husbands (Tran et al., 2012). Wife of alcoholic husbands have poor marital adjustment, poor economic condition, and higher care burden. In the spouses of alcohol abusers face a lot of emotional, social and sexual adjustment with their husband (Ranjan & Gupta, 2018). Persons with mental health problems generally face negative attitude through the public. Stigmatization makes it difficult for them to integrate into society. Many clients remain unemployed and lead a very monotonous life in the community. They often have poor self-care and no social life (Chan et al., 2000).

### Method and Material

The research was a hospital-based cross-sectional comparative study among the spouses of patients with alcohol dependence and schizophrenia. The sample was drawn from the outpatient department (OPD) of the Central India Institute of Mental Health and Neuro Sciences (CIIMHANS), Dewada, Rajnanga, Chhattisgarh through purposive sampling method. The sample was comprised of 100 respondents for this study which was further divided into 50 female spouses of patients with alcohol dependence and 50 female spouses of patients with schizophrenia.

### Objectives

- To assess and compare the socio-demographic profile among spouses of patients with alcohol dependence and schizophrenia.
- To assess and compare the quality of life among spouses of patients with alcohol dependence and schizophrenia.

### Hypotheses

- There will be no significant difference in socio-demographic profile among spouses of patients with alcohol dependence and schizophrenia.
- There will be no significant difference in quality of life among spouses of patients with alcohol dependence and schizophrenia.

### Inclusion and exclusion criterion

**Inclusion criteria of the patients:** Patients diagnosed with alcohol dependence and schizophrenia according to ICD-10. DCR (1992), gender- male, age between 25 to 55 years, duration of illness at least 2 to 8 years, and the individual who is married.

**Exclusion criteria of the patients:** Patient with a neurological problem, head injury, mental retardation or other physical illness and age less than 25 and more than 55 years, duration of illness less than 2 years and the individual who is not married.

**Inclusion criteria of spouses of patients:** Gender-female, age between 25 to 55 years, spouses lived with patient for at least 3 years or more than three years, able to understand Hindi or English, those who gave informed consent form and those who have no significant psychiatric co-morbid condition.

**Exclusion criteria of spouses of patients:** Age less than 25 and more than 55 years, individuals with major psychiatric illness and neurological illness,

individuals with major physical illness, lived with patient less than 3 years and those who did not give informed consent form.

#### Description of the tools -

Socio Demographic Data sheet: Semi-structured socio-demographic data sheet was used to obtain background information of the subjects on different dimensions like age, length of stay, education level, occupation, family types, monthly income, domicile etc.

The World Health Organization Quality of Life - BREF (WHOQOL -BREF, 1996): Hindi version of the WHOQOL-BREF has been derived from the original World Health Organization Quality of life scale. The Hindi version WHOQOL-BREF scale is adopted by Saxena et al. (1998). WHOQOL-BREF contains 26 questions in 4 major domains (i.e. physical health, psychological health, social relationships and environment) to measure the quality of life. This scale emphasizes the subjective experiences of the respondents rather than their objective life conditions. The alpha score of all domain ranges from 0.59 to 0.87, Coronach alpha of all domains are 0.87, the factor loading of the item ranges 0.52 to 0.84 WHOQOL-BREF is highly valid version across cultures.

#### Results

Table 1 reveals that score of socio-demographic variables age and length of stay in both the group.

Table-1: Comparison of age and length of stay between spouses of patients with alcohol dependence and schizophrenia.

Variables	Group(Mean±SD) (N=100)		t	df	p
	ADS	Schizophrenia			
Age of spouse	<b>33.42 ± 5.63</b>	32.30±6.56	0.916	98	0.362 <sup>NS</sup>
Length of stay	9.64 ± 3.31	8.96 ± 3.38	1.016	98	0.312 <sup>NS</sup>

ADS= Alcohol dependence syndrome,

df=Degree of freedom

NS=Not significant

The mean and SD score of age of spouses ADS patients were  $33.42 \pm 5.63$  and age of spouses schizophrenia patients were  $32.30 \pm 6.56$ . In, the mean and SD score in length of stay of spouses ADS patients were  $9.64 \pm 3.31$  and age of spouses schizophrenia patients were  $8.96 \pm 3.38$ . There was no significant difference in age( $t=0.916$ ,  $p >0.05$ ) and length of stay( $t=1.016$ ,  $p >0.05$ ) between spouses of patients with alcohol dependence and schizophrenia.

