

A study of Burden of Care and Expressed Emotions in the Caregivers of Patients with Alcohol Use Disorder

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ABSTRACT:

Background: Alcohol Use Disorder (AUD) is a major global public health concern, and the role of family is important in its care-giving. Caregivers often sacrifice their own needs and undertake considerable stress. Screening for psychiatric symptoms in caregivers can help prevention of further morbidity. This study aimed at assessing burden of care and expressed emotions in caregivers of alcohol users, as well as exploring their correlations with each other. **Material and Method:** The Patients of Alcohol Use Disorder (as per DSM-5 diagnostic criteria) and their caregivers were assessed ($n = 250$) using tools, Burden Assessment Schedule (BAS) and Family Emotional Involvement and Criticism Scale (FEICS). The data was analyzed using SPSS 28 and correlation was conducted. **Results:** the study utilized a correlational research design for the total sample size of 250 caregivers of AUD patients. The study reveals a strong association of burden of care with FEICS-Perceived Criticism ($r = 0.036^*$, $p < 0.05$) and the FEICS-Emotional Involvement ($r = 0.030^*$, $p < 0.05$). Hence, a significant positive correlation was observed among the scores of BAS with FEICS. **Conclusion:** Our study reveals high rates of burden of care and expressed emotions among the caregivers of AUD patients that need to be addressed in future research attempts either independently or as a part of alcohol treatment programs.

Keywords: Caregiver, Alcohol Use Disorder, Burden of care, Expressed emotion

INTRODUCTION:

Alcohol use disorder (AUD) is a serious public health issue worldwide, and its progression is regarded as a complicated dynamic process involving several bio-psycho-social factors.¹⁻³ It is a troublesome pattern that is highly varied and characterised by failure to fulfil responsibilities.⁴ Addiction to alcohol can cause severe negative consequences to the users' life and their caregivers.^{5,6} Furthermore, it disrupts the affected people's interpersonal connections and family lives, amplifies family problems, and escalates marital fights.^{7,8} AUD is a family disease where family members or carers are known to play an important role in the maintenance and care of the patient with alcohol use disorder.⁹ A carer can be defined as a family member or friend who has been living with the patient for approximately more than a year and taking care of patient's health and activities of daily living.^{10,11} Caregivers of AUD patients frequently sacrifice their

own needs and bear a great deal of strain or stress, and they are frequently disregarded.¹¹ In the process of providing care to the patients caring becomes emotionally exhausting resulting in a higher rate of anxiety and depression than the general population.¹² Caregiver burden is characterised as a multidimensional reaction to physical, psychological, emotional, social, and financial stressors that are commonly connected with caring experiences.¹³⁻¹⁸ Furthermore, they frequently hold the patients accountable for their issues resulting in the expression of various negative emotions and the severity of care burden issue is dependent on the amount of giving care and the carer values completing that task.^{19,20} A person's attitude towards their caring responsibilities is influenced by a number of elements, including their personality, social support system, family standing, and other obligations.^{21,22} Many studies have demonstrated that carers with great social support

suffer less hardship than those who do not have it, regardless of the quantity or form of caring responsibilities.^{23,24} With respect to care burden, two types of burdens have been described in literature where objective burden has been referred as the influence of illness on the family's income and activities, whereas subjective burden refers to the degree to which the objective burden affects family members.^{25,26} Furthermore, the pressure of being a caregiver represents an objective burden as a cost of caring for the beneficiary and the amount of worries a carer feels while performing care giving tasks is referred to as subjective load. Several studies have been conducted to evaluate the family strain in alcoholism and other psychiatric conditions and the results revealed moderate to severe burden among caregivers.^{27,28} This burden is expressed in the form of expression of anger, resentment, irritability, assault, and antagonism by relatives of a patient with a psychiatric problem because they view the individual as responsible for their difficulties. Emotional environment governing the family members and social support perceived by patients plays an important role in the relapse process and/or treatment of the disease with significantly longer duration. With respect to Indian perspective, family burden was also assessed in several studies. In a study, wives of substance use patients suffered moderate to severe burden.²⁹ In another study conducted in Nepal husbands were found to be more tolerant and reported a lower perceived load when compared to other family carers.³⁰

