

Research Paper

## Study on Disability and Psychological Problems of Individual with Alcohol Dependence

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### ABSTRACT

**Background:** Alcohol use is a major risk factor for global disease burden, and excessive use leads to disability and psychological problems in individuals. In previous literature on various health effects of alcohol, the weight of the evidence was on illness and death. Correspondingly, in the area of psychological health, the effects of alcohol on psychological problems such as depression, anxiety, and insomnia have been more broadly studied. So, keeping this background in mind, this study was planned to assess the relationship between psychological problems and disability in individuals with alcohol dependence. **Objective:** To see the relationship between psychological problems and disability in individuals with alcohol dependence. **Methodology:** This present study was conducted at the outpatient and inpatient departments of the Centre for De-Addiction Psychiatry at the Central Institute of Psychiatry, Kanke, Ranchi. The sample, consisting of 50 male individuals' diagnosed with alcohol dependence syndrome as per ICD-10 DCR, was selected through purposive sampling. The sample age range was 20–45 years. Individuals who are suffering from any other mental illness, substance use disorder, epilepsy, or physical chronic illness were excluded. After obtaining basic socio-demographic and clinical details on a predesigned datasheet, the GHQ 28 (General Health Questioners) and World Health Organization Disability Assessment Schedule (WHODAS 2.0) scales were used for data collection. **Result and Conclusion:** The prospective study findings indicate that the participants in the study were male, with a negative correlation seen with family income and somatic symptoms and also an association between severe depression and self-care.

**Keywords:** *Psychological problems, Disability and Alcohol*

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**A**lcohol consumption tends to be a major issue in developing nations like India because of the country's diverse sociocultural practices, the states' various alcohol policies and practices, the community's lack of awareness of alcohol-related problems, false mass media propaganda about alcohol use, the consumers' varied alcohol consumption patterns, and the emergence of social drinking as a habit due to the country's pervasive urbanization. The most commonly used alcoholic beverages are beer, wine, whisky, rum, vodka, gin, and brandy, as well as locally brewed beverages like arrack and toddy. Alcohol consumption becomes a problem when the individual engages in a problematic drinking pattern that puts him at risk of developing adverse health events (WHO,2018). Despite the fact that worldwide, alcohol use disorders (AUDs) do not have a significant mortality rate. It is classified as the third most crippling disease category in industrialized countries and the fourth most crippling disease category in underdeveloped countries (WHO, 2008). The psychological issues linked to alcoholism might manifest as marital or other interpersonal disputes, child abuse or neglect, absenteeism or other issues at work, and other psychosocial issues. Loss of social support, unemployment, and, in the worst circumstances, violence are all possible outcomes of these psychosocial issues. Anger, sadness, worry, regret, guilt, and/or insomnia are just a few of the possible emotional responses linked to these psychosocial issues, which can also emerge as depressive, anxiety, and/or insomnia disorders (Chaudhary et al.,2015). As a result, in the current study, we investigated the association between psychological issues and disability in a sample of alcohol-dependent individuals who were actively using alcohol who were selected from an alcohol treatment facility.

### **MATERIALS AND METHOD**

#### *Design*

This study was a cross-sectional one and aimed to examine the relationship between psychological problems and disability in individuals with alcohol dependence. The study was conducted in the inpatient and outpatient departments at the Centre for Addiction Psychiatry, Central Institute of Psychiatry, Ranchi, Jharkhand, India. Research samples were recruited through purposive sampling. The sample consisted of 50 male individuals diagnosed with alcohol dependence as per ICD-10 DCR.

#### *Participants*

In present study individuals diagnosed with alcohol dependence syndrome as per ICD-10 DCR and aged 20–45 years were taken for the present study. Individuals who had any other mental illness, epilepsy, or physical chronic illness were excluded.

#### *Measures*

In the present study, we have used the patient consent form, sociodemographic data sheet, General Health Questionnaire 28 (GHQ 28), and WHO-Disability Assessment Schedule 2.0 (WHO-DAS2.0). The GHQ was developed as a screening tool to identify those who are most likely to already have psychiatric illnesses or to be at high risk of getting them. The GHQ is a 28-item instrument used in medical settings to assess emotional discomfort. Four subscales make up the GHQ 28: physical symptoms, anxiety and sleepiness, social dysfunction, and severe depression. The GHQ-28 was a test with high internal consistency. Test-retest reliability, split-half coefficients, and Cronbach's alpha were all 0.89, 0.89, and 0.58, respectively (Goldberg,1979). The World Health Organization Disability Assessment Schedule (WHODAS 2.0) is a generic assessment instrument developed by WHO to provide a standardized method for measuring health and disability across cultures. It is a practical, generic assessment instrument that can measure health and disability at the population level

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or in clinical practice. WHODAS 2.0 captures the level of functioning in six domains of life. This instrument determines cross-cultural applicability, reliability, and validity, as well as its utility in health research services (Ustun et al., 2010).

