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Original Research Article

Marital quality in alcohol dependance syndrome: a comparative study between first time and repeatedly hospitalised patients

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ABSTRACT

Background: Marital quality is considered as a significant part of social well-being. Poor marital quality adversely affects physical and mental health as well as the overall quality of life. Moreover, it can significantly affect the course of alcohol dependance syndrome. The aim this study was to compare the marital quality among patients with alcohol dependance syndrome who are admit-ted for the first time and patients with alcohol dependance syndrome (ADS) who are admitted for multiple times.
Methods: The sample consisted of each 30 patients with alcohol dependance syndrome who are admitted for the first time and patients with alcohol dependance syndrome who are admitted for multiple times, diagnosed as per international classification of diseases-10 diagnostic criteria for research. The sample population was evaluated using Severity of Alcohol Dependence Questionnaire and The Marital Quality Scale. The data was analysed using SPSS-16.0.
Results: The severity of alcohol dependance was found to be significantly higher in the repeatedly hospitalised group when compared to first time admitted patients with ADS ($p<0.01$). The repeatedly hospitalised patients are found to be having significantly poor Marital Quality in the domains of Understanding, Rejection, Satisfaction, Affection, Despair, Decision Making, Dominance, Self-Disclosure, Trust and Role Functioning, when compared to first time admitted patients ($p<.001$).
Conclusions: How problem use of alcohol affect marital quality is not settled in research till date, though most of the studies suggest a negative correlation. There are contradictory hypotheses regarding the effects of alcohol use on marital quality. Our study showed that patients with severe degrees alcoholism and who are admitted repeatedly have poor marital quality when compared to patients with lesser severity of alcoholism and admitted for the first time in Indian context.

Keywords: Alcohol dependance syndrome, Hospitalisation, Marital quality

INTRODUCTION

Marriage is one of the most important life goals in many people's lives. Successful relationship requires dedication, intimacy, trust and respect from both partners. Marriage is generally evaluated in two domains: stability and quality. Factors like divorce, separation and death of a spouse affect stability of a marriage, whereas marital satisfaction, adjustment and dyadic cohesion accounts for marital quality. Higher adjustment, gratifying dyadic communication, higher satisfaction and marital happiness results in higher marital quality or marital success.

The term alcoholic marriage is often used to describe a partnership in which one or both of the partners have a history of alcoholism that interferes with successful, day-today marital functioning.[1,2] There are two contradictory hypotheses regarding the effects of alcohol use on marital quality. The most intuitive and popular hypothesis suggest that it serves as a chronic stressor, and has a deleterious influence on marital quality and functioning.[3] Social exchange theory posits that alcohol use causes stressful family interactions, the negative effects of which are dampened by subsequent alcohol use, thereby serving as a negative reinforcer. As alcohol use increases, then, so do negative family interactions, marital violence, and marital dissatisfaction, all of which serve to perpetuate the dissolution process.[4] The other popular hypothesis, originating from a family systems approach to alcoholism, suggests that alcohol use serves an adaptive function in the marital relationship rather than a maladaptive one. The basic tenets of this theory contend that family interaction patterns serve to maintain alcohol use, by rewarding drinking behaviors through subsequent family inter-actions that serve as positive reinforcers.[5] Moreover cultural, ethnic and social factors existing in different population also affect the inter-action between alcoholism and marital quality. Hence, there is a need to study the influence of alcoholism on marital quality in Indian patients with alcohol dependence syndrome, were it hasn't been well re-searched so far.

METHODS

The present study was a hospital based cross sectional study using purposive sampling technique, conducted at S.S. Raju Centre for Addiction Psychiatry, Central institute of Psychiatry, Ranchi. The sample consisted of 30 married male patients each with multiple admissions and first time admitted patients who were diagnosed with Alcohol Dependence Syndrome as per ICD-10-DCR. Those patients with serious physical problems, history of harmful use or dependence on any other sub-stance (except nicotine and caffeine), history of other major psychiatric illness or mental retardation, and not willing to participating the study were excluded.

