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A comparative study to assess the quality of life among younger and older person having alcohol dependence ‘at selected de-addiction centre district Bareilly Uttar Pradesh

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Abstract
A comparative study to assess the quality of life among younger and older person having alcohol dependence’’ is undertaken with the objective to assesses Quality of Life among younger and older person having alcohol dependence. A sample of 60 person of alcoholic person young and old (30+30) was assessed by interview method on a standardize tool WHOQOL - BREF). The finding of the study revealed that Quality of life is low among most of the alcohol dependence person. The social relation is seen to be poor in terms of quality of life among both group of alcohol dependence person. A significant negative correlation relation has been found between quality of life of person of alcohol dependence. Quality of life of person with alcohol dependence has negative significant correlation with types of family (joint), marital status (Unmarried) and number of times tried attempt abstinence (more) from alcohol. The finding implies that majority of demographic and select variable were not significantly correlated with quality of life. Counseling and guidance is required to improve quality of life of alcohol dependence person in both group of person with alcohol dependence.

Keywords: Alcohol dependant person, quality of life

Introduction
The use of alchol is very common in Indian society. The consequences of alcohol use is worst, this is because of losses in the form of injurious physical and mental problems like cirrhosis of liver, heart disease, diabetes as well as leads road traffic accidents and various mental health and behavioral problems.
Moreover, the harmful use of alcohol results in a significant health, social and economic burden on society at large. Alcohol disorder results damage to one’s physical health, affects one’s functioning at work and results in relational conflicts and social and legal problems.
The consumption of alcohol is a causal factor in more than 200 disease and injury conditions and is associated with a risk of developing health problems such as behavioural disorders, including alcohol dependence, major non communicable diseases some cancers and cardiovascular diseases, as well as injuries resulting from violence and road clashes and collisions.
A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicides, and fatal alcohol-related injuries tend to occur in relatively younger age groups. Quality of life is individual perception of position in life in the contest of the culture and value system in which they live and in relation to their goals expectation standers and concerns. This reflects the view that quality of life to the subjective evaluation, which is embedded in cultural social and environmental context. Quality of life focus upon the respondents “perceived” of in life, it is not expected to provide s means of measuring in any detailed fashions symptoms, diseases or condition, but rather the effect of disease and health interventions of quality of life.

Research approach: A quantitative survey approach was used

Research Design: Non experimental descriptive research design

Setting of the study
The study was conducted at selected deduction and rehabilitation Centre of Bareilly Uttar Pradesh

Population
All the person taking alcohol and diagnosed as alcohol dependence and approach at drug de-addiction center / rehabilitation center Bareilly Utter Pradesh.

Sampling
The sample size was altogether 60 (30+30 each) in selected in each younger and older age group alcohol dependence person in selected de addiction / rehabilitation centre.

Sampling technique
Purposive and convenience sampling technique is use for the data collection.

Inclusion Criteria
- Is diagnosed as alcohol dependence according to ICD - 10
- Age between 18 -49 years for younger and 50 year and more than 50 years for older person
- Subject who were able to understand and speak Hindi or English.
- Subject who were willing to participate and gave consent.
- Taking consultation from -de-addiction/ rehabilitation centre.

Exclusion criteria
- Subject who are uncooperative
- Person having any kind of severe physical disability are excluded form study

Data collection instrument
Tool No. 1, Demographic variable a structured questionnaire were used.
Tool No. 2, WHO QOL-BRIEF is used for assess the quality of life.

Tool-1: A structured questionnaire comprises of 25 items related to demographic variables such as age gender, religion education, occupation, monthly income, duration of taking alcohol, number of abstinent.

Tool -2: A structure scale Quality of Life (WHO QOL - BRIEF-1991) uses. The Items instrument that measure four conceptual domains " physical' psychological' social relationship and environment". Response are given as " very bad' "bad' 'good' 'very good' 'better' and score as 1,2,3,4,5.

Method of Data collection
1. **Procedure for data collection:** A inform consent form is given to subject to take consent before collecting the information. A letter explaining the purpose of study was handed out to subjects.
2. **Population:** All the person taking alcohol and diagnosed as alcohol dependence and approach at drug de-addiction center / rehabilitation center
3. **Data analysis and estimation:** The data is analyzed by descriptive and inferential statistics using Statistical Package for the Social Sciences (SPSS)

Results

Table 1: Quality of Life of person having Alcohol Dependence. Overall quality of life perceive by subjects N=60

QOL	Younger		Older		Both group	
	F	%	F	%	F	%
Very poor	6	20.00	5	16.00	11	36.0
Poor	5	16.66	3	10.00	8	13.3
Neither poor nor Good	9	30.00	10	33.33	19	31.6
Good	3	10.00	4	13.33	7	11.6
Very good	7	23.00	8	26.66	15	25.0
Total	30	100	30	100	60	100

As shown in Table No. 1, that over all perception of QOL related to health by 18.33% subjects is very dissatisfied in which younger 13.33% and older 23.33%. Whereas 31.66 subjects from both group were satisfied. In which younger is 40% and older subjects is 23%. Hence, it can be interpreted that less than 45% subject from both younger and old subjects were dissatisfied / very dissatisfied with their quality of life related to overall health.

