

Risk of Relapse among Patients with Alcohol Dependence Syndrome (ADS) - A Mixed Approach

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In India, about 62.5 million people are alcoholics and Kerala is one of the leading states in alcohol consumption (WHO, 2014). Alarming 90% of alcoholics experience at least one relapse in the 4 years following de-addiction and complete abstinence (National Institute on Alcohol Abuse and Alcoholism, 1989). Relapse of alcoholism is a sensitive social issue, may be related to various factors related to client, family and society causing never-ending loss to the nation with regard to the health and wealth of every citizens affected. Though quantitative studies are available to find the causative factors, the real verbatim expression of clients regarding what is pushing them to undesirable relapse have to be critically addressed and analyzed. The investigators adopted a mixed approach to find the risk factors of relapse through sequential explanatory design. The investigators developed a Conceptual framework based on the meta-matrix on risk factors of relapse among patients with Alcohol Dependence Syndrome.

Operational definition

Relapse: Relapse refers to the resumption of alcohol consumption following a prolonged period of complete abstinence not less than 1 year.

Risk factors of relapse: A group of physical, psychological, social, familial, spiritual and other factors leading to the resumption of alcoholism as measured by using a checklist in quantitative strand and collection of textual data through Semi-structured interview for qualitative strand.

Patient with ADS: An individual admitted in a de-addiction centre due to physical or psychological dependence on alcohol.

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Objectives of the study

Quantitative strand

1. Identify the incidence of relapse among patients with ADS in selected de-addiction centres at Kozhikode.
2. Identify the risk factors of relapse among patients with ADS using Risk factor assessment checklist

Qualitative strand

1. Identify the risk factors of relapse among patients with ADS through semi structured interview.
2. Integrate the results of quantitative and qualitative data.

MATERIALS AND METHOD

A mixed approach with sequential explanatory design was adopted to carry out the study. The participants were in the age group of 20-60 years, admitted in a de-addiction centre, selected through purposive sampling. There were 60 participants who had relapse among 147 admitted in de addiction centre, were selected for quantitative strand, data collection period was 6 weeks and the data collection instruments were a socio demographic Proforma and Risk Factor Assessment Checklist . Reliability of data collection instrument was established using test-retest method and Cronbach’s Alpha and the value is 0.796. The collected data were categorised and analysed based on study objectives and hypothesis by using descriptive and inferential statistics with the application of PASW 18. The qualitative data collected using a semi structured interview and the saturation attained with 14 samples. An identical sampling technique was adopted for mixing the two strands. The qualitative strand comprised of a subset of participants from the quantitative strand who appeared to be the information rich sources and have scored high in risk factor assessment checklist. Ethical clearance was obtained from IRB of selected de- addiction centre and an Informed consent was obtained from the participants. Confidentiality of the information collected was ensured. The analysis of qualitative and quantitative strand were done separately and integrated to get a clear picture of the risk factors of relapse.

RESULTS

Incidence of relapse among patients with ADS

The screening questionnaire administered to the available population to identify the incidence of relapse. The screening questionnaire had sorted the patients with relapse of ADS from available population.

Table1: Number of patients with relapse of ADS

	Frequency	Percentage
Total number of patients with ADS	147	100
No. of patients with relapse of ADS	60	40.8

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The table 1 revealed that 60 patients with ADS had relapse from the population of 147. The incidence rate of relapse in the selected de-addiction centre was 40.8% at the time of data collection.