Socio demographic and clinical data sheet

Socio-demographic data sheet was used to collect details such as sex, age, education, occupation, monthly income, religion, domicile and family type, and clinical variables like types of substance, age of onset, pattern of intake, duration of dependence, family history of substance dependence, treatment and hospitalization history.

Severity of alcohol dependence questionnaire (SADQ)

It is a short, self-administered 20 item questionnaires designed to measure severity of dependence on alcohol. It has 5 subscales with 4 items in each domain. Each item is rated on a four-point scale ranging from 'almost never' to 'nearly always' resulting in a corresponding score of 0-3. Thus, the total maximum score possible is 60 and minimum is 0. Its test retest reliability is 0.85.[6]

The Marital Quality Scale (MQS): MQS is a 50- items, 12-factor, self-report scale developed to assess quality of marital-life and standardized on normal population in India. It assesses the factors like understanding, rejection, satisfaction, affection, despair, decision-making, discontent, dissolution-potential, self-disclosure, trust, and role functioning.[7]

Procedure

Patients with diagnosis of alcohol dependence as per ICD-10 (DCR) criteria and fulfilling the inclusion were taken for the study. At first in-formed consent was taken from each them who were admitted for the first time and patients with repeated hospitalization after they had undergone at least two weeks of detoxification programmed at S.S. Raju Centre for addiction psychiatry, C.I.P, Ranchi. Necessary socio-demographic and clinical information were collected by using structured socio-demographic sheet.

Severity of Alcohol Dependence Questionnaire (SADQ) and The Marital Quality Scale was administered to both the group of patients.

Statistical analysis

Data were analyzed with the help of statistical packages for social science (SPSS-16.0), SPSS Inc.,1989-2007. Descriptive statistic was applied on continuous variables of social demographic data. Chi-Square test was performed on categorical variables of socio-demographic data and clinical variables. Comparison of severity of Alcohol Dependence questionnaire and Marital Quality Scale were done by Mann-Whitney test.

RESULTS

Table 1 shows comparison of socio demographic profile of patients with repeated admissions and first-time admission. Mean age of repeatedly admitted patients was 40.53±8.32 and the mean age of patients with first admission was 38.97±7.30. Age at marriage of both the sample population was 26.93±4.19 and 25.60±5.26 respectively. The is no significant difference between mean age of onset of initiation, the mean duration of alcohol dependance between the groups.

The comparison of categorical variables of Socio-demographic profile of repeatedly admitted and first time admitted patients shows no significant differences in any of the variables (Table 2).

The comparison done on categorical variables of clinical characteristics of repeatedly admitted and first time admitted patients shows significant differences in family history of alcoholism, alcoholism among first degree

relatives, past history of delirium tremens and last intake be-fore admission. No significant differences were found between both groups in terms of past history of withdrawal seizure, average alcohol intake and maximum amount of alcohol intake (Table 3).

Table 1: Socio-demographic profile of patients with repeated admissions and first-time admission (n=60) (continuous variables).

Variables	Groups		Minimum and maximum		T and DF	P
	Repeatedly admitted patients with ADS (n=30) Mean ±SD	First time admitted patients with ADS (n=30) Mean ±SD	Max	Min		
Age	40.53±8.32	38.97±7.30	59	22	0.775 (58)	0.413
Age at marriage	26.93±4.19	25.60±5.26	36	15	1.086 (58)	0.063
Age of wife at marriage	21.66±4.14	20.80±3.55	30	13	0.871 (58)	0.507
Number of children	4.00±1.61	2.16±1.34	5	0	-1.831 (58)	0.303
Age of onset of initiation	22.40±7.49	21.76±6.23	45	12	0.356 (58)	0.536
Duration of alcohol dependence	5.66±3.64	5.61±4.38	17	1	0.064 (58)	0.103
Age at first admission	35.00±8.99	-	55	17	-	-
Number of detoxifications	3.60±1.94	-	8	2	-	-

*p is significant at <0.05 level

Table 2: Socio-demographic profile of repeatedly admitted and first time admit-ted patients (n=60) (categorical variables).

