

**Comparative Study**

## **Impact of Psychoeducational Classes on the Quality of Life of Alcohol Use Disorder Caregivers: A Comparative Analysis**

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### **ABSTRACT**

Caring for individuals with Alcohol Use Disorder places a substantial burden on caregivers, demanding significant time, energy, and financial resources, contributing to psychological strain and physical exhaustion. This study aimed to assess the impact of psychoeducative intervention on the quality of life (QOL) of caregivers for patients with Alcohol Use Disorder. Using a quantitative research design with an evaluative approach, the study included two groups: a study group (38 caregivers attending psychoeducational classes) and a control group (90 caregivers not attending). The World Health Organization QOL – BREF scale was employed for assessment. Descriptive and inferential statistics, including T-tests, revealed significant differences in QOL for the study group compared to the control group across Physical, Psychological, Social, and Environmental domains, as well as overall QOL ( $p < .001$ ). This study concludes that psychoeducative intervention is highly effective in enhancing the QOL of caregivers for patients with Alcohol Use Disorder. Integrating psychoeducational programs into standard care for AUD caregivers is crucial, offering disease-specific knowledge, coping strategies, and holistic support. Policymakers are urged to enhance program accessibility, recognizing the impact of caregiver well-being on overall healthcare outcomes, advocating for community-based initiatives and long-term care planning.

**Keywords:** *Alcohol Use Disorder, Caregiving, Psychoeducation, Quality of Life*

Family members engaged in the daily care of individuals facing health issues often grapple with substantial discomfort and challenges, leading to distress and a notable decline in their quality of life. This burden is exacerbated by the persistent and demanding nature of the patient's illness, resulting in chronic stress. Physical and psychological distress, social disruptions, financial strain, and challenges in family relationships contribute to compromised coping abilities among caregivers (Rahmani et al., 2019).

The concept of Quality of Life (QOL) is multidimensional, encompassing a person's well-being (Davis et al., 2010). Defined by "the World Health Organization (*WHOQOL*, 2012) as individuals' perceptions of their position in life in the context of the culture and value

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systems in which they live and in relation to their goals, expectations, standards, and concerns”, QOL includes physical and mental well-being, psychological and social well-being, achievement of personal objectives, financial security, and the ability to engage in daily activities regularly. QOL is a pivotal aspect in healthcare, underscoring the individual perspective of patients and their families. While traditionally focused on patients, recent attention has shifted to caregivers, recognizing their integral role in treatment plans and highlighting their QOL as a crucial variable of interest (Caqueo-Urizar et al., 2009). Studies by Zendjidian et al. (2012) and Aggarwal et al. (2011) emphasize the significant impairment in QOL experienced by caregivers of individuals with psychological illnesses, attributing it to changes in psychological well-being, social life, and increased objective burden. Casswell et al. (2011) note that the QOL of caregivers can often be lower than that of the general population and, in certain instances, even lower than that of the patients they are caring for.

Despite extensive research on caregivers of the elderly or those with chronic illnesses, there is a notable gap in studies involving Alcohol Use Disorder (AUD) caregivers and other psychiatric conditions (Caqueo-Urizar et al., 2014). AUD, marked by a diminished ability to regulate alcohol consumption, even in the face of negative repercussions, presents unique challenges due to enduring alterations in the brain and a heightened susceptibility to relapse. Existing studies ((Kimuna et al., 2013; Verbakel, 2014) indicate that caregivers of AUD patients face elevated stress levels, diminished well-being, depressive symptoms, poor sleep quality, and reduced overall QOL. The association with higher financial costs and burden among caregivers is also evident (Brinda et al., 2014), with a staggering 95% prevalence rate of caregiver burden reported in studies by Kadam et al. (2020). Study by Vaishnavi et al. (2017) highlights a positive correlation between the severity of alcohol dependence and the substantial burden experienced by caregivers, emphasizing the need to alleviate caregiver burden during AUD treatment for enhanced effectiveness. Vadher et al. (2020) extend these concerns, noting that alcohol problems in a partner pose various health risks for women, beyond the well-documented association with domestic violence.

