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Caregiver Burden and Resilience in Family Members of Alcohol Dependent Patients: Observations from Eastern India

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Caregiver Burden and Resilience in Family Members of Alcohol Dependent Patients: Observations from Eastern India

Abstract

Background: Caregiver burden for alcohol dependent patients refers to the physical, emotional, financial, and social challenges faced by individuals who provide care and support to someone struggling with alcohol dependence. Caregivers often experience high levels of stress, anxiety, and emotional distress when dealing with a loved one's alcohol dependence. The present study tried to analyse the caregiver burden and resilience among family members of alcohol dependent individuals in eastern India.

Methods: A cross-sectional observational study patients attending general outpatient clinics who had positive alcohol consumption history and were being accompanied by their caregivers to the facility. Patient and caregiver's demographics were noted followed by caregiver's burden and resilience indices using Burden Scale for Family Caregiving (BSFC) and Brief Resilience Scale (BRS). Responses were analysed statistically.

Results: 35.9% patients severely alcohol dependent. Composite caregiver burden score showed 50.6% caregivers were moderately burdened, followed by 37.6% caregivers who were found to be severely burdened. Most caregivers showed low resilience. Severity of alcohol dependence was positively correlated with patient's age, while caregiver's burden was found to have significant positive correlation with both patient and caregiver's age, and severity of alcohol dependence. Resilience was negatively correlated with patient as well as caregiver's age and severity of alcohol dependence (p=0.000). Female caregivers reported lower resilience as compared to male caregivers (p=0.003).

Conclusion: Caregiving is a challenging responsibility. It is important for caregivers to recognize the impact of alcohol dependence on their lives and to seek support, both for themselves and for the person with addiction.

Keywords

Severity of alcohol dependence, Burden Scale for Patient Caregiving, Brief Resilience Scale

Introduction

Alcohol dependence, also known as alcoholism or alcohol use disorder (AUD), is a chronic and often progressive medical condition characterised by an individual's inability to control their alcohol consumption despite adverse effects on physical, mental, and social health. It is considered a substance use disorder and can have a severe and life-altering impact on a person's life. [1, 2] Individuals with alcohol dependence often experience intense cravings for alcohol, making it difficult for them to resist the urge to drink. They may find it challenging to control the amount or frequency of their drinking, often drinking more than they intended. Over time, a person with alcohol dependence may need to consume increasing amounts of alcohol to achieve the desired effects, as their body becomes more tolerant to its effects. When they try to reduce or stop drinking, they may experience withdrawal symptoms, which can include nausea, tremors, anxiety, and even seizures. [3] Alcohol dependence can lead to neglect of important responsibilities at work, home, or school due to preoccupation with alcohol use. Individuals may lose interest in activities they once enjoyed because drinking becomes their primary focus. Despite suffering negative consequences, such as health issues, legal problems, or damaged relationships, individuals may continue to drink. Repeated unsuccessful attempts to cut down or control alcohol use are common. Alcohol dependence often leads to conflicts and problems in relationships, as well as social isolation. [3, 4]

Alcohol dependence is a chronic condition that can have a significant impact not only on the person who is addicted but also on their family members, friends, and caregivers. Caregiver burden for alcohol dependence patients refers to the physical, emotional, financial, and social challenges faced by individuals who provide care and support to someone struggling with alcohol dependence or addiction. Caregivers often experience high levels of stress, anxiety, and emotional distress when dealing with a loved one's alcohol dependence. They may feel

helpless, frustrated, or overwhelmed by the situation. Additionally, the costs associated with alcohol dependence, such as treatment, medical bills, and potential legal issues, can place a financial burden on caregivers. This may lead to difficulties in maintaining their financial stability. [5] Caregivers may find that their daily routines and activities are disrupted due to their responsibilities in caring for someone with alcohol dependence. This can affect their work, social life, and personal well-being. The stress of caregiving can harm the caregiver's physical and mental health. Caregivers may neglect their own health needs while prioritising the needs of the person with alcohol dependence. Caregivers may also face social isolation due to the stigma and shame associated with alcohol dependence. There is often a perceived lack of support on the part of the caregivers, who feel alone and unsupported in their roles, struggling to find resources, information, or people who understand their situation. Caregivers may unintentionally enable the person with alcohol dependence by covering up their actions, making excuses for them, or providing financial support that perpetuates the addiction. Caregivers often experience feelings of grief and loss as they witness the deterioration of their loved one's physical and mental health due to alcohol dependence. [6] The present study tried to analyse the caregiver burden and resilience among family members of alcohol-dependent individuals in eastern India.

Methods:

Study Design and Setting

The study had a cross-sectional observational design. The study was carried out for a period of one year in three tertiary care teaching hospitals in eastern India.

Participants

The study included patients attending general outpatient clinics who had a positive alcohol consumption history and were being accompanied by their caregivers to the facility. The study included only those who consented to be part of the study. Patients or caregivers having any psychiatric co-morbidities or those who did not understand the purpose of the study were excluded. Consenting caregivers were required to provide written informed consent before participation.

