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# A Study to Compare the Relapse Precipitants between Abstinent and Relapsed Individuals with Alcohol Dependence

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***Abstract:*** *The core of treatment for alcoholism requires relapse prevention. Relapse Prevention model proposed by Marlatt and Gordon suggests that both immediate determinants and covert antecedents contribute to relapse.We conducted a study to compare the relapse precipitants among abstinent and relapsed individuals with alcohol dependence.Sample consisted of 40 patients, who were divided into two groups.Study tools were a semi structured interview containing socio demographic variables, clinical profile and the relapse precipitants.The results of the present study showed that clinical and psychosocial variables were associated with relapse among patients with alcohol dependence.The study revealed that greater number of previous relapses and positive family history of substance use and number of hospitalisations were significant determinants of relapse.The relapse precipitants profile showed that patients who had relapsed were more likely to have exposed to high number of high risk situations.The study concludes the importance of assessment of relapse precipitants in alcohol deaddiction.*

***Key words:*** *abstinent, alcoholism, deaddiction, dependence, precipitants, relapse.*

## I. Introduction

The substance dependence is a major problem worldwide. In India, the prevalence of current use of alcohol ranged from a low of 7% in the western states of Gujarat to 75% in north-eastern states of Arunachal Pradesh [1, 2].In ICD-10, the central notion of dependence is a cluster of behavioural, cognitive and physiological phenomenon that develop after repeated substance use and typically include a strong desire to take the drug, difficulty in controlling its use, persisting its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance and sometimes a physical withdrawal state.

The core of treatment for alcoholism requires relapse prevention. Relapse is resumption of drug taking after periods of abstinence. High risk of relapse is in first 3 months after starting treatment. Relapse Prevention model proposed by Marlatt and Gordon[3] suggests that both immediate determinants (e.g., high risk situations, coping skills, outcome experiences, and the abstinence violation effect) and covert antecedents (e.g., life style factors and urges and craving) contribute to relapse. Like most other models, this one also proposes that an individual experiences a senseof perceived control while maintaining abstinence.This perception of self-control continues till the personencounters a 'high risk' situation. Three categoriesof such situations *viz*., negative emotional states,interpersonal conflicts, and social pressures havebeen proposed. If the individual is able to execute aneffective coping response in such problem-situations,the probability of a relapse is considerably lessened.

In a study done by **SURENDRA K MATTOO**, et.al,[4] at Chandīgarh, their results suggest that relapse in alcohol and opioid dependence is associated with similar relapse precipitants but a differential dysfunction and, life events in terms of the number and type of events and associated stress in lifetime and in the past one year.

**MALHOTRA S**, et al,[5] conducted a study to compare the perspectives of relapsed alcohol-dependent patients and their family members regarding relapse precipitants. Relapse precipitants, as generated by a 25-item, three-factor, self-report inventory eliciting the subjects' beliefs about events or circumstances leading to relapse. Both the patients and their families listed items related to 'reduced cognitive vigilance' as the most common relapse precipitants. Reasons pertaining to external situations and euphoric states as well as unpleasant mood states were also frequently reported by them.

**ANUPAMA KORLAKUNTA**et al., [6]conducteda studyusing a semi structured interview containing socio demographic variables and the reasons for relapse. In their study, craving was noted as most common cause for relapse in alcohol dependent patients. This study concluded that there was a significant association between age at first drink, age at dependence, duration of dependence, other co-morbid diagnosis of patients and relapse.

Thus, relapse as a central issue of alcoholism treatment warrants further study. There were very few studies on relapse precipitants among abstinent and relapsed individuals. With this back ground we have conducted a study to compare the relapse precipitants among abstinent and relapsed individuals with alcohol dependence.

## II. Materials And Methods

The sample was drawn from the population of patients attending the Government Hospital for Mental Care, Visakhapatnam for deaddiction. As most of the patients attending were males, only men were taken up for the study. Sample consisted of 40 patients, who were divided into two groups,

1) The abstinent group, consisting of 20 patients of alcohol dependence who following treatment for their condition had managed to remain abstinent for a minimum period of 6 months and

2) The relapsed group consisting of 20 patients of alcohol dependence who following treatment for their condition had maintained in a remitted state for at least 2 weeks, had then relapsed within the next 6 months.

The duration of the study was 6months. An episode of relapse was defined as the person meeting ICD-10 classification of mental and behavioural disorder diagnostic criteria for research (ICD -10- DCR) for alcohol dependence for a minimum period of 1 month.

**Inclusion criteria**: patients of age 18 to 65 years old, who have fulfilled ICD 10 DCR criteria for alcohol dependence and have received treatment for their condition. Patients were **excluded** if they had comorbid psychiatric disorder, organic brain syndrome or mental retardation. Patients with multiple substance abuse or dependence were also excluded.

