



Research Article

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EFFECTIVENESS OF FAMILY FOCUSED INTERVENTION ON PERCEIVED STRESS AND QUALITY OF LIFE AMONG PERSONS WITH ALCOHOL DEPENDENCE SYNDROME

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ABSTRACT

A study was conducted to assess the effectiveness of family focused intervention on perceived stress and quality of life among persons with alcohol dependence syndrome admitted to the selected de-addiction centre, Kozhikode. The objectives were: Determine the effect of family focused intervention on perceived stress, and quality of life among persons with alcohol dependence syndrome. Explore the correlation between perceived stress and quality of life among persons with alcohol dependence syndrome. True experimental approach with pretest, post test control group design was adopted for 100 sample, 50 each for control and experimental groups by simple random sampling. Tools used were structured questionnaire for personal data, perceived stress scale for assessing perceived stress, WHO QOL-BREF Scale for quality of life. The control and experimental groups were evaluated by Friedman's repeated measures analysis of variance on ranks with Dunn's method and Mann Whitney rank sum test. The study concluded that family focused intervention was effective in reducing perceived stress and improving quality of life among persons with alcohol dependence syndrome.

Keywords: Family focused intervention, perceived stress, quality of life, alcohol dependence syndrome and de-addiction.

INTRODUCTION

Alcohol dependence is a substance related disorder in which the person is addicted to alcohol either physically or mentally and continues to use alcohol despite significant areas of dysfunction, indicate physical dependence and related hardship¹.

Stress is a major reason for starting and continuing alcohol use. Chronic alcohol use is associated with emotional changes, stress motivational pathways, increased anxiety, sleep disturbances, loss of appetite, aggressive behavior, problems in attention concentration, memory and desire or craving for alcohol². A study was conducted to assess the effectiveness of progressive muscle relaxation versus autogenic relaxation on stress among alcoholics in selected de-addiction centre by quasi experimental method with non probability sampling method. It showed that progressive muscle relaxation was more effective than autogenic relaxation in reducing stress among alcoholics, and the mean pretest stress score was higher than the mean post test stress score³.

Quality of life has emerged as an important outcome measure for alcohol dependence whose natural course comprises of remission and relapse. A study was conducted to examine the prospective changes in quality of life 56 patients aged between 18-45 years with alcohol depend over three months duration and compare it with quality of life of 150 healthy controls using WHOQOL-BREF. It showed significant improvement in quality of life of patients with alcohol dependence syndrome over three months abstinence. The physical, psychological, social and environment domains of quality of life in alcohol dependence subjects were significantly lower before treatment initiation than the healthy controls. The regular follow up with the family

members in outpatient setting enables the patient to achieve complete abstinence, thereby improving their quality of life⁴.

Chronic alcohol use may increase stress and related problems, which may change their emotional and motivational pathway. Quality of life also emerged as an outcome measure for alcohol dependence syndrome. Alcohol dependence is always characterized by prolonged course of alcohol related problems and a persistent vulnerability to relapse. Once withdrawal from alcohol is complete, relapse prevention strategies help to maintain abstinence. Family can play an important role in this. Hence the researcher realizes the need of the joint involvement of patient and family for better results.

Aim

Effectiveness of family focused intervention on perceived stress and quality of life among persons with alcohol dependence syndrome admitted to the selected de addiction centre.

Objectives

1. Determine the effect of family focused intervention on perceived stress, and quality of life among persons with alcohol dependence syndrome.
2. Explore the correlation between perceived stress and quality of life among persons with alcohol dependence syndrome.

Hypotheses

1. There are significant change in perceived stress and quality of life among persons with alcohol dependence syndrome.

2. There is significant correlation between perceived stress and quality of life among persons with alcohol dependence syndrome.

