Research Article

A Study to Assess the Mental Health Status and Quality of Life of Patients with Alcohol Dependence Attending at Psychiatric and Medicine OPD of Pravara Rural Hospital, Loni Bk

Rajendra Shinde[1], Jitendra D Belokar[2]

[1]Department of Community Health, Health and Wellness Centre, Nashik, Maharashtra, India, [2]Department of Psychiatric Nursing, Smt. SEVP College of Nursing, Pravara Institute of Medical Sciences (Deemed to be University), Ahmednagar, Maharashtra, India

Abstract

Background: Alcohol consumption stands for world's third largest risk factor for causing disease and disabilities in middle-income countries. Alcohol is considered as casual factor in 60 types of diseases and injuries. Almost 4% of all the deaths were worldwide reported that are attributed to alcohol greater than that of deaths caused by HIV/AIDS. Alcohol consumption and mental health problems related to alcohol are varying widely all around the world and leading to poor quality of life among alcoholics.

Materials and Methods: Non-experimental descriptive survey design with cross-sectional approach was used to assess the mental health status and quality of life of patients with alcohol dependence and their relationship with the selected demographic variables. The data were collected from 50 patients with alcohol dependence using non-probability purposive sampling technique. Descriptive and inferential statistics were used wherever applied.

Findings: Findings revealed that 52% and 19% of the respondents had mild as well as severe cognitive defects, respectively, and rest 30% had no cognitive defect. In relation to quality of life, 20%, 38%, and 24% of respondents had very poor, poor, and average quality of life, respectively, whereas 10% and 8% of respondents had good and very good quality of life, respectively. There was positive correlation between mental health and quality of life (r = 0.75).

Conclusion: Study findings concluded that majority of patients with alcohol dependence had disturbed mental health status and that led to poor quality of life among them.

Keywords: Alcohol dependence, metal health status, quality of life.

Introduction

Alcohol records about 4% of the global burden of disease. It has been recognized that heavy alcohol consumption is associated with a cycle of cognitive decline and impulsivity mediated by damage to frontal cortical regions of the brain, which oversee behavioral control through executive functions. Dysfunctional impulsivity caused by alcohol dependence includes deficits in attention, lack of reflection, and insensibility to consequences.[1]

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Alcohol consumption has increased globally over years and in India is being one of the most populous countries contributing significantly to alcohol attributable burden. Among 15–49-year-old men in India, the prevalence of daily and weekly use of alcohol was observed to be 9.4% and 26.7%. Alcohol is attributed for 17% of the neuropsychiatric disorders among men in India.[2]

A cross-sectional survey was conducted to investigate the burden of alcohol dependence and associated cooccurring conditions on health and productivity data were collected from 2979 alcohol-dependent patients (mean age 48.8±13.6 years) findings of the study revealed that 77% of the patients suffered from moderate to severe cooccurring psychiatric and/somatic conditions. High drinking risk level (DRL) was significantly

Address for Correspondence:
Jitendra D Belokar, Department of Psychiatric Nursing, Smt. SEVP College of Nursing, Pravara Institute of Medical Sciences (Deemed to be University), Loni Bk, Rahata, Ahmednagar - 413 736, Maharashtra, India. E-mail: jitendrabelokar43@gmail.com

associated with depression, greater work productivity losses, increased hospitalizations, and rehabilitation stays. Cooccurring conditions were significantly associated with poorer health-related quality of life and decreased work productivity, with a statistical trend toward an increased frequency of rehabilitation stays. Study concluded that alcohol-dependent patients manifest high rates of cooccurring psychiatric and somatic conditions which are associated with impaired work productivity and health-related quality of life.[3]

A cross-sectional study was conducted to evaluate psychiatric comorbidity and quality of life in South African alcohol use disorder patients. In assessment of 101 patients, psychiatric comorbidity was noted in 62.3% of the patients with most 55.6% was having more than 1 disorder. Mood disorders (61.9%) and anxiety disorders (52.4%) were the most common cooccurring disorders. Quality of life scores were significantly lower for the participants with comorbidity in three of the four WHO quality of life domains and declined with increasing number of psychiatric disorders.[4]

