


Original Research Article

Role of coping behavior and socio-demographic variables in alcohol relapse

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	International Archives of Integrated Medicine, Vol. 6, Issue 8, August, 2019. Copy right © 2019, IAIM, All Rights Reserved. Available online at http://iaimjournal.com/	
	ISSN: 2394-0026 (P)	ISSN: 2394-0034 (O)
	Received on: 20-07-2019 Source of support: Nil	Accepted on: 30-07-2019 Conflict of interest: None declared.
How to cite this article: Bhardwaj R, Kataria L, Patel D, Desai S. Role of coping behavior and socio-demographic variables in alcohol relapse. IAIM, 2019; 6(8): 35-40.		

Abstract

Introduction: Although short term treatments for alcoholism is quite effective but one of the most distressing problems in alcoholism treatment is the relatively high rates of relapse to alcohol use following periods of abstinence. Preventing Relapse is a formidable challenge in the treatment of drug addiction. Several authors in western countries have described relapse as complex, dynamic and unpredictable phenomena. Therefore in this study we attempt to examine the role or association between different socio-demographic variables, coping strategies and relapse among alcoholic patients.

Aim: To study role of coping behavior and socio-demographic variables in alcohol relapse.

Materials and methods: It was an observational study. A total of 100 willing patients of alcohol dependence with relapse were enrolled for the study. For the purpose of study an episode of relapse was defined as per ICD-10, relapse in substance dependency is defined as re-emergence of substance dependence after at least 4 weeks of abstinent period. All participants fulfilling inclusion and exclusion criteria and given written informed consent were analyzed through a structured interview using CBI.

Results: A significant association of many socio-demographic and psychosocial variables with relapse was found. Variables like male gender, nuclear family, early age of onset of drinking, positive family history, number of past relapses etc. were found significant in determining relapse. A strong association of seldom use of coping strategies in predicting relapse was found. The average mean score in CBI was found to be 1.04 with SD of 0.25.

Conclusion: This study may conclude that there is significant association of demographic and psychosocial factors with relapse in alcohol dependence. There is significant role of coping behavior in determining or predicting relapse.

Key words

Alcohol Dependence, Relapse, Coping, CBI.

Introduction

Alcoholism is one of the major health and social problem seen globally and India being no exception. Alcoholism is predominantly a male disorder in India [1]. Alcoholism has long been accepted as one of the nation's most prevalent health problems yet it has often been neglected on a national basis.

Although short term treatments for alcoholism is quite effective but one of the most distressing problems in alcoholism treatment is the relatively high rates of relapse to alcohol use following periods of abstinence [2].

Among many models, one of the most influential social-cognitive behavioral models proposed by Marlatt also proposes that an individual experiences a sense of perceived control while maintaining abstinence which continues till the person encounters a "high risk" situation [3]. In effective coping, individual is able to execute an effective coping response in any high risk situation which helps in maintenance of abstinence. And if the coping is ineffective, it can lead to lowering of self-efficacy and a sense of helplessness which can precipitate minor slips or lapses in staying abstinent and eventually cause full blown relapse.

Most of the alcoholics relapse due to lack of knowledge, as they do not understand the process and how to bring changes in one's behavior to prevent it [4]. There are some states of feelings like low self-esteem, anger, feeling of failure, frustration, lack of purpose, isolation etc. which create difficulties and problems for a recovering alcoholic.

There are several similar models of relapse described in western countries but only a few Indian studies. Therefore in this study we attempt to examine the role or association between socio-

demographic variables, coping strategies and relapse among alcoholic patients.

Aim and Objectives

- To study role of coping behavior in causing relapse in patients of alcohol dependence.
- To study different socio-demographic variables in alcohol dependent patient with relapse.

Materials and methods

Study design

This was an observational study, conducted on (n=100) willing participants of alcohol relapse.

Participants: Patients of alcohol dependence with relapse. For the purpose of study an episode of relapse was defined as per ICD-10, relapse in substance dependency is defined as re-emergence of substance dependence after at least 4 weeks of abstinent period.

Site: The study sample was obtained from clinical departments IPD and OPD based patients in Dhiraj General Hospital (DGH), Smt. B K Shah Medical Institute and Research Centre (SBKS MI & RC), Piparia. DGH covers major population of Piparia village, Vadodara and nearby districts of Gujarat and Madhya Pradesh.

Inclusion criteria

- Participants willing to give an informed written consent.
- Participants between 18-65 years of age.
- Participants fulfilling ICD-10 DCR criteria [5] for alcohol dependence, and relapse (after abstinence from alcohol for at least 4 weeks).

Exclusion criteria

- Patients not willing to give written consent.

- Patients with Intellectual or physical disability.
- Patients with any other serious physical or mental illnesses (as confirmed by clinical psychiatric Interview).

Methodology

This was an observational study. Study was started after obtaining permissions from Sumandeep Vidyapeeth Institutional Ethics Committee (SVIEC). The synopsis of the study was approved by SVIEC in December'2015. Data collection for the study was done from January'2016 to August'2017. Written informed consent was taken from all the willing participants as per SVIEC requirement. All the participants were ensured regarding confidentiality of their data. They were explained to answer appropriately to the questions asked.

The structured interview regarding socio-demographic variables and alcohol history was then followed by the invigilator using Coping Behavior Inventory (CBI) [6]. All the participants went through this procedure of the structured interview.

Results

Sample characteristics

The sample consisted of 100 participants of relapse in alcohol dependent patients. Various socio-demographic data and alcohol related variables were compared using appropriate statistical tools. Continuous and categorical data or variables were reported as mean \pm SD and as percentages respectively (**Table – 1**).