Variables and data measurement

Patients and their caregivers were enquired about their sociodemographic variables. Patients were administered the Severity of Alcohol Dependence Questionnaire (SADQ), a self-report tool designed to assess the severity of alcohol dependence in individuals. [8] This tool is used by healthcare professionals, researchers, and clinicians to evaluate the extent of a person's alcohol dependence and to help determine the appropriate level of intervention or treatment. The SADQ typically consists of 20 items, designed to capture various aspects of alcohol dependence, such as withdrawal symptoms, impaired control, and social problems related to drinking. Participants typically rate their responses to each question on a numerical scale (e.g., 0 to 3), with higher scores indicating a higher level of alcohol dependence. The total score on the SADQ provides a measure of the severity of an individual's alcohol dependence. A higher score generally indicates more severe alcohol dependence.

Caregivers were further administered the Burden Scale for Family Caregivers (BSFC) and Brief Resilience Scale (BRS).

BSFC [8] is a 28-item scale measuring subjective burden, with 4 points on the scale for strongly agree to strongly disagree. The BSFC helps assess the emotional, physical, and social burden experienced by family caregivers, providing insights into the challenges they face. This

information can be valuable in healthcare settings for care planning and in research studies to understand the impact of caregiving on family caregivers' well-being. A cumulative score of 0-41 suggests no to mild burden, 42-55 suggests moderate and 56-84 suggests severe to very severe burden. [8]

The Brief Resilience Scale (BRS) [9] is a self-report assessment tool used to measure an individual's ability to bounce back from stress and adversity. It is designed to assess resilience, which is the capacity to adapt and recover from challenging situations. The BRS is a short and simple questionnaire that is often used in research and clinical settings to quickly evaluate an individual's resilience level. The BRS typically consists of six items, and respondents rate their agreement with each item on a scale, such as a 5-point Likert scale (ranging from strongly disagree to strongly agree). The questions on the BRS are meant to capture various aspects of resilience, including the ability to cope with stress, adapt to change, and maintain a positive outlook in the face of adversity. The scoring is obtained by adding the responses, and then dividing the total sum by the total number of questions answered. A score of 1.00 to 2.99 suggests low resilience, 3.00 to 4.30 suggests normal and 4.30 to 5.00 suggests high resilience. Each caregiver was interviewed during their facility visit along with the patient.

Study Size

Considering the prevalence of 12.4% for AUD in the Indian Population from the reference study [10], at a 5% allowable margin of error and 95% confidence interval, the estimated sample size of the study was 167. However, the study went ahead and included 170 patients and analysed the data collected statistically.

Statistical methods

Descriptive data was represented as mean, standard deviation, range, frequency or percentages, as applicable. Different levels were expressed at a 95% Confidence Interval. Association between variables were assessed using Pearson's Correlation statistics and chi-square statistics as applicable. Analysis for various measures was performed using various standard statistical software packages like Microsoft Excel and GraphPad Prism.

Ethical Statement

The study was approved by the Research Ethics Committee – SASKH vide REC-SASKH/42 on 24.07.2022. Written informed consent was obtained for study participation and use of the patient data for research and educational purposes. The procedures follow the guidelines laid down in the Declaration of Helsinki (1964).

Result:

Participants and Descriptive Data

The study included 170 patients. All patients were males, with the majority belonging to the age segment of 31-50 years (46.5%) followed by those belonging to 51-70 years and 18-30 years. By occupation, patients were mostly skilled labourers (35.29%) followed by 27.65% semi-skilled labourers and 21.76% unskilled labourers. The mean age was 42.88 ± 15.15 years (range – 18 – 70 years) (95% CI 40.59, 45.18). The mean years of drinking was 9.3 ± 5.38 years (range – 2 – 20 years) (95% CI 8.48, 10.11).

The study interviewed 170 caregivers. The mean age of the caregiver population was 40.53 ± 11.26 years (range – 20 – 60 years) (95% CI 38.82, 42.23), with a majority (52.9%) belonging to the age group of 31 – 50 years, followed by 29.4% caregivers belonging to the age group of

51-70 years and 17.6% belonging to 18-30 years segment. Caregivers were mostly females (79.4%). (Table 2)

Table 1: Patient Characteristics	
	Observations [Frequency (%)]
Age	
18-30 Years	36 (21.2%)
31-50 Years	79 (46.5%)
51-70 Years	55 (32.4%)
Above 70 Years	0 (0%)
Occupation Level	
Unemployed	15 (8.82%)
Unskilled Labour	37 (21.76%)
Semi-Skilled Labour	47 (27.65%)
Skilled Labour	60 (35.29%)
Professional	11 (6.47%)

Table 2: Caregiver Characteristics	
	Observations [Frequency (%)]

Age	
18-30 Years	30 (17.6%)
31-50 Years	90 (52.9%)
51-70 Years	50 (29.4%)
Above 70 Years	0 (0%)
Gender	
Male	35 (20.6%)
Female	135 (79.4%)
Education	
Illiterate	42 (24.7%)
Primary Education	78 (45.9%)
Secondary Education	30 (17.6%)
Graduate	20 (11.8%)
Occupation	
Unemployed	20 (11.8%)
Unskilled Labourer	28 (16.5%)
Semi-Skilled Labourer	35 (20.6%)
Skilled Labourer	67 (39.4%)
Professional	20 (11.8%)