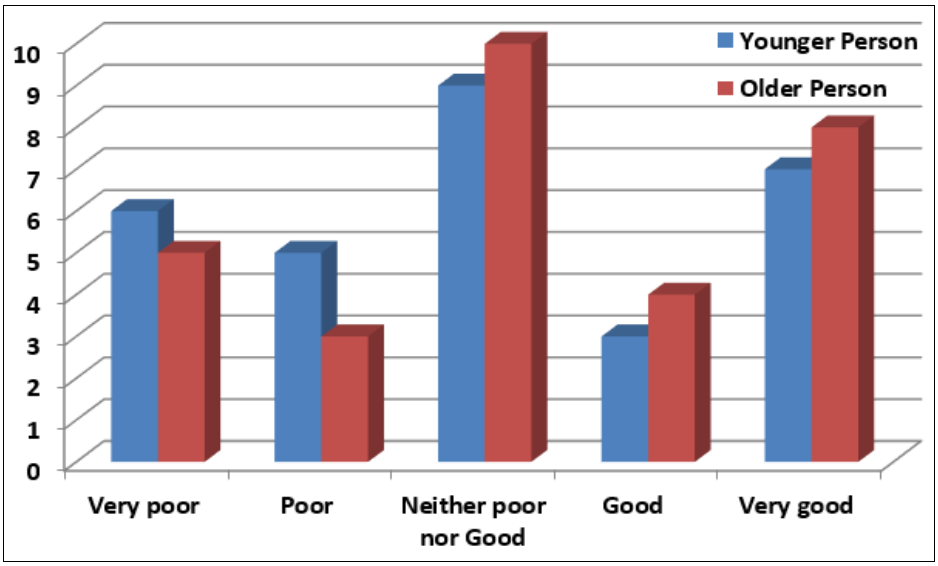

Fig 1: Bar Graph showing the profile of overall quality of life of younger and older subjects.

As shown in figure No. 1 that the profile of 36% subjects in overall quality of life is poor to very poor. However 36% subjects reported in both group good and very good.

Table 2: Correlation between quality of life and selected variables of person having alcohol dependence

SN	Variable of subjects	Coefficient of correlation (p)
1.	Age	0.536
2.	Religion	0.949
3.	Educational status	0.152
4.	Place of stay	0.852
5.	Marital status (Married/ others)	0.025*
6.	Past occupation	0.593
7.	Present occupation	0.582
8.	Family income	0.151
9.	Types of family	0.047*
10.	Types of alcohol taking	0.502
11.	Duration of drinking	0.998
12.	Average amount of drinking	0.716
13.	Maximum amount of drinking	0.643
14.	Longest period of drinking	0.576
15.	Age of spouse	0.399
16.	Occupation of spouse	0.214
17.	No of children	0.604
18.	No. of family member	0.440
19.	Smoking	0.411
20.	Legal action taken	0.643
21.	No. of times abstinence tried	0.010*

(Level of significance $p < 0.05$)

As shown in Table No. 2 that a significant relation is found between quality of life and marital status, number of times they have tried abstinence and types of family they are staying in that is nuclear family or joint family.

No significant relationship is found between quality of life majority of demographic and selected variable of the subject i.g. age, religion, educational status, place of stay, present and past occupation, family income, duration of drinking alcohol, average and maximum amount of alcohol taken, duration of drinking alcohol, age of spouse, educational status of spouse, occupation of spouse. Number of children number of dependent in family and smoking habit.

Discussion

The alcoholic person (83%) are staying in urban area and only 16.7% are staying in rural area no significance relationship could be established between quality of life with place of staying. 88.3% the person with alcohol dependence follow Hindu religion where as 11.66% follows other religion. No significant relationship established with quality of life with types religion. It means that the prevalence of alcohol drinking cannot be commented upon as the subjects from other religion are not adequately represent in the sample. (83.3%) of person with alcohol dependence are married and 33.33 are unmarried. A statistically significant relationship is found between quality of life with marital status.