In the specific context of caring for AUD patients, caregivers play crucial roles as tolerators, preventers, and concerners. Empowering caregivers requires disease-specific knowledge, allowing them to comprehend the patient's condition and manage symptoms effectively. As vital representatives in the patient's recovery, caregivers should adopt a structured, user-friendly approach to navigate challenges independently within the home and community environment, ultimately reducing stress and enhancing their coping abilities.

For caregivers of AUD patients, participation in a psychoeducative intervention program offers an invaluable opportunity to deepen their understanding of AUD, covering aspects such as prognosis, potential relapse, and the significance of medication adherence. This investigation specifically focuses on the effects of teaching and practical exercises during psychoeducational sessions to assist caregivers in enhancing their QOL throughout the caregiving process.

It was hypothesized that the caregivers who actively participate in psychoeducational classes will demonstrate a significantly higher improvement in their QOL compared to caregivers who do not engage in these classes.

## **MATERIALS AND METHODS**

Approved by the Institutional Ethics Committee of the university, this study was carried out at the Psychiatry and Medical wards of Government Medical College, Amritsar and the inpatient/outpatient services of Bhatia Neuropsychiatric Hospital and Deaddiction Center of Amritsar. Written informed consent was diligently obtained from patients and their caregivers participating in inpatient or outpatient services. The recruitment period spanned from August 2022 to January 2023. The study included a sample of 128 AUD caregivers, with an average age of 43.05 years, consisting of 18 males and 110 females. Among the caregivers, 90 did not participate in psychoeducation classes, while 38 were actively engaged, attending these classes regularly for a minimum of once a week for at least one year. Conducted in group settings at Bhatia Neuropsychiatric Hospital and Deaddiction Center of Amritsar, these psychoeducation sessions were facilitated by skilled psychotherapists. Caregivers, during these sessions, received comprehensive instructions on the biopsychosocial causes of AUD and were equipped with coping strategies tailored to their caregiving roles. The inclusion of both caregiver groups aimed to explore the potential impact of psychoeducation on their quality of life, emphasizing how these sessions could enhance their understanding of AUD and improve coping mechanisms. Purposive sampling technique was utilized, with consenting patients and caregivers undergoing initial assessments based on predefined inclusion and exclusion criteria.

The study included (male and female) caregivers of AUD patients, aged 18 years and above. Exclusion criteria encompassed caregivers of patients with dependencies on substances other than alcohol (excluding nicotine) or any concurrent physical or psychiatric illnesses. Additionally, individuals with a family member diagnosed with a chronic physical illness or psychiatric disorder (excluding patients) and those unwilling to provide consent were excluded from study participation.

In this study, a caregiver was operationally defined as an individual residing with the patient and actively engaged in their care for a minimum of one year. Active involvement encompassed attending to the patient's daily needs, overseeing medication administration, accompanying the patient to medical appointments, providing support during hospitalization, and maintaining communication with healthcare professionals. In cases where multiple caregivers met the defined criteria, priority was given to the individual who demonstrated greater engagement in the patient's care.

### ***Instruments***

**World Health Organization Quality of Life-BREF** (Skevington et al., 2004): It was utilised to assess QOL of caregivers. It is a condensed 26-item version of WHOQOL-100 featuring four domains: physical capacity (7 items), psychological well-being (6 items), social relationships (3 items), and environmental health (8 items). The questionnaire employs a five-point rating scale, with higher scores reflecting better QOL.

### ***Procedure***

Prior to initiating data collection, patients and their caregivers received clear instructions. Initial efforts were dedicated to building rapport, ensuring participants were fully apprised of the study details. Written consent was obtained from individuals who comprehended the study and willingly agreed to participate, with an assurance of confidentiality. Participants had the freedom to withdraw from the study at any point without facing consequences. Subsequently, patients and their consenting caregivers underwent assessments based on

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predefined inclusion and exclusion criteria. Caregivers were then provided with instructions for the psychological test. The collected data underwent coding and analysis using the Statistical Package for Social Sciences (SPSS) version 21. Statistical analyses encompassed descriptive statistics, such as mean and standard deviation, offering a comprehensive overview of the dataset. Moreover, T-tests for independent groups were employed to identify significant differences between caregivers who engaged in psychoeducation classes and those who did not, establishing a robust foundation for the statistical examination of the study's key variables.