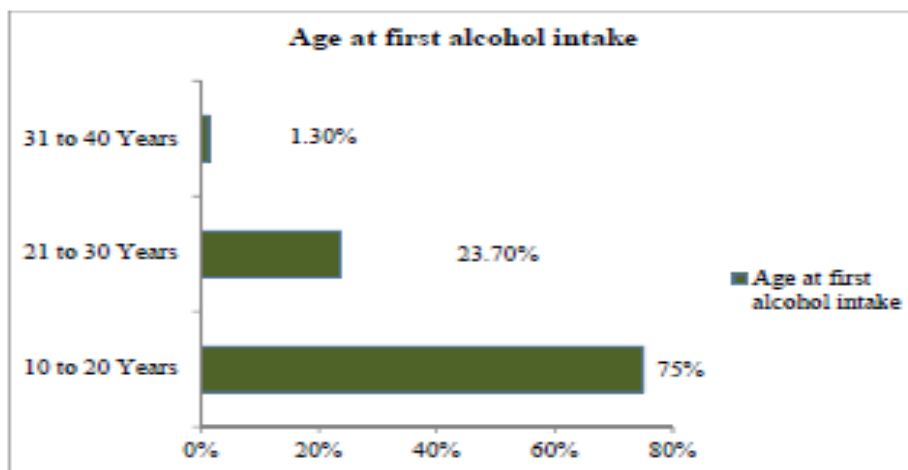


Figure1: distribution of sample based on age at first alcohol intake

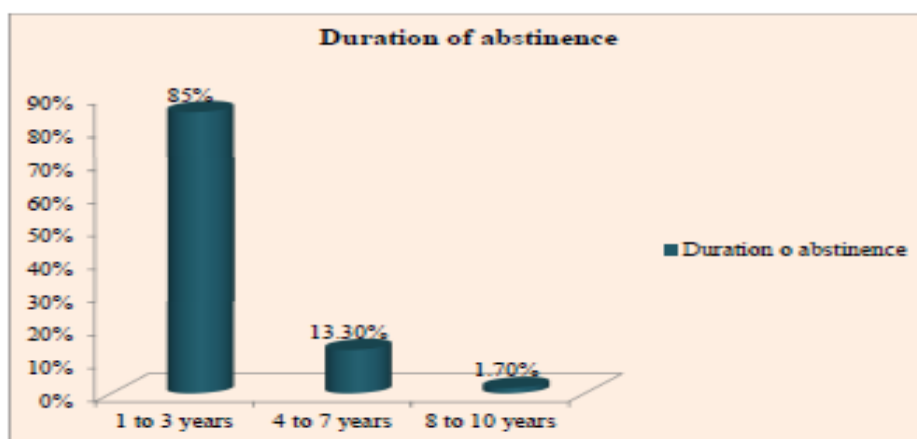


Figure2: distribution of sample based on duration of abstinence from alcoholism

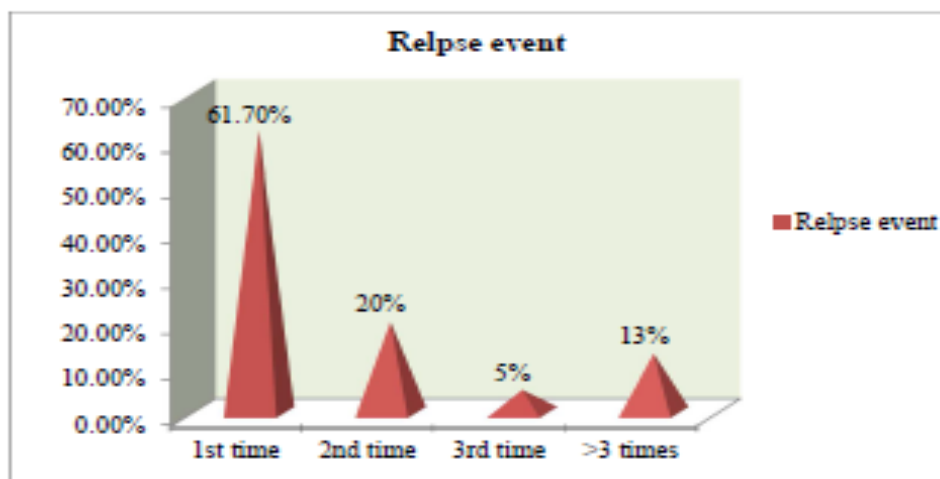


Figure3: distribution of sample based on event of relapse

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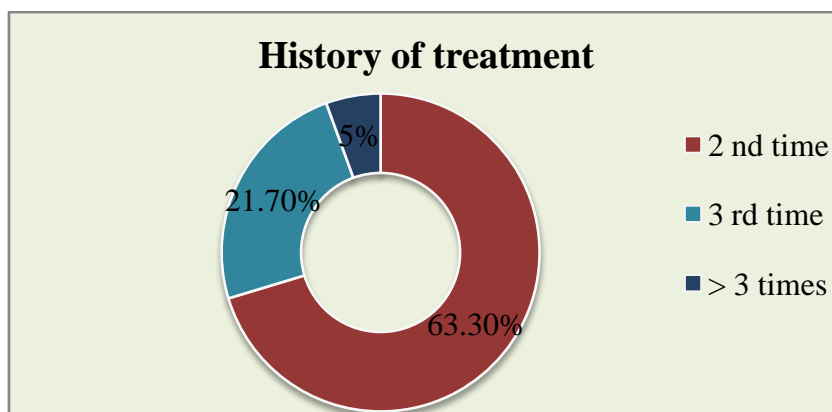


