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QUALITY OF LIFE AMONG ALCOHOL DEPENDENT INDIVIDUAL IN SELECTED HOSPITALS, TUMAKURU

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ABSTRACT

Background of the Study: *Substance related disorders have become matter of global concern because of impact on individual health, familial and social consequences, criminal and legal problems, and the effects on the national productivity and economy. There is sound evidence that both higher levels of alcohol consumption and the severity of drug dependence correlate with poorer Quality of life. Assessment of QoL in substance dependence is a valuable measure of clinical status and also helps to identify predictors of relapse. It is very important to identify the problems at earliest age;hence the investigator felt there is need to "Quality of life among alcohol dependent individual in selected Hospitals, Tumakuru".*

Methods: *Non-experimental descriptive Survey research design was adopted for the present study. 100alcoholdependent individual were recruited by non-probability purposive sampling method. WHOQOL-BREF tool was used to assess quality of life. The study was conducted at selected Hospitals, Tumakuru.*

Results: *The result shows that Majority (56%) of the respondents had poor quality of life. The mean score of quality of life was 86.17 ± 16.9. There is significant association between Quality of life perceived level and the demographic variables like age, gender, marital status, type of family, monthly income, residential area, years of consumption of alcohol.*

Conclusion: *The study concludes that alcohol dependent individual had poor quality of life.*

KEY WORDS: *Quality of life, Alcohol and alcohol dependence.*

INTRODUCTION

Substance related disorders have become matter of global concern because of impact on individual health, familial and social consequences, criminal and legal problems, and the effects on the national productivity and economy.[1] Global prevalence rates of alcohol use disorders among adults were estimated to range from 0% to 16% in 2004, with the highest prevalence rates to be found in Eastern Europe.[2] As shown by the most recent WHO data, globally, Overall, about 3.3 million deaths in 2012 are estimated to have been caused by alcohol consumption. This corresponds to 5.9% of all deaths, or one in every twenty deaths in the world (7.6% for men, 4.0% for women).[3]

India is one of the largest producers of alcohol in the world and contributes to 65% of production and nearly 7% of imports within the region. The collective review reveals that nearly 30- 35% of adult men and approximately 5% of adult women consume alcohol. Alcohol use is relatively high in north-eastern and southern states of India and Goa as compared to other parts of country. It can be estimated approximately 20% of premature mortality in adult men can be attributed to alcohol use.[4]

The studies conducted in different parts of India shows variation in prevalence rate. The study conducted in Tamil Nadu shows that 29.2% (26) were possible hazardous drinkers, 33.7 % (30) had probable alcohol dependence and 56.2% (50) had experienced harmful effects.[5]The overall prevalence of alcohol use among ≥18 years of age was 9.7% and exclusively among males was 17.1%. The highest prevalence (17.1%) was among 46–55 years age groups and the residents of joint families (37.0%) in Puducherry study.[6] The study conducted in Madhya Pradesh shows that nearly one in four men (23.8%) had consumed alcohol in the past 12 months, while few (0.6%) women were consumers.[7]

A community-based, cross-sectional study on identify the patterns of alcohol intake among different types of alcohol consumers at Kolkata, West Bengal, revealed that 65.8% (150/228) were current consumers of alcohol; 14% were alcohol-dependents; 8% were hazardous or harmful consumers, and 78% were non-hazardous non-harmful consumers. The mean age of the respondents at the initiation of drinking alcohol was 20.8+5.9 years. The proportions of alcohol consumers who drank alone among alcohol-dependents, hazardous or harmful consumers, and non-hazardous non-harmful consumers were 71.4%, 50%, and 7.7% respectively, and the difference was significant ($p<0.01$).[8]

The World Health Organization (WHO) defines QOL as "*an individual's perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns.* Quality of life is a global measure, broader than health status, inherently subjective and

pertains to all aspects of life important to the person.[9] There is sound evidence that both higher levels of alcohol consumption and the severity of drug dependence correlate with poorer Quality of life.[10] The physical, psychological, social, and environment domains of QoL in alcohol dependence subjects were significantly lower before treatment initiation than the healthy controls. Alcoholic liver disease emerged as a predictor of improvement in psychological and social domains of QoL.[11] Assessment of QoL in substance dependence is a valuable measure of clinical status and also helps to identify predictors of relapse. It is very important to identify the problems at earliest age; hence the investigator felt there is need to "Quality of life among alcohol dependent individual in selected Hospitals, Tumakuru".

THE OBJECTIVES OF THE STUDY:

1. To assess the Quality of life among alcohol dependent individual
2. To find out the association between Quality of life scores with selected socio-demographic variables of alcohol dependent individual.

MATERIALS AND METHODS

A cross sectional descriptive Survey research design was adopted for the present study. The purposive sampling technique was used to collect the data from 100 alcohol dependent patient who is admitted at selected hospitals Tumakuru, from January to April 2017.The inclusion Criteria includes Patients who are diagnosis of ADS based on ICD-10 criteria F10.1 and F10.2, Aged between 20 to 60 years, being able to converse read and write Kannada or English and Free from alcohol withdrawal symptoms. The exclusion Criteria includes Patient suffering from mental and behavioural disorders due to use of alcohol. F10.0, F10.3 to F10.9, individual with co-morbid disorders like cancer, AIDS and other sever life threatening illness, subjects who are undergoing other form of psychotherapy (like Motivational Enhancement therapy and relapse prevention therapy) and a significant medical condition that could interfere with participation of therapy. The study protocol was approved from Institutional human ethics committee.