### RESULTS AND DISCUSSION

In Table 1, the means and standard deviations for QOL total and its four domains are presented for two groups.

*Table 1: Means and Standard Deviations of QOL total and its domains*

Variable	Group	N	Mean	Standard Deviation
QOL total	1*	38	100.55	12.87
	2**	90	77.19	16.32
Physical domain	1*	38	28.92	3.22
	2**	90	24.02	4.88
Psychological domain	1*	38	23.84	4.51
	2**	90	16.03	4.69
Social domain	1*	38	7.5	1.77
	2**	90	6.42	1.95
Environmental domain	1*	38	32.18	4.23
	2**	90	25.44	6.35

\*Group 1: Attended psychoeducational classes

\*\*Group 2: Did not attend psychoeducational classes

Group 1 (N = 38) attended psychoeducational classes and Group 2 (N = 90) did not attend psychoeducational classes. Caregivers in Group 1 exhibited a significantly higher mean total QOL score of 100.55 (SD = 12.87) compared to caregivers in Group 2, who had a lower mean total QOL score of 77.19 (SD = 16.32). This pattern was consistent across specific QOL domains, such as the Physical domain, where Group 1 had a higher mean (28.92, SD = 3.22) compared to Group 2 (24.02, SD = 4.88). In the Psychological domain, caregivers in Group 1 reported a mean score of 23.84 (SD = 4.51), while those in Group 2 had a lower mean score of 16.03 (SD = 4.69). For the Social domain, Group 1 caregivers reported a mean score of 7.5 (SD = 1.77), whereas Group 2 caregivers had a slightly lower mean score of 6.42 (SD = 1.95). In the Environmental domain, caregivers attending psychoeducational classes (Group 1) had a higher mean score of 32.18 (SD = 4.23) compared to caregivers in Group 2, who had a mean score of 25.44 (SD = 6.35). The differences in means are indicative of the potential positive impact of psychoeducational classes on caregivers' quality of life in various dimensions. Subsequent t-test results, detailed in Table 2, confirm the statistical significance of these differences.

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**Table 2: T-Test Results for QOL and Domain Differences between Group 1\* and Group 2\*\***

<b>Variable</b>	<b>t-value</b>	<b>df</b>	<b>significance</b>
<b>QOL total</b>	-7.85	126	.000
<b>Physical domain</b>	-5.68	126	.000
<b>Psychological domain</b>	-8.70	126	.000
<b>Social domain</b>	-2.94	126	.004
<b>Environmental domain</b>	-5.99	126	.000

**\*Group 1: Attended psychoeducational classes**  
**\*\*Group 2: Did not attend psychoeducational classes**

In Table 2, t-test results revealed significant differences between Group 1 and Group 2 across various domains of QOL. For the total QOL score, a notable t-value of -7.85 with 126 degrees of freedom (df) indicates a significant disparity between the two groups ( $p < .001$ ), reinforcing that caregivers in Group 1, who participated in psychoeducational classes, experienced markedly higher overall QOL compared to Group 2. This pattern persisted in specific QOL domains, as evidenced by t-values of -5.68 for the Physical domain, -8.70 for the Psychological domain, -2.94 for the Social domain, and -5.99 for the Environmental domain, all with 126 df and significant p-values ( $p < .001$  for Physical, Psychological, and Environmental domains;  $p = .004$  for Social domain). These findings highlight the effectiveness of psychoeducational classes in positively influencing caregivers' QOL across diverse dimensions. Thereby, hypothesis is accepted.

The significant improvements in the QOL observed among caregivers who attended psychoeducational classes may be attributed to several potential mechanisms. First, these classes likely contribute to enhanced coping strategies, equipping caregivers with valuable tools to navigate the challenges associated with caring for individuals with AUD. Secondly, participation in psychoeducational sessions not only fosters the development of robust social support networks, providing caregivers with emotional and practical assistance, but also offers a platform for catharsis of emotional distress through regular attendance. This dual benefit contributes to better emotional well-being among caregivers. Third, the observed improvements in the Environmental and Physical domains of QOL may be linked to heightened awareness and emphasis on self-care practices promoted in these classes. Fourth, knowledge of the biopsychosocial causes of AUD acquired in these sessions not only helps caregivers adapt themselves for their caregiving roles but may also contribute to a reduction in stigma associated with AUD. Lastly, the psychological benefits may be a result of stress reduction and resilience-building facilitated by the educational content and supportive environment of the sessions. While these proposed mechanisms provide plausible explanations, further research, including qualitative investigations, can offer a more nuanced understanding of the processes underpinning the positive impact of psychoeducational interventions on caregiver well-being.