Figure4: distribution of sample based on history of treatment

Analysis and interpretation of qualitative strand

Table2: Socio demographic details of patients with relapse on ADS

(n=14)

Patients	Age (Years)	Locality	Occupation	Total monthly income in rupees	Age at first alcohol intake (Years)	Age at regular alcohol intake (Years)	Duration of abstinence (Years)	History of treatment	Decision to undergo treatment	Relapse event	Alcohol consumption	Family history
A	60	Urban	Private job	>15000/-	24	32	3	Second time	By own will	First time	Alone & with others	Father's family
B	34	Urban	Coolie	>15000/-	17	29	3	Second time	By own will	First time	Alone	Mother's family
C	42	Rural	Coolie	>15000/-	16	17	1	Third time	By own will	Second time	Alone & with others	No family history
D	54	Urban	Coolie	5001-10000/-	18	29	3	Second time	By own will	First time	Alone	Father's family
E	47	Rural	Private job	10001-15000/-	12	20	1	More than 3 times	By own will	More than 3 times	Alone & with others	Father's family
F	34	Urban	Coolie	10001-15000/-	22	27	2	Second time	By own will	First time	With friends	Father's family

Coding and emergence of themes

The themes that emerged out of the analysis of the risk factors of relapse among patients with ADS is as follows;

1. PHYSICAL FACTORS

1a. Physical illness: “Because of prolonged standing related to my jobI had severe back pain in the evening.....then I start to drink only in the evening times”.

1b. Tiredness: “ After work I may get tiredness.....to get relief from that I started using alcohol again”

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- 1c. To eat nicely: *"I can eat nicely when I am drunk..... Once I had drunk for that"*
 - 1d. Lack of sleep: *"I don't get sleep at night.....So I restarted drinking before go to bed"*
 - 1e. To become energetic: *"I start using alcohol again to do a heavy activity.....become more energetic to do any activities whenever I drink"*
 - 1f. To perform well: *"Everybody says we cannot do anything when we drink....When I drink I get lots of ideas to draw and play.....I had experienced that"*
- Most of the participants opined that they relapsed in the situation when they feel too tired. Somebody told that they resume alcohol to feel nice sleep and to eat nicely. Somebody opined that they feel energetic.

2. PSYCHOLOGICAL FACTORS

- 2a. Loneliness: *"I had alcohol again to get rid of loneliness....."*
- 2b. Feeling of guilt: *"I had some bad habits...in that way I lost lakhs from my hand....so start drinking again from the feeling of guilt"*
- 2c. Death and memories of dear one: *"After my sister's death, her memories made me to use alcohol again"*
- 2d. Love failure: *"I had a love affair...but she married to another guy....I was so disappointed then I drunk again"*
- 2e. Disappointments: *"Disappointments from lost job and money made me to drink it again"*
- 2f. Sadness: *"Whenever I get sadness I drink....that happened here also.. I started again"*
- 2g. More happiness: *"I start again to share a happy moment with others....I couldn't control"*
- 2h. Frustration: *"I had drunk alcohol again in a frustrated situation"*
- 2i. Mental distress: *"Psychological stress...due to the problems came across my life were the cause"*
- 2j. Tension: *"I resume alcohol when I get tension"*
- 2k. Boredom: *"I started it again when I didn't do anything.....Thus I drunk"*

Most of the participants opined that they relapsed because of family problems and psychological stress. Few got relapsed from the disappointments in job and lost money. Feeling of happiness and sadness in life are the major events which led majority of the participants to get relapse. Somebody opined that death of dear ones and their memories made them to resume alcohol.

3. FAMILIAL FACTORS

- 3a. Disease of family member: *"Still.....I could not face the disease of dear one.....without alcohol....."*
- 3b. Family issues: *"I think.....the never ending family issues.....made me"*
- 3c. Away from home: *"Being away from the home.....and family.....with friends.....made me to drink again....."*
- 3d. Indirect support from the family: *"My family didn't blame me or scold me to use alcohol till now....I took treatment by my own wish.....I am getting a favourable situation"*
- 3e. Not having child: *"I dint have child...it makes me to so sad..in such a situation I had resume it to get relief..."*
- 3f. Separation from family member: *"Separation from my life partner is the reason...."*

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Most of the participants opined that never ending family issues, disease of family member as the causes of relapse. A few told indirect support from their family as a reason.