A study examined the association between the WHO DRL reduction and improvements in physical health and quality of life in a sample of individuals with alcohol dependence. About 1142 subjects were enrolled in the study in which one and two level reductions in the WHO DRLs predicted significant improvements in markers of physical health and quality of life.[5]

Materials and Methods

A non-experimental descriptive survey design with cross-sectional approach was used to assess the mental health status and quality of life of the patients with alcohol dependence and their relationship with selected sociodemographic variables. Research variables in the present study were mental health status and quality of life of patients with alcohol dependence; confounding variables for the present study were demographic characteristics such as age, educational status, occupation, socioeconomic status, religion, type of family, and area of residence. The present study was conducted in psychiatric and medicine OPD of Pravara Rural Hospital, Loni Bk. Non-probability purposive sampling technique was used to enroll study samples. Fifty samples were selected as per inclusion and exclusion criteria of the study. Data collection tools were categorized as sociodemographic variables (Section A), alcohol dependence profile (Section B), alcohol dependence scale and mini-mental status examination (Section C), and WHO QOL_BREF (Section D). Data were analyzed using descriptive and inferential statistical methods such as frequency percentage, standard deviation, and correlation coefficient (KPCC).

Prior permissions were obtained from the concerned authorities of the concerned hospital. During data collection, the researchers introduced him to the respondents and their willingness for the participation was ascertained. The respondents were assured that the confidentiality of the information will be maintained. The informed consent was obtained from the respondent before the data collection. The researcher himself collected data from each subject with interview technique. The data collected from each subject were recorded systematically and organized in a way that computer entry and data analysis.

Findings

Findings related to the demographic profile of the participants

The highest percentage of study samples (36%) was in the age group of 41–50 years followed by 30% in the age group of 31–40 years and 20% of participants were in the age group of 60 years and above. About 46% of study subjects were with secondary education followed by 22% were with no formal education and only 12% were graduates and postgraduates. About 30% of the participants had their own business whereas 26% of subjects were laborers on daily wages. About 16% and 12% were farmers and private employees, respectively. About 30% of the study subjects had their monthly income of Rs. 11,708–19,525 and only 4% had their monthly income more than or equal to Rs. 78,063. The highest percentage of participants belonged to Christian by religion and the lowest percentage (14%) was from other religions. About 38% of respondents were residing in joint families and 30% of them belonged to nuclear families. About 62% of the participants were from rural areas and only 12% were residing in urban areas.

Major findings of the study

Level of alcohol dependence

Majority of the participants (34%) had low level of alcohol dependence whereas only 12% of the study subjects had severe level of alcohol dependence [Figure 1].

Level of cognitive defects

Majority of the participants, that is, 52% had mild cognitive defects and only 18% of the subjects had severe cognitive defect [Figure 2].

Quality of life among alcohol-dependent patients

Majority of the study samples (38%) had poor quality of life whereas only 8% had very good quality of life [Figure 3].

Positive correlation was identified in-between mental health status and quality of life [Table 1].

Discussion

The present study was conducted to assess the mental health status and quality of life of patients with alcohol dependence attending at psychiatric and medicine OPD of Pravara Rural Hospital, Loni Bk, where the findings revealed that 365 of the study samples were in the age group of 41–50 years followed by 30% in the age group of 31–40 years and 20% were in the

Table 1: Correlation between mental health status and quality of life among alcohol-dependent patients