The outcomes of our study align with and extend the findings of diverse caregiving studies conducted in various contexts (Frias, Risco, et al., 2020; Tawfik et al., 2021). Noteworthy parallels are observed with investigations spanning caregiving for individuals with chronic illnesses (Cheng et al., 2022; Molazem et al., 2014), psychological conditions (Sharma et al., 2021; Verma et al., 2019), and the elderly (Frias, Garcia-Pascual, et al., 2020). Importantly, our study uniquely contributes to this body of knowledge by specifically exploring the caregiving context of AUD, a domain where research is notably scarce. Drawing upon

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insights from seminal studies in caregiving, our research enriches the understanding of caregiver dynamics and quality of life within the distinctive challenges posed by AUD caregiving.

The findings of this study hold significant clinical implications for the healthcare community. Firstly, integrating psychoeducational programs into standard care protocols for AUD caregivers is crucial. These programs should focus on providing disease-specific knowledge, emphasizing the biopsychosocial causes of AUD and offering effective coping strategies. Recognizing caregivers as essential contributors to the patient's recovery process, healthcare professionals should implement support mechanisms addressing their physical, psychological, social, and financial well-being. Furthermore, advocating for community and home-based initiatives, tailored to caregivers' individual needs, can enhance their ability to navigate caregiving challenges independently, reducing stress. Policymakers are encouraged to consider initiatives that enhance the accessibility and affordability of psychoeducational programs, recognizing the impact of caregiver well-being on overall healthcare outcomes. A multidisciplinary approach involving mental health professionals, healthcare providers, and community resources is essential for providing holistic support to caregivers. Additionally, long-term care planning should be integrated into healthcare systems to ensure sustained support for caregivers in their vital role. Overall, these clinical implications emphasise the need for a comprehensive and supportive framework to enhance the well-being of AUD caregivers.

Several limitations should be considered in interpreting the findings of this study. Firstly, the purposive sampling from caregivers already engaged in classes may impact the generalizability of results to a broader caregiver population. Additionally, the cross-sectional design of the study offers a snapshot rather than a longitudinal perspective, limiting the understanding of the sustained effects of psychoeducational interventions. Lastly, despite statistical controls, the presence of unmeasured or residual confounding variables, such as caregivers' prior mental health history or specific characteristics of the patients being cared for, may influence QOL scores. Addressing these limitations in future research endeavors will contribute to a more robust and nuanced understanding of the impact of psychoeducational interventions on caregiver well-being.

### **CONCLUSION**

In conclusion, this study robustly substantiates the affirmative influence of psychoeducational classes on the QOL of AUD caregivers. Caregivers actively participating in these classes exhibited markedly higher QOL scores across diverse domains, encompassing Physical, Psychological, Social, and Environmental aspects. The comprehensive benefits derived from psychoeducational interventions highlight their potential to significantly enhance caregiver well-being.

Despite acknowledged limitations, including the use of purposive sampling and reliance on self-report measures, our findings underscore the promising prospect of these programs in improving caregiver QOL. The clinical implications emphasize the importance of integrating psychoeducational interventions into standard care protocols for caregivers, focusing on coping strategies, social support, and self-care practices. Policymakers are encouraged to expand access to inclusive and tailored psychoeducational programs to better support this vital caregiver population. By prioritizing the holistic well-being of caregivers,

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we align with the broader goal of addressing the needs of individuals with AUD comprehensively.

Looking forward, future research should delve into the sustainability and optimal delivery formats of these interventions for long-term caregiver support. Continued exploration in this realm will undoubtedly contribute to a more nuanced understanding of the enduring impact of psychoeducational interventions on caregiver well-being.

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