Variables		Groups		C2	DF	P
		Repeatedly admitted patients with ADS (n=30 and %)	First time admitted patients with ADS (n=30 and %)			
Religion	Hindu	22 (73.3)	20 (66.7)	.495	2	.781
	Non-Hindus	8 (26.7)	10 (33.3)			
Education	Primary to secondary	14 (46.7)	17 (56.7)	4.899	3	.179
	Graduation/PG or above	16 (53.3)	13 (43.3)			
Socio-economic status	Lower	8 (26.7)	5 (16.7)	1.825	2	.400
	Middle	17 (56.7)	22 (73.3)			
	Upper	5 (16.7)	3 (10.0)			
Habitat	Rural	5 (16.7)	12 (40.0)	5.829	2	.054
	Semi urban	5 (16.7)	7 (23.3)			
	Urban	20 (66.7)	11 (36.7)			
Family type	Nuclear	18 (60)	19 (63.3)	.094	2	.954
	Joint	12 (40)	11 (36.7)			
Occupation	Skilled	13 (43.3)	19 (63.3)	2.458	2	.293
	Unskilled and others	17 (56.7)	11 (36.7)			

*p is significant at <0.05 level

Significant level of difference ($p<0.01$) was seen between the repeatedly admitted patients and first term admitted patients in the severity of alcohol dependence (Table 4).

Comparison of Marital Quality of repeatedly admitted and first time admitted patients with alcohol dependence syndrome, the study found that significant differences in domains of Understanding, Rejection, Satisfaction, Affection, Despair, Decision Making, Dominance, Self-Disclosure, Trust and Role Functioning. There was no significant difference found in the domains of Discontent and Dissolution (Table 5).

DISCUSSION

Marital quality of repeatedly hospitalized patients, in the current study was significantly lower when compared to first time admitted patients. This is in agreement with past Indian and western studies where it was found that marital quality correlate negatively with the severity of alcohol dependence. Most of the past studies with relatively large sample sizes reported significant negative correlation between heavy use of alcohol and marital satisfaction, suggesting that heavy alcohol use plays a maladaptive role in marital relationship.[8-10]

However, there are studies with relatively small sample size, which showed marginal or insignificant correlation between heavy alcohol use and martial quality.[11,12] Cluster analysis on several husband and wife drinking variables in a past study identified several drinking partnership clusters that included "husband heavy," "heavy out-of- home," "light social," "light intimate," and "frequent intimate" drinking couples, and showed that light or moderate levels of alcohol use can be adaptive and help maintain a healthy level of marital satisfaction, and heavy or problem use is maladaptive.[13]

Table 4: Clinical characteristics of Repeatedly Admitted and First Time admitted patients (N=60).

Variables		Groups		C2	DF	P
		Repeatedly admitted patients with ads (n=30 and %)	First time admitted patients with ads (n=30 and %)			
Family history of alcoholism	Yes	25 (83.3)	9 (30.0)	15.27	1	0.001*
	No	5 (16.7)	21 (70.0)			
If family history of alcoholism is found mention	First degree relatives	25 (83.3)	9 (30.0)	17.37	1	0.001*
	Other relatives	5 (16.7)	21 (70.0)			
If family history of alcoholism is found mention type of substance used	Alcohol	25 (83.3)	8 (26.7)	19.46	1	0.001*
	Cannabis, opioids and others	5 (16.7)	22 (73.3)			
History of withdrawal seizure	Yes	13 (43.3)	12 (40.0)	0.069	1	0.793
	No	17 (56.7)	18 (60.0)			
Past history of delirium tremens	Yes	30 (100)	15 (50.0)	20.00	1	0.001*
	No	0 (0)	15 (50.0)			
Average alcohol intake	< 90 ml	5 (16.7)	10 (33.3)	5.20	3	0.158
	100-180 ml	12 (40)	10 (33.3)			
	200-600 ml	5 (16.7)	5 (16.7)			
	>600 ml	8 (26.7)	5 (16.7)			
Maximum amount of alcohol intake	200-600 ml	12 (40)	17 (56.7)	.067	1	0.199
	>600 ml	18 (60)	13 (43.3)			
Last intake Before admission	<12 hrs.	21 (70)	15 (50)	31.30	2	0.001*
	13hr to 24 hrs.	9 (30)	15 (50)			
Maximum duration of abstinence	<1 month	3 (10)	-	6.00	3	0.022*
	1 month	9 (30)	-			
	2 months	6 (20)	-			
	>2 months	12 (40)	-			