Variables	Correlation
Mental health status versus quality of life	r = 0.75

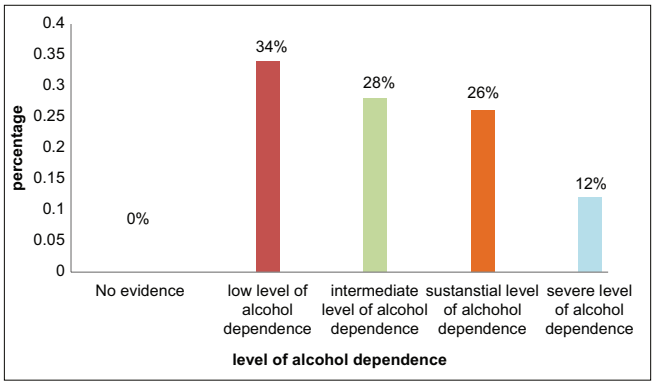

Figure 1: Distribution of subjects by level of alcohol dependence

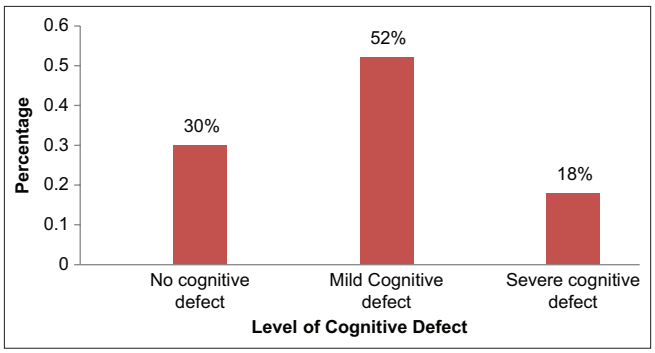

Figure 2: Distribution of subjects based on the level of cognitive defect

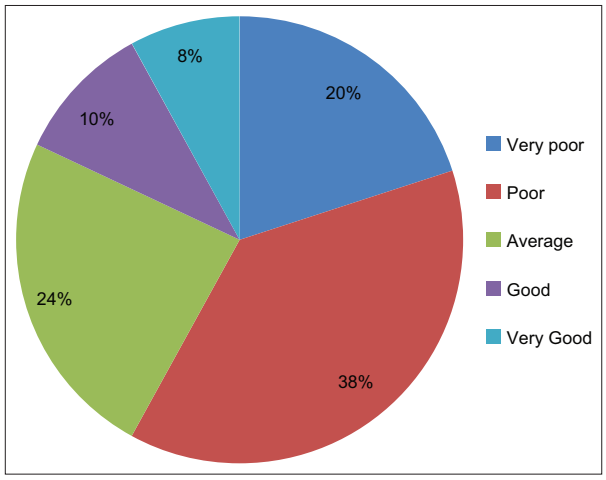

Figure 3: Quality of life among alcohol-dependent patients

age group of more than 60 years; similar study was conducted by Gopal Das and Mohan Das Chikkerahally indicated that the mean age of samples was 39.08%.[2]

The present study revealed that the age of taking alcohol was higher (38%) in the age group of ≤18 years; these findings were supported by the study conducted by Gopal Das and Mohan Das Chikkerahally, where mean age group when alcohol intake initiated at the mean age of 21.6 years.[2]

The present study findings indicated that 18% of the alcohol-dependent patients had severe cognitive defect and 52% of the participants had mild cognitive defect; these findings are supported by the study conducted by Kuria and Ndetei association between alcohol dependence and depression before and after treatment of alcohol dependence, findings suggested that the prevalence of depression among alcohol-dependent persons is high (63.8%) with a significant association between depression.[3]

In the present study, majority of the respondents (38%) had poor quality of life followed by 24% of the participants had average and 20% had very poor quality of life whereas 10% had good quality of life and 8% had very good quality of life; these findings are supported by the study conducted by Shruti and Manjit on quality of life as outcome measure in the treatment of alcohol dependence, the findings suggested poorer quality of life among the alcohol dependence syndrome patients. These findings are also supported by study conducted by Fenton and B.Tet.

Conclusion

The present study concluded that majority of patients with alcohol dependence had disturbed mental health status and that led to poor quality of life among them.

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Conflicts of Interest

None.

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