Assessment

Subjects who fulfilled the inclusion criteria were administered the socio-demographic proforma and WHOQOL-BREF.

1. Socio-demographic proforma: It includes questions on their age, sex, religion, marital status, educational qualification, Occupation, Monthly family income, type of family, family history of alcoholism and duration of alcohol intake.
2. WHOQOL-BREF: It contains 26 items, each items has five options with relevant answers. The most relevant answer for each item was five and least relevant answer for each item was one. Thus for 26 items maximum score is 130 and minimum score is 26. The investigator collected the data through self-report questionnaire method.

STATISTICAL ANALYSIS

Data were analysed using Statistical package for the social Sciences software package (Version 23), and results were presented in table form. Descriptive statistics were used for study variable. Chi-square was used for finding association between Quality of life scores with selected socio-demographic variables.

RESULTS:

The demographic characteristics of subjects are presented in table 1. In the present study, majority (37%) of the respondents were 31-40 years old, Most (84%) of the respondents were male and Majority (63%) of the respondents were married. Majority (34%) of the respondents had received degree and above, highest percent (29%) of the respondents were having business as occupation and most (57%) of the respondents were Hindus. Majority (54%) of the respondents were belonged to nuclear family, most (52%) of the respondent's monthly income ranges less than Rs 20,000 and Majority (65%) of the respondents were from rural area. Majority (51%) of the respondents had no history of consumption of alcohol and most (61%) of the respondents were consuming alcohol from less than 10 years.

The domain wise and combine score on quality of life perceived are presented in table 2. The highest Mean% 69.5% was found to domain of social followed by 66.8% in overall quality of life and general well-being, 66.4% in physical, 66.3% in environment, and the lowest Mean % found in 64.4% in psychological, the combined mean % was 66.3% with SD 16.9.

Majority (56%) of the respondents had poor quality of life and 44% of the respondents had moderate quality of life.

There is significant association between Quality of life perceived level and the demographic variables like age, gender, marital status, type of family, monthly income, residential area, years of consumption of alcohol.

DISCUSSION

The present study shows that highest Mean% (69.5%) was found in social domain. Findings are support by a study was conducted to examine the prospective change in Quality of life (QOL) in 56 patients of alcohol dependence. The findings show that physical, psychological, social, and environment domains of quality of life in alcohol dependence subjects were significantly lower.[11]The study conducted on quality of life as an outcome measure in alcoholism treatment research show that alcoholics had lower levels of QoL compared with general population norms or with other chronic health conditions.[12]

Nurses play a major role in the health care delivery system. Measures should be taken to improve the quality of life among alcoholics' patients. Awareness program and counseling strategies will help alcoholic's patients to improve quality of life and to motivate the patients for change.

Limitations: The study is limited to small sample size (100), did not use Randomization and small number of subjects limits generalization of the study.

CONCLUSION

The study concludes that alcohol dependent individual had poor quality of life. Alcohol dependence is associated with hypertension, coronary heart disease, and ischemic stroke, cancer of the respiratory system, and also cancers of the digestive system, liver, breast and ovaries. Alcoholism not only affects the health, it effects for the overall satisfaction of person with life. Quality of life is indicator for relapse of alcoholism.

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TABLE -1: Demographic Characteristics of Respondents

Sl No	**Characteristics**	**Category**	**Percentage (%)**
1	Age	21-30 years	18
		31-40 years	37
		41-50 years	30
		51-60years	15
2	Gender	Male	84
		Female	16
3	Marital status	Unmarried	17
		Married	63
		Divorced	13
		Widow (er)	7
4	Educational qualification	No Formal education	13
		Primary	12

		Secondary	13
		PUC	28
		Degree and above	34
5	Occupation	Government	14
		Private job	24
		Retired	12
		Business	29
		Daily labour	15
		Home maker	6
6	Religion	Hindu	57
		Muslim	15
		Christian	19
		Others	9
7	Type of Family	Joint	46
		Nuclear	54
8	Monthly income	< Rs.20,000	52
		Rs.21,000-40,000	24
		Rs.41,000-60,000	16
		>Rs.60,000	8
9	Residential area	Urban	65
		Rural	35
10	Family history of Consumption of Alcohol	Yes	49
		No	51
11	Years of consumption of alcohol	< 10	61
		11-20	22
		> 21	17

TABLE -2: Domains wise and combine scores of respondents on Quality of life

N=100

No.	Domains	Statements	Max. Score	Respondents		
				Mean	SD	Mean(%)
I	Overall quality of life & General health	2	10	6.68	2.1	66.8
II	Physical	7	35	23.24	4.9	66.4
III	Psychological	6	30	19.32	4.0	64.4
IV	Social	3	15	10.42	2.7	69.5
V	Environment	8	40	26.50	5.8	66.3
	Combined	26	130	86.17	16.9	66.3