4. SOCIAL FACTORS

4a. Celebrations: “*I used to have alcohol again during the celebration like marriage, birthday parties etc.....*”

4b. Tour with friends: “*When I went for a tour with my friends for days I had resume.....*”.

4c. Gathering with friends: “*Whenever we friends gathered together they use alcohol...I started using it again in such a situation*”

4d. Fear of isolation from friends circle: “*I had alcohol again..... when I go out with my friendsat that time I was feared.... if I don't drink.....they avoid me.....*”

4e. Police case: “*I met with a police case.....and to forget about that I used it again.....*”

4f. Retirement life: “*I had resume it after my retirement life...I had to pass my time.....*”

4g. Easy availability of alcohol: “*I was abstinent...but I had it again when a person given me it in my home*”

Most of the participants opined that celebrations, gathering with friends, tour with friend, and easily availability of alcohol are the leading factors which led to resume alcohol. A few told the reasons as scared of being out of friends circle, retirement life, police case.

5. OCCUPATIONAL FACTORS

5a. To face duties and responsibilities: “*I used alcohol after my treatment when I am not able to handle duties and responsibilities*”

5b. Late night jobs: “*In the late night job we co-workers hadthen I was using it after a prolonged period*”

5c. problems in the work place:” *problems in work forced me to consume it again....*” Somebody opined that late night jobs as a reason to get relapse. A few said the events such a problems in the work place and to face duties and responsibilities.

6. ECONOMICAL FACTORS

6a. Availability of money: “*I had it again when I get more cash as wages.....then I was thinking to drink*”

6b. Financial crisis: “*I used it again when I met with financial crisis.....*” Most of the participants opined that financial crisis led them into relapse. Somebody said that availability of alcohol as a reason for relapse.

Table 4: Risk factors of relapse identified through qualitative data

Themes	Sub themes
1) Physical factors	Physical illness Tiredness To eat nicely Lack of sleep To become energetic To perform well
2) Psychological factors	Loneliness Feeling of guilt Death& memories of dear ones Love failure Disappointments Sadness More happiness Frustration Mental distress Tension Boredom
3) Familial factors	Disease of family member Family issues Away from family Indirect support from family Not having child Separation from family member
4) Social factors	Celebrations Tour with friends Gathering with friends Scare of isolation from friends circle Police case Retirement life Easy availability of alcohol
5) Occupational factors	To face duties and responsibilities Late night jobs Problems in the work place
6) Economical factors	Availability of money Financial crisis

Figure 5: Conceptual framework based on the qualitative strand of risk factors of relapse among patients with ADS

Conceptual framework based on the qualitative strand of risk factors of relapse among patients with ADS