MATERIALS AND METHODS

True experimental research approach with pre-test post-test control group design was used. The independent variable was family focused intervention and dependent variables were perceived stress and quality of life. The demographic variables were age, duration of marriage, number of children, age of elder child, age of younger child, duration of alcoholism, duration of severe alcoholism, education, occupation, religion, type of marriage, legal status, type of family, support from family, locality of house, ownership of house, monthly income, participation in social activity and history of family alcoholism. Using simple random sampling, 100 persons (50 each in control group and in experimental group) with alcohol dependence syndrome between 25 – 55 years of age legally married staying with their spouses in selected de-addiction centre for their first time and able to read and write were included in the study. Tools used were (1) A structured questionnaire for the personal data of patients with alcohol dependence syndrome, (2) Perceived Stress Scale by Sheldon Cohen, a standardized five-point scale to assess the levels of perceived stress among the patients with alcohol dependence syndrome, (3) WHOQOL BREF Scale, a standardized scale used to assess the quality of life of clients with alcohol dependence syndrome. The formal permission for the study was obtained from the Directors of the respective de-addiction centre and informed consent was obtained from the subjects. Perceived stress and quality of life were assessed before the intervention and in follow ups after discharge at second, fourth and sixth months for control and experimental groups. Progressive muscle relaxation (Jacobson) was provided to the person subjected to study and their spouse in experimental group in the early morning for 15 min. Family focused intervention was provided to the client and spouse separately for 15 minutes every day with the help of a video assisted programme till discharge. A diary was provided to them separately to record the level of adherence to the intervention provided to them. Investigator contacted the spouses of the clients over telephone regarding the documentation of diary. The intervention programme was reminded for the experimental group when they came for follow up in second, fourth and sixth months after discharge. The ethical aspect of the research was maintained throughout the data collection. The data was analyzed in terms of descriptive and inferential statistics based on the objectives and hypotheses of the study. Repeated Measures of ANNOVA was used to find the effect of family focused intervention.

RESULTS

Table 1 shows effect of family focused intervention (FFI) on perceived stress among control and experimental groups were compared by Friedman repeated measures of analysis of variance on ranks with Dunn's method. The values were computed in terms of medians. Perceived stress was high in control group and experimental group during their pre-test (Median 23 & 25 respectively). In the experimental group, significant decrease in stress was noticed in the post test 1, 2 and 3 (Median 7.5, 4 & 1 respectively) than the control group. Table 2 shows that pre-test Domain 1 (D1) of control group was less (Median 44) and gradually increasing post test 1 (Median 56) and decreasing in post test 2 & 3 (Median 50 & 38 respectively). But in experimental group D1 was improved in each post test after FFI (Median 63, 69 & 75 respectively) than pre-test. The same improvement was noticed in domain 2, 3 & 4 of quality of

life in the experimental group during their post tests 1, 2 & 3 and significant changes was noticed compared with control group.

Figure 1 shows that total D was improving in experimental group and control group during their post test 1, 2 & 3 ($P < 0.001$), but were significant in experimental group. Mann Whitney rank sum test revealed that pre-test scores of experimental and control groups were not significant, but post tests scores had significant difference ($P < 0.001$). Figure 2 shows that negative correlation was seen in experimental group and very weak correlation in post test 3.

DISCUSSION

Stress is considered as a major problem among alcohol dependence syndrome. High stress affects the quality of life. When people are not satisfied with their life, they will feel bored. The result of the present study revealed that the family focused intervention (FFI) was effective in experimental group than the control group. Paired 't' test was used to see the effect of perceived stress among control and experimental groups during their post test 1, 2 and 3 compared with the pretest. Experimental group had significant reduction in stress, since they had undergone FFI ($P < 0.001$). Mann whitney rank sum test done to see the effect of FFI in each test between the groups. Post test I, post test 2 and post test 3 had significant changes between control and experimental groups. Though control group also was benefited from the treatment schedule of de-addiction centre, experimental group had more changes because of FFI along with the treatment obtained from de addiction centre.

A similar study to determine the effect of stress management among 121 alcoholics between the age group of 18-59 years. Stress management techniques introduced and found that there was a significant difference between the pre and post test of stress⁵.

