Research Paper

Quality of Life and Life Satisfaction among Persons with Alcohol DependenceSyndrome

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ABSTRACT

Background: Quality of life plays a vital role to improve the life satisfaction of an individual. The increase in quality of life is related to the increase of subjective life satisfaction. There is an existing relationship between quality of life and life satisfaction for persons with alcohol dependence (Frisch et al., 2000). **Aim:** The aims of the present study was to assess and examine the relationship between Quality of life and life satisfaction among persons with alcohol dependence. **Methodology:** A total number 30 respondents with alcohol dependence syndrome were taken by using a purposive sampling technique. The samples were collected from MHI (COE), SCBMCH, Cuttack IPD and OPD. The scales such as WHOQOL-BREF questionnaire and Life Satisfaction were administered. **Result:** In this present study it was found that the persons with alcohol dependence scored the poor quality of life in all domains of WHO QOL, as well as life satisfaction scale and also statistically positive significant co-relationbetween quality of life and life satisfaction among persons with alcoholdependence.

Keywords: Quality of life, life satisfaction, alcohol dependencesyndrome

INTRODUCTION

Quality of life plays an important role to enhance the life satisfaction of the individual. The increase in quality of life is related to the increase of subjective life satisfaction. There is an existing relationship between Quality of Life and Life Satisfaction for persons with alcohol dependence (Frisch et al., 2000). Quality of life is an important parameter that providesaninsight into how a disorder influences the life of those affected. World Health Organization defined quality of life as "an individual's perception of their position in life and in the context of culture and value systems in which they live and also to their goals, expectations, standards, and concerns." Among various psychiatric disorders,alcohol-related disorders drastically affect Quality of Life, but this area has not been expansively studied (Srivastava et al., 2013). Quality of life refers to the psychological well-being, social and emotional functioning, functional performance and social support whereas life satisfaction denotes the subjective satisfaction of a person towards his health, personal, economic, marital, social and occupational aspects of life (Kaushik et al.,2014).

Satisfaction is in general considered as the reflectionof broader aspirations, achievements, and perceived reality in comparison to peers and societal norms. “Life satisfaction is a subjective quality-of-life index that reflects the extent to which individuals find aspects of their lives to be satisfying or fulfilling. It can be assessed globally or divided into various domains, including satisfaction with self, job, family, school, relationships, leisure, and so forth” (Fischer et al.,2015).

Dependence syndrome is a “cluster of physiological, behavioural, and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value. A vital descriptive characteristic of the dependence is the desire (often strong, sometimes overpowering) to

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take psychoactive drugs (which may or may not have been medically prescribed), alcohol, or tobacco. There may be evidence that return to substance use after a period of abstinence leads to a more hasty reappearance of other features of the syndrome than occurs with nondependent individuals" (W.H.O., 1992).

Alcohol Dependence and Quality of Life

A study to assess the quality of life of 100 clients with alcohol dependence either attendingorattending alcoholic anonymous group meeting (equal number) by using WHOQOL-BREF scale from rural areas form Mysorefound that alcohol dependency deteriorates the QOL among dependent clients(Srivastava et al., 2013).Srivastava et al., (2013) has studied quality of life of 56 patients as an outcome measure in the treatment of alcohol dependence. QOL was assessed using WHOQOL-BREF and the study confirms the poor quality of life in patients with alcohol dependence.Shareef et al., (2013) has studied on the burden of care and quality of life (QOL) in opioid and alcohol-abusing, it was a cross-sectional hospital-based study where the sample consisted of 37 patients. The result shows poor QOL.

Life satisfaction and Alcohol Dependence

Fergusson et al. (2015) has studied life satisfaction and mental health problems. The purpose was to examine the associations between mental health problems and life satisfaction in a birth cohort studied from 18 to 35 years. The sample size was 1265. The study found significant associations between life satisfaction and the psychiatric disorders major depression, anxiety disorder, suicidality, alcohol dependence and substancedependence.Murphy et al., (2005) have studied the impact of alcohol use and alcohol-related problems on several domains of life satisfaction with a sample of 353 college students. The study revealed that alcohol use was associated with lower general satisfaction among adolescents' alcohol dependants.Clifford et al, (1991) have studied the relationship between drug use and life satisfaction among college student, using the modified versions of the National Institute on Drug Abuse (NIDA) Monitoring the Future Survey and it was administered to 683 students. The study examined the impact of alcohol consumption on LS with college students found that increased alcohol use causes decreased life satisfaction.

METHODS AND MATERIALS

Aim: The aims of the present study is to asses and examine the relationship between Quality of life and life satisfaction among persons with alcoholdependence.

