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Original Research Article

CAREGIVER BURDEN IN ALCOHOL DEPENDENCE SYNDROME: A CROSS-SECTIONAL ASSESSMENT OF FAMILY BURDEN AND ITS ASSOCIATION WITH SEVERITY OF DEPENDENCE IN A TERTIARY CARE HOSPITAL

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ABSTRACT

Background: Alcohol Dependence Syndrome (ADS) is a chronic relapsing psychiatric disorder associated with significant medical, psychosocial, occupational, and familial consequences. Family members, particularly spouses, frequently assume caregiving responsibilities and are exposed to considerable objective and subjective burden affecting their physical, psychological, social, and economic well-being. The objective is to assess the burden of care among caregivers of patients with Alcohol Dependence Syndrome and to determine its association with severity of dependence. **Materials and Methods** This hospital-based cross-sectional observational study was conducted among 80 patients diagnosed with Alcohol Dependence Syndrome and their primary caregivers attending a tertiary care teaching hospital in Agra, Uttar Pradesh. Sociodemographic details of patients and caregivers were recorded. Caregiver burden was assessed using the Family Burden Interview Schedule (FBIS). Data were analyzed using descriptive and inferential statistics. **Results:** Among patients, 36.3% belonged to the 30–40-year age group and 35.0% to the 40–50-year age group. Males constituted 98.8% of the study population, while 81.3% were married. Among caregivers, 95.0% were females and 78.8% were spouses. A statistically significant increase in caregiver burden was observed with increasing severity of dependence across all FBIS domains ($p<0.001$). The mean total FBIS score increased from 12.71 among caregivers of mildly dependent patients to 26.76 among caregivers of moderately dependent patients and 52.09 among caregivers of severely dependent patients. Financial burden demonstrated the greatest increase, rising from 2.71 to 11.30 across severity categories. **Conclusion:** Caregiver burden in Alcohol Dependence Syndrome is substantial and directly proportional to illness severity. Routine caregiver assessment and family-centered psychosocial interventions should be integrated into comprehensive de-addiction services to improve outcomes for both patients and caregivers.

INTRODUCTION

Alcohol use disorders constitute a major public health challenge worldwide and are responsible for significant morbidity, mortality, disability, and socioeconomic losses. Alcohol Dependence Syndrome (ADS) is characterized by a cluster of behavioral, cognitive, and physiological phenomena that develop following repeated alcohol use and often result in impaired control over drinking, tolerance, withdrawal symptoms, and persistent use despite harmful consequences.[1]

The impact of alcohol dependence extends beyond the affected individual and substantially influences the family system. In India, where family members remain the primary source of support and care for individuals with psychiatric and substance use disorders, alcohol dependence often results in financial instability, occupational impairment, domestic conflicts, interpersonal difficulties, social stigma, and deterioration in family functioning.[2]

Caregiver burden refers to the physical, emotional, psychological, social, and economic strain experienced by individuals caring for a chronically ill

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family member. Previous studies have demonstrated that caregivers of alcohol-dependent patients experience considerable burden in multiple domains including financial hardship, disruption of routine family activities, reduced social and recreational participation, impaired family relationships, and adverse effects on physical and mental health.[2-4]

Several investigators have reported that caregiver burden is directly related to the severity of alcohol dependence and significantly influences the quality of life of family members.[3-5] Despite increasing awareness of alcohol-related family problems, caregiver burden remains an under-recognized component of treatment planning in many clinical settings.

The present study was therefore undertaken to assess the burden experienced by caregivers of patients with Alcohol Dependence Syndrome attending a tertiary care teaching hospital in Agra and to evaluate the association between severity of dependence and caregiver burden.

MATERIALS AND METHODS

This hospital-based cross-sectional observational study was conducted in the Department of Psychiatry of a tertiary care teaching hospital in Agra, Uttar Pradesh. The study comprised patients diagnosed with Alcohol Dependence Syndrome and their primary caregivers attending the Psychiatry outpatient and inpatient services. A total of 80 patient-caregiver dyads were included in the study.

Inclusion and Exclusion Criteria

Adult patients aged 18 years and above who fulfilled the diagnostic criteria for Alcohol Dependence Syndrome and were receiving treatment in the Psychiatry Department were included in the study. Only those patients who were accompanied by a primary caregiver actively involved in their day-to-day care for a minimum period of six months were considered eligible. Caregivers aged 18 years or above who provided informed written consent and were willing to participate were included.