A literature search was conducted to see the effect of exercise in the treatment of alcohol use disorders between 1970-2015. 11 studies were identified to refer the effect of exercise on alcohol consumption and associated outcomes. Six of these concluded that exercise may have a positive impact towards alcohol consumption⁶. Each domain in the quality of life also showed significant changes in experimental group than control group. The sum of domain 1, domain 2, 3 and 4 (Total D) score revealed that there were enormous changes noticed in experimental when compared with control group. Paired 't' test shown that total D was improved in post test 1, 2 and 3 in control and experimental group, compared with pre test The experimental group had significant improvement compared to control group ($P < 0.001$). Mann whitney rank sum test indicated that the experimental group was significant in post test 1, post test 2 and post test 3 as they undergone FFI along with the treatment from de-addiction centre ($P < 0.001$).

Quality of life is the subjective component of wellbeing and it is an important measuring rod which provides an insight into how a disorder affects the life of the person. A prospective observational study was used to assess the quality of life among 160 adults with alcohol dependence for a period of 24 months after the initial assessment for alcohol related treatments. This indicated a rapid improvement in the mental dimension of quality of life following the treatment initiation and maintained throughout 24 months⁷.

Pearson correlation between the relationship of stress and quality of life shown that there was negative correlation in the experimental group as stress decreased and quality of life increased (r = 0.225 and P 0.133, r= 0.398, P 0.006 and r = 0.348 and P 0.018 in all post tests respectively). These results concluded that FFI had significant effect in reducing perceived stress and improving quality of life among persons with alcohol dependence syndrome in the experimental group.

RECOMMENDATION

Replication of the study on a larger sample to find a significant difference in the scores of perceived stress and quality of life among persons with alcohol dependence syndrome both across time and within a certain time period of study in both control and experimental groups.

Table 1: Effectiveness of family focused intervention on perceived stress among persons with alcohol dependence syndrome

Sl.No.	Parameter	Group	Median (Percentile)
1	Perceived Stress	Control Pretest	25 (18.75 – 29.5)
		Control post test 1	14 (10-20)
		Control post test 2	20 (16.25 – 25)
		Control post test 3	25 (20.25-29)
		Experimental Pretest	23 (19.75-27)
		Experimental Posttest 1	7.5 (4-13.25)
		Experimental post test 2	4 (3-9.5)
		Experimental post test 3	1 (0-3)
n = 50 each ,value based on median (percentile)			

Table 2: Effectiveness of family focused intervention on QOL domain 1, 2, 3, 4 among persons with alcohol dependence syndrome

Sl. No.	Parameter	Group	Median (Percentile)
1	D1	Control Pretest	44 (38-56)
		Control post test 1	56 (50-63)
		Control post test 2	50 (38-56)
		Control post test 3	38 (31-56)
		Experimental Pretest	44 (36.25 – 56)
		Experimental Post test 1	63 (56-69)
		Experimental post test 2	69 (63-75)
		Experimental post test 3	75 (69-81)
2	D2	Control Pretest	44 (31-56)
		Control post test 1	56 (44-63)
		Control post test 2	44 (38-56)
		Control post test 3	31 (25-44)
		Experimental Pretest	44 (38-56)
		Experimental Posttest 1	69 (56-69)
		Experimental post test 2	69 (56-81)
		Experimental post test 3	81 (75-88)
3	D3	Control Pretest	56 (31-75)
		Control post test 1	75 (50 – 81)
		Control post test 2	50 (31-75)
		Control post test 3	31 (25-44)
		Experimental Pretest	56 (44-77)
		Experimental Post test 1	81 (75-100)
		Experimental post test 2	94 (81-100)
		Experimental post test 3	100 (94-100)
4	D4	Control Pretest	41 (31-52)
		Control post test 1	63 (56-75)
		Control post test 2	50 (38-63)
		Control post test 3	41 (31-50)
		Experimental Pretest	44 (38-56)
		Experimental Post test 1	69 (63-81)
		Experimental post test 2	75 (74 –88)
		Experimental post test 3	94 (81-100)
n = 50 each. Values based on median percentile			