No significant relationship is found between quality of life with age, religion, place of stay, family income education level. Inadequate representation from all socio economic strata in the sample limits the interpretation on this finding.

Majority of the person with alcohol dependence (60%) are living in joint family, which is having significant correlation with QOL. Hence, it implies that people living in joint family have experience low quality of life. This is difficult to understand because joint family have been known to provide more social support. Therefore more exploration is required in this area. Majority of the patients with alcohol dependent 38% are having two children. There is significant relationship between number of children of person with alcohol dependence (p=0.014) and quality of life. Person having alcohol dependence with alcohol dependance46% have 5 to 7 dependent member in family with mean 6.4 and standard deviation SD 3.53. No significance relationship is found between quality of life with number of member in the family of the person having dependence.

No significant of relationship is found between quality of life with types of alcohol taken and amount of alcohol taken by the person. Mean amount of per day is 168 gm.

The Persons having alcohol dependence 30% have attempted abstinence from alcohol more than four times, where as 28.33% of the subject have never tried to leave alcohol with 3.87 mean number of time of abstinence attempted. A statically significant ($p<0.05$) relationship between quality of life with number of times abstinence tried by the alcoholic person were established. It means that those who tried abstinence from alcohol more number of times, they experience more have low quality of life. (33.33%) of the having alcohol dependence attempted abstinence for 1 to 3 months duration where as 10% of subjects abstinence from alcohol for more than one year. No significant relationship is found between quality of life with duration of abstinence of alcohol by the alcoholic person, which contradict the study that alcohol dependence individual experience improvement in quality of life with short term abstinence. Alcohol dependence person 73.33% experienced problem during abstinence i.e restlessness, irritability, sleep disturbance, head ach and weakness. These problems may be because of withdrawal symptoms, whereas sleep disturbance is the commonest. It is to be investigated that those not having any problems whether they have abused any other substance during abstinence. The alcoholic person 60% have reported history of violence in family or outside of the a family after taking alcohol. There is no

relationship is found between quality of life with history of violence after taking alcohol by the alcoholic person. Alcohol dependence person 33.33% reported over all perception of quality of life as good. A significant relationship is found between overall perception of quality of life. The finding of the present study is supporting the studies reported that the quality of life deteriorate among alcoholic consumption. 45% of alcoholic persons are satisfied and 45% are dissatisfied with their quality of life related to overall health. Majority 51.33% of the alcoholic person have reported low quality of life related to psychological feeling with mean score of 58.12 and SD =21.13. The person of alcohol dependence 60% reported very poor quality of life related to social relationship with mean= 38.72 and stander deviation 27.08. The findings strongly support similar finding in studies that person having alcohol dependence have consistently poor quality of life in psychological and social health domain. Person with alcohol dependence 65%reported either good or very good quality of life related to environment with mean score of 68.52% and SD=17.1. Which contradict the study that alcoholic family live within disturbed environment?

Conclusion of the study

Quality of life is low among the both younger and older person with alcohol dependence.

Social relationship is seen to be poor in terms of quality of life with alcohol dependence either in younger or older person.

Quality of life of the alcohol dependence person has negative correlation with types of family (joint) marital status (married) and number of time tried abstinence from alcohol more time. Demographic and selected variable were not significantly correlated with quality of life.

Implication of the study

- Public awareness programme are needed regarding improve of Quality of life of younger and older person with alcohol dependence.
- Rehabilitation and counseling is needed for both younger and older population.
- Policy regarding alcohol beverage should be revised.
- Relapse prevention is required to reduce and improve the quality of life of alcohol dependence person.
- Adequate information regarding alcohol dependence syndrome and its effect of health should be explained to the person taking alcohol.
- Counseling and guidance is also required to improve quality of life of person with of alcohol dependence is equally important for better quality of life and to become free from depression.
- Keeping in view the finding of the study the nurses to expand scope of their practice while working with persons with alcohol dependence. They need to do motivation counseling of the person not only in rehabilitation and de-addiction centre but also in other center including mental health treatment setting.

The limitation of the study

- The finding of study can be applied only to the population taking consultation in rehabilitation / de-addiction center Bareilly Uttar Pradesh.
- Sample size is small and only in rehabilitation centre was included in the study.
- Convenience sampling technique is used hence generalizability is limited.

The Recommendation of the study are

- Similar study should be replicated on a large scale sample from different settings
- A study can be done to find the factors contributing to wards the depression and quality of life among alcohol dependence person.
- A study can be done to identify the strategies to be used to improve the quality of life of alcohol dependence person.
- All persons having alcohol dependence need to be counseled to take treatment regularly and undertake rehabilitation programme.

Conflict of Interest

Not available

Financial Support

Not available

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