Table 2 reveals that socio-demographic detail of the spouses of alcohol dependence and schizophrenia patients. Nearly 18% spouses of ADS patients and 24% spouses of schizophrenia patients were illiterate. Eighty two percent spouses of ADS patients and 76% spouses of schizophrenia patients were literate. In occupation, the majority of 40% spouses of ADS patients and 48% spouses of schizophrenia patients were involved in family business. In family type, the majority of 84% spouses of ADS patients and 90% spouses of schizophrenia patients were belong in nuclear family. The majority of 42% spouses of ADS patients and 48% spouses of schizophrenia patients were middle family income status. In domicile, the majority of 46% spouses of ADS patients and 40% spouses of schizophrenia patients were belong to rural areas. There was no significant difference in education ( $\chi^2=0.542$ ,  $p >0.05$ ), occupation ( $\chi^2=0.731$ ,  $p >0.05$ ), family type ( $\chi^2=0.796$ ,  $p >0.05$ ), family income ( $\chi^2=0.412$ ,  $p >0.05$ ), and domicile ( $\chi^2=1.884$ ,  $p >0.05$ ) between both the group.

Table-2: Comparison of socio-demographic variables between spouses of patients with alcohol dependence and schizophrenia (N=100)

	Variables	Group		df	$\chi^2$	p
		ADS	Schizophrenia			
<b>Education</b>	<b>Illiterate</b>	9(18.0%)	12 (24.0%)	1	0.542	0.461 <sup>NS</sup>
	<b>Literate</b>	41(82.0%)	38(76.0%)			
<b>Occupation</b>	<b>Private / Govt.</b>	15 (30.0%)	14 (28.0%)	2	0.731	0.694 <sup>NS</sup>
	<b>Job</b>					
<b>Family types</b>	<b>Family Business</b>	20(40.0%)	24 (48.0%)	2	0.796	0.372 <sup>NS</sup>
	<b>Housewife</b>	15 (30.0%)	12 (24.0%)			
<b>Family income</b>	<b>Joint</b>	8(16.0%)	5(10.0%)	2	0.412	0.814 <sup>NS</sup>
	<b>Nuclear</b>	42(84.0%)	45 (90.0%)			
<b>Family income</b>	<b>Less than 10000</b>	17(34.0%)	16(32.0%)	2	1.884	0.390 <sup>NS</sup>
	<b>10000 to 20000</b>	21(42.0%)	24(48.0%)			
<b>Domicile</b>	<b>Above 20000</b>	12(24.0%)	10(20.0%)	2	4.025	0.001
	<b>Rural</b>	23(46.0%)	20(40.0%)			
<b>Domicile</b>	<b>Semi-urban</b>	17(34.0%)	14(28.0%)	2	3.225	0.002
	<b>Urban</b>	10(20.0%)	16(32.0%)			

df=Degree of freedom, , NS=Not significant, ADS= Alcohol dependence syndrome

Table-3: Comparison of quality of life among spouses of patients with alcohol dependence and schizophrenia (df=1, 98):

Variables	Group (Mean±SD) (N=100)		t	p
	ADS	Schizophrenia		
<b>Physical Health</b>	18.46 ± 4.33	17.90±1.47	0.865	0.389
<b>Psychological Health</b>	13.78 ± 1.79	12.92 ± 2.18	2.149	0.034
<b>Social Health</b>	5.54 ± 1.44	4.64 ± 0.87	3.766	0.001
<b>Environmental Health</b>	17.38 ± 1.85	16.32 ± 1.40	3.225	0.002
<b>Overall Quality of Life</b>	55.16 ± 4.93	51.78 ± 3.29	4.025	0.001