Patients diagnosed with severe psychiatric comorbidities such as schizophrenia, bipolar affective disorder, severe depressive disorder, intellectual disability, or major neurocognitive disorders were excluded to minimize confounding factors influencing caregiver burden. Patients with serious medical illnesses requiring intensive care and those unwilling to participate were also excluded. Caregivers suffering from severe psychiatric disorders, debilitating medical illnesses, cognitive impairment, or substance dependence (other than nicotine) were excluded. Caregivers who were not directly involved in patient care or declined consent were not included in the study.

Study Tool

Caregiver burden was assessed using the Family Burden Interview Schedule (FBIS) developed by Pai and Kapur. The FBIS is a validated and widely accepted instrument designed to evaluate the burden experienced by family members caring for individuals with chronic psychiatric and substance use disorders. The scale assesses objective burden experienced by caregivers over the preceding month and provides a comprehensive evaluation of the impact of illness on family functioning.

The instrument comprises six domains: financial burden, disruption of routine family activities, disruption of family leisure, disruption of family interaction, effects on physical health of family members, and effects on mental health of family members. Individual domain scores are summed to generate a total burden score, with higher scores indicating greater caregiver burden.

Statistical Analysis

Data were entered into Microsoft Excel and analyzed using Statistical Package for Social Sciences (SPSS). Descriptive statistics were expressed as frequencies, percentages, means, and standard deviations. Associations between severity categories and caregiver burden scores were evaluated using appropriate statistical tests. A p-value <0.05 was considered statistically significant.

RESULTS

A total of 80 patients diagnosed with Alcohol Dependence Syndrome and their corresponding primary caregivers were enrolled in the study. [Table 1] demonstrates that alcohol dependence predominantly affected individuals in the economically productive age groups. The largest proportion of patients belonged to the 30–40-year age group (36.3%), followed closely by the 40–50-year age group (35.0%). Together, these two age groups accounted for 71.3% of all patients. Nearly all participants were males (98.8%), while females constituted only 1.3% of the study population. Most patients were married (81.3%), suggesting that alcohol dependence had the potential to significantly affect family functioning and caregiving dynamics.

Table 1: Demographic characteristics of patients (N=80)

Parameters	Characteristics	N	%
Age Group	20–30 years	11	13.8
	30–40 years	29	36.3
	40–50 years	28	35.0
	50–60 years	12	15.0
Gender	Male	79	98.8
	Female	1	1.3
Marital Status	Married	65	81.3
	Unmarried	14	17.5
	Widowed/Divorced	1	1.3

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[Table 2] reveals that caregiving responsibilities were predominantly borne by women. Of the 80 caregivers, 76 (95.0%) were females. The majority were married (92.5%). Spouses represented the largest caregiving group, with wives accounting for 78.8% of caregivers, followed by mothers (16.3%). These findings highlight the central role of female family members in the care of alcohol-dependent individuals.

Table 2: Sociodemographic characteristics of caregivers (N=80)

Parameter	Characteristics	N	%
Gender	Male	4	5.0
	Female	76	95.0
Marital Status	Married	74	92.5
	Unmarried	4	5.0
	Widowed/Divorced	2	2.5
Relationship	Wife	63	78.8
	Mother	13	16.3
	Brother	1	1.3
	Son	3	3.8

[Table 3] demonstrates a progressive increase in caregiver burden with increasing severity of alcohol dependence. Financial burden increased from a mean score of 2.71 among caregivers of mildly dependent patients to 11.30 among caregivers of severely dependent patients, representing more than a fourfold increase. Similarly, disruption of routine family activities increased from 2.29 to 10.05, while disruption of family leisure increased from 1.86 to 9.07 across severity categories.

Table 3: Association between severity of illness and FBIS scores

FBIS Domain	Mild (n=7)	Moderate (n=29)	Severe (n=44)	P-value
Financial Burden	2.71	5.83	11.30	<0.001
Disruption of Routine Family Activities	2.29	5.10	10.05	<0.001
Disruption of Family Leisure	1.86	4.34	9.07	<0.001
Disruption of Family Interaction	2.43	4.52	9.11	<0.001
Effect on Physical Health	0.71	1.90	4.20	<0.001
Effect on Mental Health	2.71	5.07	8.36	<0.001
FBIS Total Score	12.71	26.76	52.09	<0.001

Family interaction was significantly affected, with scores rising from 2.43 in the mild group to 9.11 in the severe group. The impact on caregivers' physical health increased from 0.71 to 4.20, whereas the effect on mental health increased from 2.71 to 8.36. The mean total FBIS score demonstrated the most pronounced increase, rising from 12.71 among caregivers of mildly dependent patients to 26.76 among caregivers of moderately dependent patients and 52.09 among caregivers of severely dependent patients. All observed differences were highly statistically significant ($p<0.001$), indicating a strong association between severity of alcohol dependence and caregiver burden.

