

“Assessment Of Quality Of Life Among Alcoholic Patient At De-Addiction Centre, Pune”.

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Abstract

Background: People died due to liver cirrhosis caused by alcohol consumption across India. Evidence shows many and more alcohol-related deaths Major crimes and accidents are because of alcohol, which also cause to robberies sexual harassment.

Aim: To assess the Quality of Life among Alcoholic Patient Method and material: Non experimental design with Descriptive research approach used for the study. The study was conducted in De-addiction Centre Pune, Maharashtra, India. Non-probability convenient sampling technique was used for selecting 50 Alcoholic patient. The data was collected, organize in table form and analyzed based on objectives of the study using descriptive and inferential statistics.

Result: Maximum 40% had 30 to 40 years, 34% patients had up to 30 years, 20% patients had 40 to 50 years of age group majority 68% alcoholic patient are stay in urban area and 32% are stay in rural area. In present study we found that there is having association between age and monthly income with factors like physical, psychological, social, environment. We found that there were no any association between age and physical factor

Conclusion: The study confirms the quality of life of alcoholic patient is lower and physical, psychological, social, environmental factors is affecting the quality of life of alcoholic patient.

Key word: De-addiction Centre, Domain, Factor, Quality of life.

INTRODUCTION

Alcohol is a psychoactive substance with craving and dependent properties. Alcohol beverages used in many cultures for last long period. The excessive use of alcohol can leads a high burden of disease and shows adverse effects on social and economic condition of the person and their family. Use of alcohol can also harm to the self and other people, such as family members, Relatives friends, co-workers, and community.^[1]

Alcohol is taking or drinking in all part of the country, including states who has strict laws related to alcohol consumption and certain prohibition. The prevalence of alcohol use among women is compare to lower than men. Overall, about 5.2 per cent of the population aged between 10-75 years (about 57 million individuals) need help for alcohol related problem.^[2]

Drinking between some amount i.e 3.4-ounce glass of red wine per day may having some health benefits for adults above the age 40 years, such as minimizing the risk of cardiovascular disease, and diabetic mellitus. For the young adults ages between 15-39years, there are no health benefits to drinking alcohol, it has only adverse effects and complication on health status. Alcohol consumption among Indian men has risen in all age groups, meta-analysis by lancet showed meta-analysis by Lancet showed^[3]

Quality of life is a comprehensive and integral approach that not only highlight the individual's physical, (Mental) psychological and spiritual characteristics but also their relation with surrounding and give chance to maintaining and promoting the skills.^[4]

TITLE/ PROBLEM STATEMENT.

Assessment of Quality of Life among alcoholic patient at De-addiction centre Pune.

OBJECTIVES

- i. To assess the Quality of Life among alcoholic patient at De-addiction centre.

- ii. To assess the factors affecting Quality of Life among alcoholic patient at De-addiction centre.
- iii. To find out the association between demographic variables with factors affecting Quality of Life among alcoholic patient at De-addiction centre.

MATERIAL AND METHOD

Research Approach:

In this present study Descriptive research approach is used to assess the quality of life of alcoholic patient.

Research design

In this study nonexperimental design is adapted. Non-experimental research is research that lower manipulation of an independent variable

Research Settings

Present study was conducted at Muktangan De-addiction centre Pune. Maharashtra India.

Sample In current study the population consists of 50 institutionalized alcoholic patient.

- **Inclusive Criteria :**
 - Alcoholic Patient
 - Interested people who are willing to participate in this research study.
 - Only male
 - Who can understand English and Marathi.
- **Exclusion Criteria :**
 - Patient who are in withdrawal symptoms
 - patient with another psychiatric disorder

DESCRIPTION OF TOOL AND DATA COLLECTION.

Taken permission from KIMSDU Karad and Muktangan de-addiction centre Pune. For collecting data Interview method was used. The tool having two sections. Section I: Demographic Performa. Section II: WHOQOL Scale questionnaire was used.

Procedure for Data Collection All the alcoholic patient admitted in De-addiction centre. Interviewed method were conducted among alcoholic patients 20 to25 minute are required to conduct the interview.

Ethical considerations

Present study approved by institutional ethical committee of the KIMSDU, Karad. Protocol No/Ref. No. KIMSDU/IEC/05/2018. Permission from the authorities such as the principal of the institutes, Muktangan de-addiction centre Pune has been obtained. Informed Consent taken from the subjects at the time of data collection.

RESULT

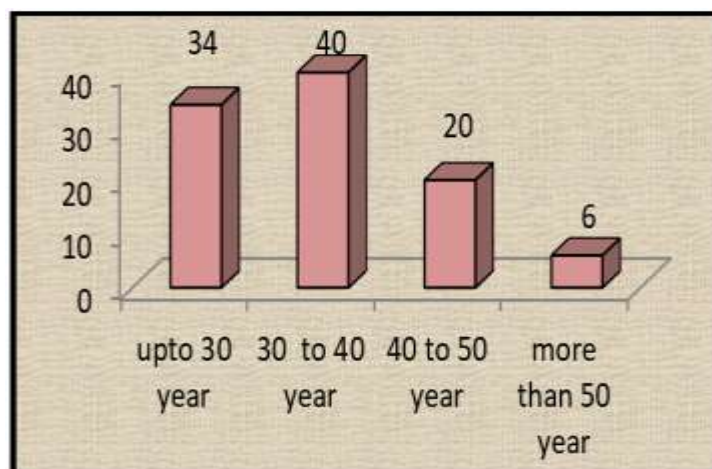


Figure 1: Demographic description (Age) of patient on alcoholic by frequency and percentage. (N-50)