SD=Standard deviation, ADS= Alcohol dependence syndrome

Table 3 reveal that the mean score and SD of overall Quality of life among spouses of patients with ADS and schizophrenia were  $55.16 \pm 4.93$ ,  $75.58 \pm 8.60$  respectively. The mean score in quality of life (domain wise) of both groups respectively were as  $18.46 \pm 4.33$ ,  $17.90 \pm 1.47$  in physical health  $13.78 \pm 1.79$ ,  $12.92 \pm 2.18$  in Psychological health  $5.54 \pm 1.44$ ,  $4.64 \pm 0.87$  in social health and  $17.38 \pm 1.85$ ,  $16.32 \pm 1.40$  in environmental health. Significant group differences were found in terms of Psychological health ( $t=2.149$ ,  $p= 0.05$ ), social health ( $t=3.766$ ,  $p= 0.01$ ), and environmental health( $t=3.225$ ,  $p= 0.01$ ). Also significant difference was found in the total quality of life ( $t=4.025$ ,  $p= 0.01$ ) between the both groups.

## Discussion

The present study has found no significant difference in areas of (socio-demography) age, length of stay, education, occupation, family type, family income and domicile. The spouses of both the group largely involved in family business.

The present study also shows that significant difference in quality of life among the spouses of patients with ADS and schizophrenia and it also shows that all domain in quality of life (Psychological, social and environmental health) had significant difference in both the group. The spouses of schizophrenia patients had poor quality of life

compare to spouses of ADS patients. Some earlier studies also support this. Kumar, (2015) conducted the study and reported that significant difference in quality of life between spouses of ADS and schizophrenia patients. The spouses of schizophrenia patients had higher levels of burden compare to spouses of ADS patients. Kumar, & Mohanty, (2007) revealed that significantly greater burden in female spouses of schizophrenia patients. Ranjan et al., (2015) conducted study on schizophrenia and observed that spouses of persons with schizophrenia had poor quality of life in comparison to other disorder. Ochoa et al., (2008) observed that severity of psychotic symptoms and degree of disability are related to higher levels of family burden with schizophrenia. Connors et al., (2012) reported that families of ADS patients suffer with more conflict, chaos, communication problems, irregularity, contradictions in messages to children, breakdown in rituals and traditional family rules, emotional and physical abuse. Tempier, (2006) reported that spouses of ADS who are lifetime at-risk drinkers showed greater psychological distress than in general population. Kaushik and Bhatia, (2013) reported that female spouses of schizophrenia patients experience the below-average quality of life. Spouses also face chronic burdens in their everyday life which can severely affect their living situation and well being. Ranjan and Gupta (2017) conducted a study and found that spouses of patients with ADS had poor social support and quality of life. Tran et al., (2012) female spouses of male drinkers were significantly affecting their mental health. Increased incidence of prenatal psychiatric illnesses was more particularly associated with violent behaviors by their husbands. Ranjan and Gupta, (2018) reported that spouses of alcohol abusers face a lot of economic condition, care burden emotional, social and sexual adjustment with their husband.

### Limitations

Some of the methodological limitations of the present research need to be mentioned here. This study is a cross-sectional design and the sample size

of the study was small. Purposive sampling technique was used in the present study. Spouses Assessment of psychopathology could not be done. Both the sex (spouse) should have been included for better understanding.

### Conclusion

All the domains of quality of life showed poorer scores for quality of life in the spouses of schizophrenia patients, compared to alcohol dependence syndrome, the significant differences were in both the group. This could be due to the continuous course and spouse's responsibility in caring for the patients who may be with negative symptoms predominantly. In the spouses spend numerous care hours with their husband and family members and also face a lot of financial burden on a daily basis. Longer daily care hours significantly contribute to a higher care burden and poor quality of life in both the groups.

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