DISCUSSION

The present study highlights the substantial burden experienced by caregivers of patients with Alcohol Dependence Syndrome and demonstrates a strong positive association between severity of dependence and caregiver burden. More than 71% of patients in the present study belonged to the 30–50-year age group, indicating that alcohol dependence predominantly affects individuals during their economically productive years. Similar age distributions have been reported by Mattoo et al,[2] and Joseph et al,[5] who observed that the majority of alcohol-dependent patients were middle-aged adults, thereby amplifying the socioeconomic consequences for families.

A notable finding of the present study was the predominance of female caregivers (95.0%), with wives accounting for 78.8% of all caregivers. This finding reflects the traditional caregiving role assumed by women in Indian families and is consistent with previous studies that identified spouses as the principal caregivers of individuals with alcohol dependence.[5-7]

The most important observation was the progressive increase in caregiver burden with increasing severity of alcohol dependence. The mean total FBIS score increased from 12.71 among caregivers of mildly dependent patients to 26.76 among caregivers of moderately dependent patients and 52.09 among caregivers of severely dependent patients, representing an approximately 310% increase across severity categories. Similar findings have been reported by Vaishnavi et al,[3] and Rajpurohit et al,[4] who observed that caregiver burden increases significantly with worsening severity of alcohol dependence.

Financial burden emerged as the most severely affected domain. The mean financial burden score increased from 2.71 in mild dependence to 11.30 in severe dependence, indicating a more than fourfold increase. This observation is in agreement with the findings of Mattoo et al,[2] and Vaishnavi et al,[3] who identified economic hardship, loss of income, excessive expenditure on alcohol, debt accumulation,

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and treatment-related costs as major contributors to caregiver burden.

The present study also demonstrated marked disruption in routine family activities, leisure activities, and family interaction with increasing severity of dependence. The mean score for disruption of routine family activities increased from 2.29 to 10.05, while disruption of family leisure increased from 1.86 to 9.07. Similarly, family interaction scores rose from 2.43 among caregivers of mildly dependent patients to 9.11 among caregivers of severely dependent patients. These findings are comparable to those reported by Rathee et al,[6] and Bhardwaj et al,[7] who documented significant impairment in family functioning, interpersonal relationships, and social participation among families affected by alcohol dependence.

Psychological and physical health consequences among caregivers were also evident in the present study. The mean score for effects on mental health increased from 2.71 in mild dependence to 8.36 in severe dependence, whereas the mean score for physical health effects increased from 0.71 to 4.20. These findings suggest that chronic caregiving stress, uncertainty regarding relapse, behavioral disturbances associated with alcohol use, and social stigma contribute substantially to caregiver distress. Similar observations have been reported by Rajpurohit et al,[4] who demonstrated significant psychological distress among caregivers of alcohol-dependent patients and observed improvement following successful treatment of the patient.

The highly significant association observed across all FBIS domains ($p<0.001$) underscores the multidimensional nature of caregiver burden in Alcohol Dependence Syndrome. The burden extends beyond financial strain and encompasses disruptions in family functioning, deterioration of physical and mental health, and impairment of social relationships. These findings support the growing evidence that caregiver burden should be considered an important clinical outcome in the management of alcohol dependence.[2-5]

CONCLUSION

Caregivers of patients with Alcohol Dependence Syndrome experience substantial burden affecting financial, social, physical, and psychological domains. Female caregivers, particularly spouses, bear the majority of caregiving responsibilities. Increasing severity of alcohol dependence is associated with significantly greater caregiver burden across all dimensions assessed by the FBIS. Incorporation of caregiver assessment, family psychoeducation, counseling, and psychosocial support into routine de-addiction services may significantly improve caregiver well-being and treatment outcomes.

The study was conducted in a single tertiary care center with a relatively small sample size. The cross-sectional design precludes causal inferences. Larger multicentric longitudinal studies are recommended.

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