Expressed emotion is known as the chronic relapsing factor in most of the psychiatric conditions including AUD.^{31,32} Expressed emotions are the affective attitudes & behaviors of relatives towards a family member with psychiatric illness which is a global index of particular emotions, attitudes and behaviours expressed by relatives about the mentally ill patients or family member with substance abuse.^{33,34} Expressed emotion indicates the family emotional status that reflects the quality of relationship between the patient and his family members.²⁰ Family emotional environment for the family member suffering from mental illness or having substance is very important for treatment and recovery process. Previous research has shown a significant link between high levels of family expressed emotions and the burden of care for AUD patients.¹²

Though, many researches on alcohol users have been undertaken in the past, the care provided by their loved ones and resultant psychiatric morbidities in them sometimes seems to be disregarded. Identifying underlying burden of care and expressed emotion in the caregivers of AUD patients will lead to faster recovery in the patients and help in the prevention of psychiatric conditions among their caregivers. This

study will also aid in raising awareness, and screening will aid in early intervention.

MATERIAL AND METHODS:

This hospital-based Cross-Sectional Study was conducted at Department of Psychiatry, Pacific Medical College and Hospital, Udaipur (India). Total number of 250 caregivers of alcohol use disorder patients, adults of both sex, aged 18–55 years, able to read and write in English language, willing to participate and meeting the other parameters for inclusion and exclusion criteria of the study were enrolled for the study over a period of 1.5 years i.e. January, 2021 to June, 2022. Exclusion criteria included the family members who were living with the patient for less than 1 year, the presence of a co-morbidity of any other major medical/psychiatric or neurological or disabling conditions and exposure to any family psychotherapy interventions that may interfere with variables under study. Ethical approval for this study was obtained from the Ethics Review Committee of Pacific Medical College and Hospital, Udaipur, Rajasthan. Informed written consent was taken from the subjects undergoing the study. Socio-demographic and clinical profiles of the participants were obtained.

Measures:

Caregivers were administered the burden assessment schedule (BAS) for assessing the burden of care. It is a semi-quantitative has 40 item measures that assesses several aspects of objective and subjective caregiver burden. Each item is scored on three point scale (“not at all”, “to some extent”, “very much”), with a total score ranging from 40 to 120, with a higher score suggesting a greater load or burden. The BAS questionnaire includes basic demographic information as well as questions about specific components such as spouse related, physical health, mental health, external support, taking responsibility, other relationships, patients behaviour and caregiver strategy. More the score, more is the burden experienced by the caregivers.³⁵ The Family emotional involvement and criticism scale (FEICS) measure was administered to evaluate expressed emotions in the caregivers. This is a 14-item scale measures Perceived Criticism (PC) and Emotional Involvement (EI) in the family from a perspective of family member in which questions with even numbers are Perceived Criticism (PC) and Odd numbers are Emotional Involvement (EI), PC = sum (even numbered items), EI = sum (odd numbered items). Produces two scales ranging from 0 – 28.³⁶

Statistical Methods:

Collected data was analysed using Statistical Package for the Social Sciences (SPSS version 28.0). Descriptive statistics such as frequencies, percentages, and measures of central tendencies were used.

Pearson's correlation coefficient (r) method was used to measure the strength of the relationship of BAS with FEICS-emotional involvement and FEIS-Perceived criticism at $p < 0.05$ and $p < 0.001$, it was considered statistically significant.

RESULTS:

In total, 250 caregivers of alcohol use disorder patients were taken as participants who visited Department of Psychiatry at Pacific Medical College and Hospital, Udaipur city of Rajasthan state who met the inclusion and exclusion criteria were selected for the study. Table 1 shows that most of the study population belonged to 36-45 years (44.0%) followed by > 45 years (25.6%), 26-35 years (22.4%) and ≤ 25 years (8.0%) respectively. The majority of the subjects had Secondary/ Senior Secondary (28.0%) and Graduation level of education (2.4%), as per occupation were Self-Employed (27.2%) and Housewife. Most of the

subjects had Middle Class (50.4%) and Lower Middle Class (28.4%) socio economic status. Most of the study population were Hindus (73.3%) and wives (60.0%) as caregivers represented the most number. Most of the study population were from the Urban areas and belonged to Extended Nuclear family.