From above figure we can observed that in overall alcoholic patient maximum 40% had 30 to 40 years, 34% patients had up to 30 years, 20% patients had 40 to 50 years and 6% patients had in group of more than 50 year

Sr. No	Work Profile	Alcoholic Patients N-50	
		Frequency	Percentage %
1	Daily Wages	3	6
2	Service	31	62
3	Business	10	20
4	Unemployment	6	12

Table 2: Demographic description (Education) of patient on alcoholic by frequency and percentage. (N-50)

From above table showed that Maximum of overall 14% had just complete primary education, 38% had complete secondary education, min 44% of Graduates and same 4% illiterate alcoholic patients.

Sr. No	Monthly Income	Alcoholic patient N-50	
		Frequency	Percentage %
1	below2000	8	16
2	2000 to 5000	11	22
3	6000 to 10000	9	18
4	more than 10000	22	44

Table 3 Demographic description (monthly income) of patient on alcoholic by frequency and percentage. (N-50)

From above table 22% alcoholic patient had income group of Rs.2000 to 5000, 18% had in the group of Rs.6000 to 10000, 44% had in income group of Rs. More than 10000 and below 2000 are 16%

Sr. No	Residency	Alcoholic Patients N-50	
		Frequency	Percentage%
1	Urban	34	68
2	Rural	16	32

Table 4: Demographic description (residency) of patient on alcoholic by frequency and percentage. (N-50)

In this table we can easily conclude that 68% alcoholic patients are stay in urban area and 32% are stay in rural area.

ASSOCIATION ANALYSIS.

Age Group Vs Demographic Variables.

1. Mean and standard deviation proportion in association between age group and physical factor (domain1) alcoholic patient P value is 0.1865 that indicate there is no association between age group and physical factor.
2. Mean and standard deviation proportion in association between age group and Psychological factor (domain2) alcoholic patient P value is 0.0159 which is lesser than 0.05. Hence there is association between age group and physical factor.
3. Mean and standard deviation proportion in association between age group and Social factor (domain3) alcoholic person. We can conclude the P value is 0.0046 hence there is association between age group and social factor.
4. Mean and standard deviation proportion in association between age group and Environmental factor(domain4) alcoholic patient By above we can conclude the P value is 0.0251. Hence there is association between age group and environmental factor.

Monthly income Vs Demographic Variables.

1. Mean and standard deviation proportion in association between monthly income and physical factor (domain 1), Psychological factor (domain 2), Social factor (domain 3), Environmental factor (domain 4) of alcoholic patient, by above we can conclude that the P value is 0.0531, 0.0099, 0.0262, 0.099 respectively which is less than 0.05. Hence there is association between monthly income group and four factors of quality of life (Physical, Psychological, Social, and Environmental Factor).

DISCUSSION

Heavy alcohol drinking is a major public health problem in most of the developing countries ^[5] alcohol use is quite common in both rural and urban India ^[6]

Related to demographical variable

This study concludes that the alcoholic patient having lower quality of life. According to Chaudhari S individuals commonly drinking alcohol between 20 and 30 years and going to the hospital for seeking treatment in the age group of 30–40 years after 12 years of alcohol consumption when they are moderately or severely addicted or dependent on alcohol. Patient with alcoholism is associated with lower in education and lower levels of employment^[7] In our study we

can be observed that in overall alcoholic patients, maximum 40% had 30 to 40 years, 34% patients had up to 30 years, 20% patients had 40 to 50 years and 6% patients had in group of more than 50 years,

According to Gopal Das Mohan Das Chikkerahally Ninety-four per cent of the population were males and mean age was 39.08 (± 7.66) years. Sixty-six per cent were from urban background^[8] in our study 68% alcoholic patients stay in urban area and 32% stay in rural area.

According to Shruti Srivastava The physical, psychological, social, and environment domains of QoL in alcohol dependence subjects were significantly lower before treatment initiation than the healthy controls in our study physical social psychological and environmental domain and monthly income are lower and affect their life very badly.^[9]

According to T. Lalitha Kumari There was a significant association between the quality of life with their education, occupation, health status, NGO's programs^[4] available for them financial support, medical help, and Government schemes in our study age and the economic condition (income) having significant association between quality of life's domain..

CONCLUSION

In our study we found that there is having association between age and monthly income with factors like psychological, social, environment. We found that there were no any association between age and physical factor. Based on above result we can conclude the patient with alcohol having poor quality of life. This study helps to guide planning and manage to improve their condition and divert more serious Problem. Development in the newer treatment plan, counseling, health educations, social and mental supports. It will be improve Quality of care and update the knowledge of nurses and other Health care Workers.

SCOPE OF STUDY

Nursing Education and Practice:

In nursing field nurses came to know which factors affecting quality of life of alcoholic patient and on that basis, nurses will provide care based on the patient need. This will helps to reduce that factor and for that nurses will nursing intervention like Assessment and detailed history collection (brief survey), periodically Home Visit, psychological & mental support to patient. Awareness program. Introducing the Non Governmental Agencies or policies for alcoholic patient.

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