**Study tools** were a semi structured interview containing socio demographic variables, clinical profile and the relapse precipitants. Assessment was conducted when patients were not in an intoxicated state and was non-blind. Data was analysed using SPSS software. Relevant Statistical Tests were applied wherever necessary. This was a single stage cross sectional study.

## III. Results

In the present study, both the groups were compared on demographic parameters (Table 1); there was no significant difference between the two groups in socio demographic profile. In both the groups, most of the men were married, educated, from urban locality and most of them were employed.

**Table 1:** socio-demographic profile of study sample

| Variables | Abstinent group (N=20) | Relapsed group (N=20) |
|---|---|---|
| Age (yrs.)* | 37.75(7.27) | 36.1(8.24) |
| Marital status | | |
| Married | 15 | 18 |
| Unmarried | 5 | 2 |
| Religion | | |
| Hindu | 19 | 20 |
| Others | 1 | 0 |
| Family type | | |
| Nuclear | 16 | 15 |
| Joint | 4 | 5 |
| Residence | | |
| Urban | 12 | 14 |
| Rural | 8 | 6 |
| Occupation | | |
| Employed | 19 | 18 |
| Unemployed | 1 | 2 |
| Education | | |
| Literate | 13 | 14 |
| Illiterate | 7 | 6 |

*Values are mean +/- (SD)

Table 2 shows comparison among abstinent group and relapsed group in the clinical parameters. There was significant difference in age of onset of substance use ($p<0.001$) but no significant difference in duration of substance use ($P>0.05$). Patients who had relapsed were significantly more likely to have a positive family history for substance use ($P<0.01$) and a greater number of previous relapses ($P<0.001$) and hospitalisations ($P<0.001$).There was significant difference in occurrence of number of precipitating events i.e., more among relapsed group. ($P<0.01$)

**Table 2:** clinical profile of patients in both groups

| | **Abstinent group (N=20)** | **Relapsed group (N=20)** |
|---|---|---|
| Age of onset of substance use*(yrs.) | 25.15(2.99) | 20.45(3.23) |
| Duration of substance use(yrs.) | 12.1(6.38) | 23.75(2.55) |
| Age of onset of dependence*(yrs.) | 28.75(3.57) | 23.75(2.55) |
| No.of previous relapses* | 1.5(0.68) | 3.3(0.97) |
| No.of hospitalisations* | 1.4(0.88) | 2.65(0.87) |
| Family history of substance use**<br>Present<br>Absent | <br>5<br>15 | <br>17<br>3 |
| Any significant precipitating event** (no. of patients) | 2 | 13 |

Values are mean +/- (SD).
*P value < 0.001, **P value < 0.01.

The abstinent and relapsed group were compared to assess the relapse precipitants(Table 3) of patients. The study revealed that significantly more number of individuals in relapsed group experienced negative emotional states (P<0.01) like anxiety, anger, frustration, depression and boredom. The relapsed group also experienced significantly more interpersonal conflicts (P<0.01) both within the family and in the society compared to abstinent group. Though both abstinent and relapsed group were under social pressure, in the relapsed group more number of patients was affected by social pressure but no significant difference obtained (P>0.05). Positive emotional states like celebration, alcohol related cues contributed to relapse in more than half of the relapsed patients but not found to have significant difference in this study (P>0.05).

**Table 3:-** Relapse precipitants in both groups

| | **Abstinent group (N=20)** | **Relapsed group (N=20)** |
|---|---|---|
| Negative emotional states* | 4 | 14 |
| Interpersonal conflicts* | 5 | 16 |
| Social pressure | 8 | 15 |
| Positive emotional states | 6 | 11 |

Values are number of individuals. *P value < 0.01

## IV. Discussion

The results of the present study showed that clinical and psychosocial variables were associated with relapse among patients with alcohol dependence. In the relapsed group, the age of onset of substance use was at a younger age and the age of onset of dependence was also at a younger age. The study revealed that greater number of previous relapses and positive family history of substance use and number of hospitalisations were significant determinants of relapse.

These results were similar to other studies. In a study done by AnupamaKorlakunta et al., [6]it was found that there was a significant association between age at first drink, age at dependence, duration of dependence, other co-morbid diagnosis of patients and relapse.

In this study, the relapse precipitants profile showed that patients who had relapsed were more likely to have exposed to high number of high risk situations, like negative emotional state like anger, anxiety, depression, frustration, and boredom and interpersonal conflicts. The abstinent group were also exposed to more social pressure and positive emotional state. These results are comparable to Relapse Prevention model of Marlatt and Gordon [3].

## V. Conclusion

The study highlighted the importance of socio-demographic and clinical variables in relapse of alcohol dependent individuals. The study has limitations. Sample size of current study is small and sample of study was restricted to men and assessment was non blind. It was a cross-sectional study. The study concludes that there was significant difference in relapse precipitants between relapsed and abstinent individuals with alcohol dependence. It shows the importance of assessment of relapse precipitants in alcohol deaddiction. Future studies should focus on assessment and management of relapse precipitants and subsequently to develop more effective clinical interventions.

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