Table 2 reveals the scores of BAS and FEICS. The mean scores of BAS, FEICS -Perceived Criticism and FEICS - Emotional Involvement were found to be 48.10 (± 12.99), 18.59 (± 3.19) and 20.34(± 3.45) respectively. Table 3 revealed that BAS scores were significantly associated with Perceived Criticism Criticism ($r = 0.036^*$, $p < 0.05$) and the Emotional Involvement ($r = 0.030^*$, $p < 0.05$) of FEICS scores. Hence the findings reveal that there was a significantly positive correlation of burden of care with expressed emotions among caregivers of alcohol use disorder patients.

Table 1: Socio-demographic characteristics of the studied participants (n = 250)

Characteristics	Group	Number	%
Age	≤ 25 years	20	8.0%
	26-35years	56	22.4%
	36-45years	110	44.0%
	> 45 years	64	25.6%
Education	Uneducated	40	16.0%
	Primary	34	13.6%
	Middle	25	10.0%
	Secondary/Senior Secondary	70	28.0%
	Graduation	81	32.4%
Occupation	Labourer	44	17.6%
	Self-Employed	68	27.2%
	Professional	20	8.0%
	Agriculture	31	12.4%
	Business	14	5.6%
Socio economic status	Upper Middle Class	21	8.4%
	Middle Class	126	50.4%
	Lower Middle Class	71	28.4%
	Lower Class	32	12.8%
Religion	Hindu	110	73.3%
	Muslim	40	26.7%
Relationship of Caregiver with patient	Wife	90	60.0%
	Mother	58	38.7%
	Other	2	1.4%
Area of residence	Urban	125	50.0%
	Rural	125	50.0%
Type of the family	Nuclear	56	22.4%
	Joint	80	32.0%
	Extended Nuclear	110	44.0%
	Living alone	4	1.6%

Table 2: Descriptive statistics of BAS and FEICS subscales Scores

Scores	N	Mean	Std. Deviation
BAS	250	48.10	12.99
FEICS- Perceived Criticism	250	18.59	3.19
FEICS-Emotional Involvement	250	20.34	3.45

Table 3: Pearson correlations (BAS with FEICS)

Variables of FEICS	<i>r</i>
Perceived Criticism	0.036*
Emotional Involvement	0.030*

****Correlation is significant at the 0.05 level**

DISCUSSION:

Burden of care and associated disturbance of expressed emotions among the caregivers of AUD patients are increasingly being recognized as a crucial issue and these problems among these caregivers are prevalent and significant. The present study aims at exploring the burden of care and associated disturbance leading to expressed emotions of perceived criticism and emotional involvement among the caregivers of AUD patients which predominantly included the relationship of wives followed by mothers of patients with AUD consulting to the Departments of Psychiatry at Pacific Medical College and Hospital, Udaipur. In our study, a strong positive association was observed between the scores of Burden Assessment Schedule and the FEICS subscales scores. The results indicate that the severity or increased of burden of care amongst caregivers is positively related to the expressed emotions study participants and our findings are in line with previous similar studies on caregivers.^{23,31} Furthermore, the ratings for families with caregiver burden were found to be above average, indicating that the family had difficulty executing their caring tasks. Though there is not much studies in this area, a small number of studies found similar results, revealing that it was difficult for carers to provide care for patients who were alcohol and drug-dependent and, the perceived burden of care grows with the duration of the disease.³⁷⁻³⁹

CONCLUSION:

This research demonstrated high rates of caregiver burden and revealed and it's positive association with expressed emotion. These findings may be used to develop targeted interventions for the caregivers of AUD patients in order to improve overall prognosis and treatment outcomes. Our findings support the need for the development of standardized family interventions which take the specific consideration of

caregiver burden while targeting expressed emotion which may be substantially connected to the caregiver's psychiatric morbidity.

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