Majority of the relapsed alcohol dependent participants were from the working age group and nuclear families. Study sample consisted of 100% male participants. Majority of the participants were from villages. According to the data, alcohol dependency and relapse are not related to low socio-economic status group or unemployment (**Table – 2**).

General details regarding history of alcohol was taken of every participant.

A significant number of participants had family history of alcohol use (71%), most of the participants (55%) consumed country liquor.

This data clearly stated that early age onset, frequency of consuming alcohol and number of past relapses are directly associated with causing relapse.

The basic coping strategies were assessed using CBI on all the participants. The average mean score of the inventory was found to be 1.04 with SD of 0.25 (**Table – 3**).

The inventory has 4 subgroups divided among 2 factors, cognitive (positive thinking and negative thinking) and behavioral (avoidance and seeking social support).

Mean value of positive thinking subgroup was 0.91 with SD of 0.36 whereas mean value for negative thinking subgroup was 0.96 with 0.39.

For avoidance behavior subgroup, the mean value was found to be 1.62 with SD of 0.50 and for seeking social support subgroup mean value was 1.51 with SD of 0.58.

The findings in the study strongly indicated that coping strategies irrespective of the subgroups were seldom employed by the participants during period of abstinence. Findings also indicate more use of maladaptive or unhealthy coping strategies than adaptive or healthy coping strategies.

Discussion

Various factors associated with developing relapse in recovering alcohol dependent patient were more or less consistent with the findings in previous studies done by Mattoo, et al. [9], Kaundal, et al. [10], Parkash, et al. [8]. However, there were some variations which might be because of locally relevant issues.

Table - 1: Socio-demographic variables.

Socio – demographic variables		Number of participants, N= 100	Percentage
Age	18-30	14	14 %
	31-40	37	37 %
	41-50	29	29 %
	51-60	14	14 %
	61-65	06	06 %
	Mean = 42.10, Standard Deviation (SD) = 10.51		
Gender	Male	100	100 %
Residence	Urban	38	38 %
	Rural	62	62 %
Occupation	Business	30	30 %
	Employed	36	36 %
	Farmer	27	27 %
	Unemployed	07	07 %
Education	Primary	36	36 %
	Secondary	30	30 %
	Higher Secondary	11	11 %
	Graduation	09	09 %
	Post- Graduation	02	02 %
	Uneducated	12	12 %
Marital Status	Unmarried	05	05 %
	Married	82	82 %
	Separated	06	06 %
	Divorced	02	02 %
	Widower	05	05 %
Socio-Economic Status	Upper Class	11	11 %
	Upper Middle Class	30	30 %
	Middle Class	32	32 %
	Lower Middle Class	18	18 %
	Lower Class	09	09 %
Family Type	Nuclear	64	64 %
	Joint	36	36 %

Related to Coping Behaviours

Use of coping strategies in routine lifestyle of a recovering alcoholic and especially in stressful or distressing situations or during craving is an important part of therapy. Studies have found lesser use of coping behaviours by the relapsed patient of alcohol dependence, and in our study too we found out similar results and interpretations.

Findings among subgroups were similar to previous studies indicating more use of

maladaptive or unhealthy strategies than adaptive or healthy, is a strong determinant of developing relapse among recovering alcohol dependent patients.

The study showed that there are certain clinical and psychosocial factors that were consistently and strongly associated with relapse in patients with alcohol dependence. Findings of the study add on to the previous studies on this topic which had demonstrated similar co-relations of various factors with relapse.

Table – 2: Alcohol history.

Alcohol History		Number of participants (%)
Family History	Yes	71 %
	No	29 %
Type	Country	55 %
	English	18 %
	Both	27 %
Frequency	< 1 / week	00 %
	≥ 2/ week	16 %
	Once a day	37 %
	≥ 2/ day	47 %
Eye Opening	Yes	25 %
	No	75 %
H/O Crime or Imprisonment	Yes	11 %
	No	89 %
H/O Fights, RTA or Fall	Yes	33 %
	No	67 %
No. of past relapses	0-1	19 %
	2-3	54 %
	≥ 4	27 %
	Mean	Standard Deviation (SD)
Age of Onset (In Years)	23.87	5.85

Table – 3: CBI.

Subscales	Mean	Standard Deviation (SD)
Positive cognition	0.91	0.36
Negative cognition	0.96	0.39
Avoidance behavior	1.62	0.50
Seeking social support	1.51	0.58
CBI Average	1.04	0.25

A strong co-relation of some factors with relapse is consistent like male gender, nuclear family, young age of onset, positive family history and number of previous relapses. Our study has shown strong association of higher frequency of alcohol consumption with higher chances of developing relapse.

Along with socio – demographic variables and drinking pattern, coping and type of coping strategies employed by the recovering alcoholic also predicts chances of relapse.

The findings in this study could be of considerable help in predicting relapse and to know the important aspect that is to be focused

on to prevent relapse. The findings could help in preventing this event, which is distressing to the patient, family members, society and the treating clinician, to a large extent.

At present the treatment of alcohol dependence or relapse in alcohol dependence is based on empirical models which fail to target certain patient specific factors which precipitate relapse and thus contributing to the illness. Comprehensive management regimes which address these factors and provide intervention strategies must be devised in order to combat relapse.

Conclusion

This study may conclude that there is significant association of demographic and psychosocial factors with relapse in alcohol dependence. There is significant role of coping behavior in determining or predicting relapse.

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