### *Statistical Analysis*

Data was entered in SPSS 25.0 and analysed using descriptive and inferential statistics. To see the relationship among sociodemographic variables and scales, Pearson correlation was used.

## **RESULTS**

**Table no-1 Socio-demographic profile of the Alcohol dependence (Both continuous and categorical variables) (N=50)**

<b>CHARACTERISTICS</b>		<b>PERCENTAGE (N=50) N%</b>
Sex	Male	100.0
	Female	00.0
Education	Primary	6.0
	Secondary	62.0
	Higher Education	32.0
Marital status	Married	74.0
	Unmarried	26.0
Occupation	Employed	62.0
	Unemployed	38.0
Religion	Hindu	90.0
	Muslims	6.0
	Christian	4.0
Domicile	Rural	44.0
	Urban	56.0
Socioeconomic status	L.S.E. S	28.0
	M.S.E. S	72.0
Family Type	Joint	46.0
	Nuclear	42.0
	Extended	12.0
<b>Variables</b>		<b>Mean±S.D.</b>
Age of onset		22.80±5.53
Duration of taking alcohol		10.68±6.21
Age (Years)		33.80±7.93

This table shows the socio-demographic variables of the sample population, which indicated that the majority of the respondents are male, hindu, employed, married, of urban background, and belong to middle socio-economic status. Also, the same table indicate the age of the respondents was 33 years, and the duration of taking alcohol was 10 years.

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**Table no- 2 Correlation between sociodemographic variables and GHQ-28**

Socio Demographic and Variables	Somatic Symptoms	Anxiety/Insomnia	Social Dysfunction	Severe Depression	Total
Age of the Patients	.189	.027	-.084	.000	.083
Family Income	<b>-.283*</b>	-.065	-.134	-.073	-.226
Age of Onset of Illness	.110	-.056	.078	.221	.128
Duration Of Illness	.170	.026	-.146	-.083	.030

\*Correlation is significant at the 0.05 (2-tailed)

The above table shows the correlation between socio-demographic variables with GHQ-28 scale, which indicates that there was significant negative correlation domain of GHQ- 28 i. e. somatic symptoms and family income. However, no significant relationship was found in the other domain of GHQ-28 & sociodemographic data.

**Table No-3 Correlation among socio-demographic variables and WHODAS**

Variables	Age of the patients	Family income	Age of onset of illness	Duration of illness
Understanding and communicating	.149	.087	.211	.101
Getting around	.149	.087	.211	.101
Self-care	-.212	-.072	-.005	-.159
Getting along with people	-.057	-.081	.011	.023
Life activities	-.234	-.090	-.037	-.083
Participation in society	-.186	-.054	-.212	.061
Total	-.159	-.085	-.017	-.025

Correlation is significant at the 0.05 (2-tailed)

This table shows the correlation between socio-demographic variables and the WHODAS scale, which indicates that there was no significant relationship seen between the above-mentioned scale and socio-demographic data.

**Table No-4 Correlation among psychological problems (GHQ-28) and disability (WHODAS (2.0)) (Pearson Correlation-Coefficient)**

VARIABLES DOMAIN (WHODAS 2.0)	General Health Questioner -28 (DOMAIN)				
	Somatic Symptoms	Anxiety/Insomnia	Social Dysfunction	Severe Depression	Total
Understanding and communicating	.140	<b>.352*</b>	.050	.145	.255
Getting around	.140	<b>.352*</b>	.050	.145	.255
Self-care	.042	.059	-.036	<b>.320*</b>	.134
Getting along with people	-.135	-.043	.008	-.011	-.085
Life activities	.216	.205	.152	.155	.271
Participation in society	.035	.086	-.152	-.099	-.024

Correlation is significant at the 0.05 (2-tailed)

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This table describes the correlation between GHQ28 and the WHODAS2.0 scale. There was a positive significant relationship found between the domain of GHQ-28, i.e., anxiety and insomnia, and the domain of WHODAS, i.e., understanding and communication; however, there was also a positive significant relationship seen between the domain of GHQ-28, i.e., severe depression, and the domain of WHODAS, i.e., self-care.