*p is significant at <0.05 level

Table 3: Comparison of Severity of Alcohol Dependence Questionnaire (SADQ) between repeated and first time admitted patients with alcohol dependence syndrome.

Variables	Groups		U	Z	P
	Repeatedly admitted patients with ads (n=30) Median (range)	First time admitted patients with ads (n=30) Median (range)			
SAD-Q	43.00 (26.0)	21.00 (37.0)	21.50	-6.34	0.001*

*p is significant at <0.05 level

The negative correlation between severity of alcohol use and marital quality could be due to the pattern of conduct of the patients with alcohol dependence marked by impulsivity, weak resistance to frustration and focus on personal needs, schemas of attribution based on external locus of control and focus on personal and immediate needs, leading to underestimation of the impact of their conduct in marital relationships, creating marital role confusion.[14] Moreover, past studies also highlighted the high degree of blaming, competition for dominance, high rates of verbal and nonverbal negative affect expression, few supportive and constructive responses and male withdrawal during the conflicts leading to strained marital relationship.[15] In repeated admitted patients the

existing factors get compounded due to problems in understanding and feeling of rejection by spouse as they become less affectionate, leading to greater amount of despair, difficulty in decision making.

Table 4: Comparison of marital quality of repeatedly admitted patients and first time admitted patients with alcohol dependence syndrome.

Variable	Domains	Groups		U	Z	P
		Repeatedly admitted patients with ADS (n=30) Median	First time admitted patients with ADS (n=30) Median			
Marital quality scale	Understanding	10.00 (8.0)	21.00 (16.0)	25.50	-6.29	0.001*
	Rejection	32.00 (7.0)	12.00 (8.0)	0.00	-6.67	0.001*
	Satisfaction	6.50 (5.0)	16.00 (10.0)	0.500	-6.69	0.001*
	Affection	8.00 (3.0)	19.00 (13.0)	0.00	-6.71	0.001*
	Despair	6.00 (5.0)	3.00 (3.0)	158.00	623.00	0.001*
	Decision making	10.00 (12.0)	20.00 (12.0)	46.50	-5.99	0.001*
	Discontent	3.00 (7.0)	2.00 (2.0)	402.00	-.73	0.461
	Dissolution	3.00 (2.0)	2.00 (3.0)	339.00	-1.77	0.075
	Dominance	7.00 (5.0)	2.00 (2.0)	8.50	-6.67	0.001*
	Self-disclosure	11.00 (2.0)	6.00 (4.0)	0.00	-6.73	0.001*
	Trust	1.00 (1.0)	4.00 (1.0)	0.00	-6.88	0.001*
	Role functioning	5.00 (6.0)	13.00 (6.0)	0.00	-6.68	0.001*

*p is significant at <0.05 level

CONCLUSION

How problem use of alcohol affect marital quality is not settled in research till date, though most of the studies suggest a negative correlation. There are contradictory hypotheses regarding the effects of alcohol use on marital quality. Our study showed that patients with severe degrees alcoholism and who are admitted repeatedly have poor marital quality when compared to patients with lesser severity of alcoholism and admitted for the first time in Indian context.

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