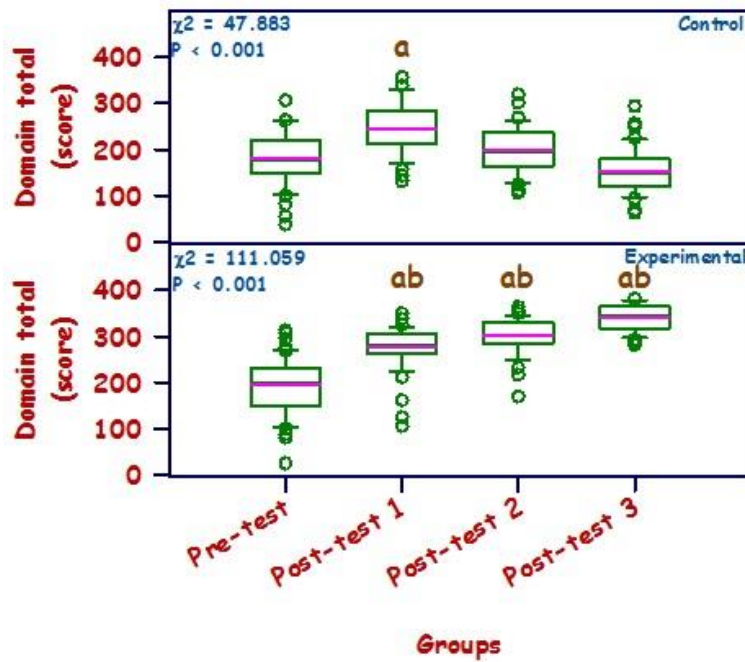


Figure 1: Effectiveness of family focused intervention on Quality of Life (Total D) among persons with alcohol dependence syndrome (n = 50 each).

The middle green line is the median and the pink line is the mean. The control and experimental groups are evaluated by Friedman’s repeated measures analysis of variance on ranks with Dunn’s comparison with pre-test. a) Significantly different compared to the respective pre-test. The pre-test, post-test 1, post-test 2 and post-test 3 of control and experimental are compared by Mann Whitney rank sum test. The ‘T’ and ‘P’ values of pre-test are 2320 and 0.157, the ‘T’ and ‘P’ values of post-test 1 are 2622 and < 0.001, the ‘T’ and ‘P’ values of post-test 2 are 1115 and < 0.001, and the ‘T’ and ‘P’ values of post-test 3 are 994 and < 0.001 respectively. b) Significantly different the respective pre-test or post-test.

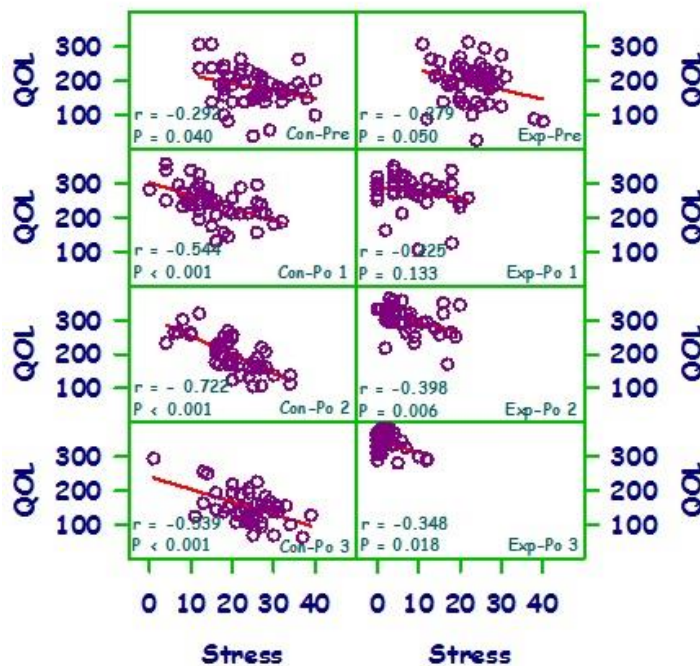


Figure 2: Correlation of perceived stress (stress) and quality of life (QOL) among persons with alcohol dependence syndrome in control and experimental groups (n = 50 each).

The ‘r’ and ‘P’ are from Pearson’s correlation.
 Con-Pre = control pre-test Exp-Pre = experimental pre-test
 Con-Po1 = control post-test1 Exp-Po1 = experimental post-test1
 Con-Po2 = control post-test2 Exp-Po2 = experimental post-test2
 Con-Po3 = control post-test3 Exp-Po3 = experimental post-test3

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