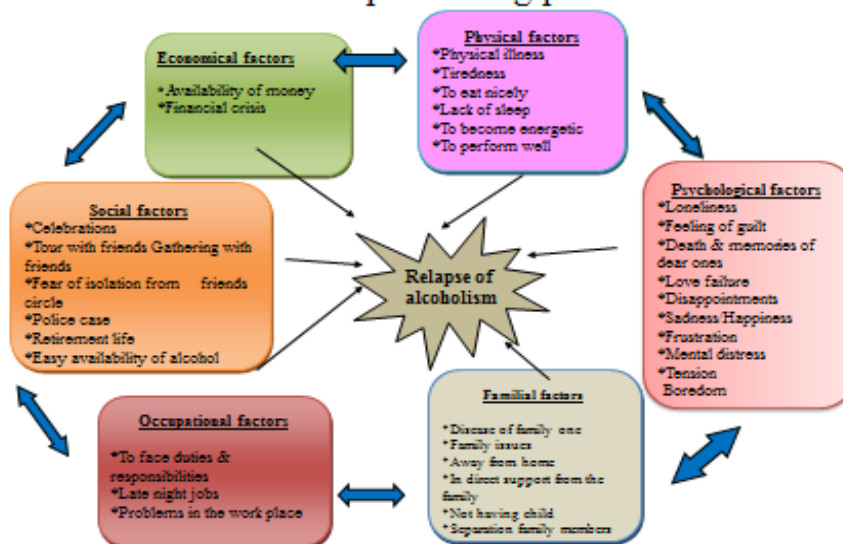


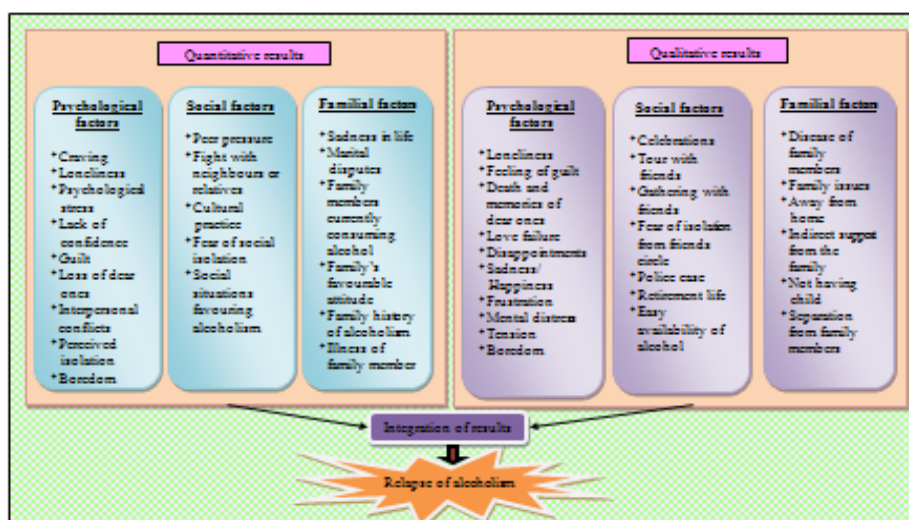
Table 6: Meta integration from quantitative and qualitative strands of the study (a sample part is added for reference since the content is vast)

Patients	Age	Alcohol consumption	Relapse events	Grade of risk factors based on the scores ^a	QUANTITATIVE			QUALITATIVE		
					Score of psychological factors	Score of social factors	Score of familial factors	Theme 1: Psychological factors	Theme 2: Social factors	Theme 3: Familial factors
a	42	Alone & with others	Second time	4	4	3	2	Loneliness and boredom had been made me to resume alcohol again. Whenever I get sad or tensed in my life I drunk.	I have forced to restart drinking in the situations like marriage, and other parties. Once I restarted in the time of a festival. I have resume alcohol when I went tour with my friends.	Usually I resume alcohol consumption when I was abroad, because I feel lonely. And my family never blamed me for drinking alcohol.
b	47	Alone & with others	More than 3 times	4	8	2	2	I had used alcohol again to get relief from mental distress. Loneliness is a major factor in the resumption of alcohol for me	I had drunk alcohol when I was abstinent after a quarrel with my colleagues. If I say another reason, it happened when we colleagues and friends went tour related to job. Then I had used alcohol it in the new year night after I stopped.	I don't have a child, this hurt me a lot. I relapses when I think about this.

A meta-matrix approach was used for analytic integration of quantitative and qualitative strands. Data from qualitative and quantitative strands were arrayed in the form of a 11X7 column vs. row outline matrix. The rows represented each subjects (7) and columns (11) represented qualitative and quantitative, themes. Use of a meta-matrix facilitated the data-analysis and allowed pattern recognition across the data set and deepened the understanding of risk factors of relapse of alcohol dependence syndrome.

Figure 6: Diagrammatic representation of meta-matrix on risk factors of relapse among patients with ADS

Diagrammatic representation of meta-matrix on risk factors of relapse among patients with ADS



CONCLUSION

The study concluded that the risk factor of relapse is caused by several factors such as psychological factors (loneliness, feeling of guilt, death and memories of dear ones, love failure, disappointments, sadness, happiness, frustration, mental distress, tension, boredom); social factors (celebrations, tour with friends, gathering with friends, scare of isolation from friend circle, police case, retirement life, easy availability of alcohol); familial factors (disease of family member, family issue, away from home, indirect support from the family, not having child, separation from family member) which is consistent with the 'Mc Mahon and Pugh's web of causation theory'. The study proves that multiple factors are contributed to the experience of relapse among patients with ADS.

Ethical clearance- Permission and ethical clearance was obtained from Institutional Ethical Committee, permission was obtained from the authorities of selected de addiction centres and informed consent from each subjects were taken.

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Conflict of Interests: The author declared no conflict of interests.

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