Hypothesis: There isno relationship between quality of life and life satisfaction among persons with alcoholdependence

Research Design: This study was a cross-sectional, hospital-based, time-bound study.

Sample: A total number of 30 patients being diagnosed as a mental and behavioural disorder due to use of Alcohol (dependence) as per ICD-10 were selected from the OPD and IPD, of M.H.I., C.O.E., SCBMCH, Cuttack, Odisha.

Inclusion criteria for the persons with Alcohol dependence: Male patients diagnosed with mental and behavioural disorder due to use of alcohol (dependence) as per the ICD-10at least 2yearshistory of illness.The persons should have studied minimum 5thstandard between 20 to 50years of age and given consent for being part of thestudy

Exclusion criteria for the persons with Alcohol Dependence: History of any chronic physical illnesses, organic brain syndromes and co-morbid psychiatric illness or mentalretardation.

Tools used:

1. **Socio-demographic datasheet:** All clinical details will be made for the study & obtained from patients, caregivers, or case record file, with the help of structuredforms.
2. **WHOQOL-BREF:** World Health Organization Quality of Life Short Form (WHO, 1996) is a 26-items questionnaire which is formulated to measure the quality of life in physical health (7 items), psychological health (6 items), social relationships (3 items), and environmental health (8 items). The four domain scores denote an individual's perception of the quality of life in each particular domain. Domain scores were scaled in a positive direction (i.e. higher score denote the higher quality of life). In this scale, the validity coefficient for physical health, psychological health, social relationships and environmental health was equal to 0.70, 0.73, 0.55 and 0.84 respectively and Cronbach's Alpha 0.70 viatest-retest.
3. **Life Satisfaction Scale:** This was developed by Q.G.Alam and Ramji Shrivastava in the year 1971. It has 5 domains like Health, Personal, Economic, Marital and Job. In scoring the scale has 60 items. Every item was responded either in yes or no. There was no other alternative. Every 'yes' response was assigned 1 mark. The sum of marks is obtained for the entire scale and the interpretation was done in a 3 point scale i.e. High, Average and Low, where higher score shows higher satisfaction. Reliability score was 0.84 and this scale had face validity and content validity were 0.74 and 0.82respectively.

Procedure: Those patients who fulfilled the inclusion and exclusion criteria for the study they were included in the study process. The researcherswerer elaborate in detail about the purpose of the study to the respondent. After that informed consent was taken from the participant and subsequently socio-demographic and clinical details were collected from the participant. After that WHOQOL-BREF and Life Satisfaction Scales was administered on theparticipant.After completion of data, collection data were coded and decoded and data analysis was done by using Statistical Package for Social Sciences (SPSS) version 16.0.

RESULTS

Table 1 shows that the mean age of the persons with alcohol dependence was 35.3 ± 7.07 years. The majority of the respondent belongs to the Hindu religion i.e. 80% whereas, 20% belong to other religion. The majority of respondents were above metric i.e. 43.33% whereas 30% had acquired education up to matriculation whereas 26.67% had studied under matriculation. The majority of participants were married i.e. 60 % whereas 16.67% were unmarried and 23.33% were separated. The majority of the study population belongs to a nuclear family i.e. 46.67 % whereas, 33.33% belongs to extended family and only 20% belong to Joint family. The majority of respondents belong to rural area i.e. 40 % whereas, 36.67% belonged to semi-urban and the rest 23.33 % were from the urban area. The majority of participants were self-employed i.e. 50% whereas 26.67% were daily wage earners and 23.33% were service holders. The majority i.e. 50% were earning above Rs. 30000 per month, 26.7 % of respondents monthly earning were between 5000-15000 and 23.33% were earning between 16000-30000.

Table 2 shows that the persons with alcohol dependence were scored (48.93 ± 6.5) in Physical health domain, (42.2 ± 8.66) in Psychological wellbeing domain, (37.9 ± 9.23) Social relationship domain and (45.16 ± 8.03) in Environmental domain. The table also reveals that the persons with alcohol dependence were scored (38.78±3.78) in Life satisfactionscale.