Socioeconomic Class	
Lower	25 (14.7%)
Lower Middle	65 (38.2%)
Upper Middle	80 (47.1%)
Upper	0 (0%)
Relationship with the patient	
Spouse	107 (62.9%)
Parents	25 (14.7%)
Siblings	36 (21.17%)
Extended family	2 (1.17%)

Main Results

The mean SADQ score observed was 28.52 ± 11.92 (95% CI 26.72, 30.33), with 52.4% moderately and 35.9% severely alcohol dependent. (Table 3) The mean burden score assessed was 50.25 ± 13.50 (95% CI 48.20, 52.29). 50.6% of caregivers were moderately burdened, followed by 37.6% of caregivers who were found to be severely burdened. Further, the ability of resilience was assessed. The mean BRS score was 3.00 ± 0.66 (95% CI 2.91, 3.11), among the caregivers, with 26.5% of caregivers showing low resilience. (Table 4)

Table 3: Severity of Alcohol Dependence	
Dependence Level	**Observations [Frequency (%)]**

Mild Dependence	20 (11.8%)
Moderate Dependence	89 (52.4%)
Severe Dependence	61 (35.9%)

Table 4: Burden and Resilience Indices

	Observations [Frequency (%)]
BSFC Score	
Mild Burden	20 (11.8%)
Moderate Burden	86 (50.6%)
Severe Burden	64 (37.6%)
BRS Score	
Low Resilience	45 (26.5%)
Normal Resilience	115 (67.6%)
High Resilience	10 (5.9 %)

Association between variables were explored. The severity of alcohol dependence was positively correlated with the patient's age (r=0.889, p=0.000). Caregiver's burden was also found to have a significant positive correlation with both the patient and caregiver's age, years

of drinking and severity of alcohol dependence (p=0.000). Female caregivers were significantly more burdened than males (p=0.000). Resilience was negatively correlated with the patient as well as the caregiver's age, years of drinking and severity of alcohol dependence (p=0.000). Female caregivers reported lower resilience as compared to male caregivers (p=0.003).

Discussion

The present study tried to analyse the caregiver burden and resilience among family members of alcohol-dependent individuals in eastern India. The study included 170 alcohol-dependent individuals who were majorly moderately dependent on alcohol and mostly belonged to the age segment of 31 to 50 years. Caregivers were mostly females. Burden and resilience indices suggested that most caregivers were moderately burdened and low resilient respectively. The severity of alcohol dependence was positively associated with the patient's age. Caregiver's burden was also found to have a significant positive correlation with both the patient and caregiver's age and severity of alcohol dependence. The study showed that as the age of the patient and caregiver increases, and as the severity of alcohol dependence in the patient increases, resilience tends to decrease. Female caregivers were more burdened and had lower resilience compared to male caregivers. Our findings have been consistent with the findings from similar studies. [10-14,16]

Alcohol dependence is a complex yet treatable issue, and it often requires a multidisciplinary approach involving healthcare professionals, counsellors, and support networks to effectively address the challenges faced by both the person with addiction and their caregivers. Under certain circumstances, individuals might require monitored medical detoxification to safely address withdrawal symptoms. Various forms of therapy, such as cognitive-behavioural

therapy, motivational enhancement therapy, and family therapy, can help individuals address the underlying causes of their dependence and develop coping strategies. [15] Certain medications, like naltrexone or acamprosate, may be prescribed to help reduce alcohol cravings and maintain sobriety. Joining support groups can also provide individuals with a network of people who understand their struggles and offer guidance and encouragement. Structured and intensive treatment for individuals with severe alcohol dependence is offered through either inpatient or outpatient rehabilitation programs.

It may be important to provide additional support and interventions for older patients and caregivers, as well as patients with severe alcohol dependence, to help them build or enhance their resilience. Resilience can be a protective factor in coping with the challenges of alcohol dependence. [16] Healthcare providers and caregivers should consider the age and severity of alcohol dependence when designing interventions and support programs. Tailored approaches may be more effective in improving resilience. Understanding the negative correlation between age, severity of alcohol dependence, and resilience can inform prevention efforts. Focusing on building resilience in younger patients and caregivers or those with milder alcohol dependence may be particularly important.

A limited sample size with regional representation may hinder the generalizability of the results, but the study paves a path for future considerations regarding caregivers' well-being and psychological support during the management of alcohol-dependent patients.

Conclusion

It is important for caregivers to recognise the impact of alcohol dependence on their lives and to seek support, both for themselves and for the person with addiction. Support groups,

counselling, and education can help caregivers cope with the challenges they face and provide the best possible assistance to their loved ones on the path to recovery.

Source of Support: Nil

Conflict of Interest: None Declared

Data Availability: Data supporting the findings of this study are available within the article text and tables.

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