### DISCUSSION

This study is planned to assess the relationship between psychological problems and the disability of individual alcohol dependence. For the study purpose, individuals diagnosed with alcohol dependence syndrome in the age range of 20–45 years were taken through purposive sampling. For the study purpose, the researcher applied the General Health Questionnaire 28 (GHQ 28) and WHO-Disability Assessment Schedule 2.0 (Goldberg, 1979; Ustun et al.,2010). In previous studies, researchers found that these two scales, the General Health Questionnaire-28 (GHQ-28) and WHODAS version 2.0, were extensively used in the Indian context. The GHQ was used to assess current mental health, while other questions assessed alcohol, tobacco, psychotropic drug usage, and somatic morbidity, and WHODAS was used to assess disability among the study subjects (Leignel et al.,2014 & Balhara et al.,2017). In our findings, the total participants were male because, in the Indian context, it is seen that male participants used more alcohol in comparison to female participants. Also, as per the National Household Survey of Drug Use in the country, the nation-wide prevalence of drug use recorded alcohol use in the past year in only 21% of adult males (Ray, 2004). The majority of participants in the current study were Hindus who were married, employed, and of middle socioeconomic status. Our findings are supported by similar findings from a prior study conducted in India, where the majority of the participants were married, Hindu urbanites, and in their middle income group (Mukhopadhyay, 2017). In the current study, the respondents are 33 years old, and it is also seen that most respondents started taking alcohol at the age of 22. Maggs et al. (2008) reported that parental education increased the quantity of alcohol consumed at ages 23–33. Also, previous research concluded that there is a high prevalence of alcohol use disorders in adults ages 18 to 22 (Wu et al.,2007). In our study, the duration of taking alcohol was 10 years. A previous study also identified that the younger the age at which people started to drink, the greater their likelihood of developing alcohol dependence within 10 years of drinking onset and before age 25 (Hingson et al.,2006).

In our findings, there is a negative correlation between somatic symptoms and family income. Also, participants in the current study belong to a middle socioeconomic status, and the persistence of chronic alcohol dependence hampers their working productivity. As a result, it affects the earnings of individuals, which could be the reason for somatic symptoms. Even though frequent consumption of alcohol leads to mental distress, which also increases somatic symptoms, the same findings have been discussed in prior studies (Kryger et al.,2010).

Our findings indicate that There was a significant positive relationship found between anxiety and insomnia and understanding and communication; however, there was also a significant positive relationship seen between severe depression and self-care. The sleep problems may originate prior to the development of clinical alcoholism, as evidenced by insomnia that persists for weeks or months following abstinence (Brower et al.,2003). This could be a reason for increasing anxiety among alcoholics. An unpleasant emotion that leads to sleep issues is anxiety. These two factors encourage frequent alcohol consumption, which impairs the cognitive abilities of people with alcohol dependence who are preoccupied with

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their own thoughts and are unable to properly reciprocate with others. This impairs their capacity to socialize and has detrimental effects on their mental and physical well-being. These cognitive impairments not only determine the everyday management of these patients but also impact the efficacy of management and may compromise the abstinence prognosis. According to the World Health Organization, depression and harmful alcohol use are two of the top five leading causes of years of life lost to disability (DALYs) in high-income countries (WHO, 2008). The study also discovers positive correlation between depression and the self-care domain of disability. Clinical studies have shown that fatigue and a lack of energy are physical manifestations of depression symptoms. These manifestations may result in a decline in attitude and self-care activities. These people lack energy and seldom carry out their everyday tasks.

### CONCLUSION

Alcohol addiction and dependence are still quite common and incapacitating. The effects of frequent alcohol use on mood swings, anxiety, and personality disorders seem to be more related to elements that these other disorders have in common. Alcohol abuse and dependence are maladaptive patterns of alcohol intake that show symptoms that cause distress or impairment that is clinically substantial. Automobile accidents, domestic violence, fetal alcohol syndrome, cognitive impairment, inadequate medication adherence, financial losses, lost productivity, and mental comorbidity are all associated with alcohol abuse and dependency. Although the provided data only represent the early results of the pilot of the extensive ongoing study, the study's sample size constraint is a drawback. Purposive sampling was employed due to time restrictions, and in the study, only participants were taken as only male respondents were available at the time of data collection.

### *Future directions*

According to this study, there is an urgent need for a comprehensive government programme and active efforts on the part of other nonprofit organisations to destigmatize alcoholism, educate the public and professionals about its warning signs and risks, and foster an understanding of the advantages of intervention. For the use of therapies to lessen the associated burden, more and systematic qualitative as well as quantitative research is needed to advance information on the disability connected to alcohol use disorders.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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