Table. 1Socio-demographic Profile(N=30)

Variable		**M±SD *f*(%)**
Age		35.3 ± 7.07
Religion	Hindu	24(80)
	Others	6(20)
Education	Under Matric	8(26.67)
	Matriculate	9(30)
	Above Matric	13(43.33)
Marital status	Married	18(60)
	Unmarried	5(16.67)
	Separated	7(23.33)
Typeof family	Nuclear	14(46.67)
	Joint	6(20)
	Extended	10(33.33)
Domicile	Rural	12(40)
	Semi-urban	11(36.67)
	Urban	7(23.33)
Occupation	Daily wage earner	8(26.67)
	Service	7(23.33)
	Self-employed	15(50)
Monthly income	5000-15000	7(23.33)
	16000-30000	8(26.67)
	Above30000	15(50)

Table2QOL and life satisfaction among persons with Alcohol dependence(N=30)

Variables	**M ± SD**
Physical health	48.93 ± 6.5
Psychological wellbeing	42.2 ± 8.66
Social relationship	37.9 ± 9.23
Environmental	45.16 ± 8.03
Life Satisfaction	38.78 ± 3.78

Table.3: Co-relation between QOL & Life Satisfaction among the person with alcohol dependence

Scale	**Physical health**	**Psychological Wellbeing**	**Social relationship**	**Environ mental**
Life Satisfaction	.514 **	.541 **	.402*	.475**

**. significant at the 0.01 level (2-tailed).*. significant at the 0.05 level (2-tailed).

Table 3 shows a significant correlation between life satisfaction and all the domains of WHOQOL-BREF among persons with alcohol dependence. The table shows significant co-relation with sub-domains i.e. Physical health (P=.514 P>0.01), Psychological wellbeing (P=.541 P>0.01), Social relationship (P=.402 P>0.05), with Environmental domain (P=.475 P>0.01) of WHOQOL-BREF scale.

DISCUSSION

*Socio-demographic Variables:*In the present study it was found that the majority (80%) of the respondent belongs to the Hindu religion whereas, nearly half (43.33%) of the respondents were above metric. More than half (60%) of participants were married. The majority of the study population belongs to a nuclear family i.e. 46.67 %. Half (40%) of respondents belong to rural area and were self-employed. Half (50%) of the respondents were earning above Rs. 30000 per month. Similar study findings were reported by Srivastava et al., (2013) they reported that the mean age of the sample was (M±SD 35.94 ±7.32) years. The mean year of education was (M±SD 8.17 ±5.13). The majority were married (89.8%). The regular duration of treatment was (M±SD 12.85 ±8.13). Majority of patients had a monthly income of Rs. 5,000 or below (41%), followed by those between Rs. 5000 to Rs. 10,000 (28.6%) and above Rs. 10.000 (30.4%). In this present study as the researcher has only included the male gender and excluded the female. These limitations can be explained based on the socio-cultural diversity of the universe as well as most of the time due to the cultural belief the females are under-reported. Alcohol dependence is more common in males and has an onset in the late second or early third decade. The course is usually insidious. There is often an associated abuse or dependence of other drugs if the onset occurs late in life, especially after 40 years of age (Ahuja,2006).

*The correlation between QOL & Life Satisfaction among the persons with Alcohol dependence:*Present study revealed that there was a significant positive correlation between the total score of Life Satisfaction Score (LSS) with all domains of Quality of Life (QOL). Persons with alcohol dependence scored (P=.514, P<0.01) in physical health domain of QOL, psychological wellbeing domain (P=.541, P<0.01), social relationship (P=.402, P<0.05), environmental domain (P=.475, P<0.01) and total score of QOL (P=.855, P<0.01) respectively. Similar study findings by Srivastava et al., (2013) concluded poor quality of life in patients of alcohol dependence. Swain et al., (2012) the study reported that there were significant associations between alcohol abuse/dependence and life satisfaction. Murphy et al., (2005) revealed that alcohol use was associated with lower general satisfaction and anticipated future satisfaction among adolescents. Clifford et al, (1991) reported that illicit drug use and LS and the study concluded with an increased alcohol causes decreased lifesatisfaction.

CONCLUSION

In this present study the researcher found that in all the domain of quality of life scale the person with alcohol dependence scored the poorer quality of life, the inverse relationship seems much more silent in the domains of subjective health and wellbeing rather than behavioural dysfunction. Although the relationship between alcohol intake pattern and mental health isn't to study, the findings suggested that the people who are taking the substance for a longer period might be a possible target group to intervene and help them to improve their quality of life. Further clarification of the complex relationship between quality of life and life satisfaction of alcohol dependence person is needed to be studied more inclusively particularly in the mental health domain. It was also found that life satisfaction is positively correlated with all the domains of Quality of lifescale.

Source of support: Nil.

Declaration of interest: None.

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How to Cite this Article: Dash, B., & Swain, M. R. (2020). Quality of Life and Life Satisfaction among Persons with Alcohol Dependence Syndrome. *National Journal of Professional Social Work*, 21(1), 50-55. https://doi.org/10.51333/njpsw.2020.v21.i1.245