

Assessment of Psychopathology in Children of Patients with Alcohol Dependence Syndrome

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Abstract

Aim: To study the psychopathology in children of patients with Alcohol Dependence Syndrome.

Materials and Methods: 54 cases of Alcohol dependence syndrome both in patients and out patients attending Narayana General Hospital, Nellore, Andhra Pradesh were recruited in the study and detailed evaluation was done using socio demographic proforma, ICD-10 criteria to arrive at alcohol dependence syndrome diagnosis, CPMS done by interviewing the mother to assess the psychopathology in their children.

Results: Mean age group of the patient, spouse and child was 36yrs, 32yrs and 9.3yrs respectively. The present study found significant psychopathology in depression and anxiety in children of alcohol dependent subjects. Older children above 10 years had more psychopathology in symptoms of anxiety and depression when compared to the younger ones.

Conclusion: Alcohol dependence needs to be justifiably viewed as a disorder affecting the family unit as a whole. The present study supported to the findings of previous studies on the childhood psychopathology, mental health of the spouse. This study brings out association between alcoholism in patient and psychopathology in their children as a significant finding.

Keywords: General Health Questionnaire-30, Childhood Psychopathology Measurement Schedule.

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I. Introduction

Alcoholism is a problem both in the developed and in the developing countries. Concern about the effect of alcoholism on spouses, children in the family and marital functioning has been frequently expressed by clinicians and others in research literature. According to ICD 10 (WHO) diagnostic guidelines of alcohol dependence syndrome [1] : A definite diagnosis of dependence should be made only if three or more of the following have been present together at some time during the previous year.

1. A strong desire or sense of compulsion to take the substance.
2. Difficulties in controlling substance taking behavior in terms of its onset, termination or levels of use.
3. A physiological withdrawal stage when substance used has ceased or been reduced, as evidenced by characteristic withdrawal syndrome for the substance; or use of the same substance with intension of relieving or avoiding withdrawal symptoms.
4. Evidence of tolerance, such that increased doses of psychoactive substance are required in order to achieve affects originally produced by lower doses.
5. Progressive neglect of alternative pleasures or interest because of psycho active substance use, increased amount of time necessary to obtain or to take the substance or to recover from its effects.

Alcohol abuse effects couples relationships in a variety of negative ways. Studies show that spouses of alcohol dependent persons have higher rates of psychological, stress-related medical problems (Hypertension, Diabetes). The current understanding indicates differences in consequences among various family members. Children as well as spouses are exposed to considerable stress as per Moos et al.[2]. Women who are married to alcoholics are three times more likely to abuse alcohol themselves compared to wives of non-alcoholics, according to new research [3]. Family members of alcoholic's very often become codependent; Codependency is an unconscious addiction to another person's abnormal behavior. This leads to isolation, depression, emotional problems and suicide attempt. The children of parents with substance use disorders, compared with reference children, have greater liability for psychopathology (i.e. mental disorders) [4]. Studies have reported increases in mental disorders among children of parents with substance use disorders. Such children and their families have therefore been considered as high risk group. Specific disorders observed at increased risk include

conduct disorder, attention deficit hyperactivity disorder (ADHD), major depressive disorder, and anxiety disorders, oppositional defiant disorder (ODD). Many of these children have common symptoms such as low self-esteem, loneliness, guilt, feelings of helplessness, fears of abandonment and chronic depression.

II. Aim Of The Study

The present study attempt to assess the psychopathology in the children of patients who are alcohol dependant.

III. Objectives

To assess psychopathology in children of alcohol dependence syndrome individuals attending Narayana Medical College and Hospital.

IV. Material And Method

The present study was conducted at Narayana Medical College and Hospital, Nellore. Spouses and children of patients fulfilling the ICD-10 criteria for alcohol dependence syndrome were taken up for the study. Study was done on both in patients and out patients fulfilling the criteria for Alcohol Dependence syndrome during the period December 2011 to December 2012. Permission was taken from Ethical committee for conducting the study at Narayana Medical College, Nellore. Written and verbal consent was taken from the family members of alcoholics

4.1 Type of study:

Cross sectional study.

4.2 Study centre:

Narayana Medical College and hospital, Nellore, Andhra Pradesh

4.3 Study population:

All the patients attending as Out patients and In patients at Narayana hospital diagnosed as ADS on the basis of International classification of disease (ICD 10) criteria during the period December 2011 to December 2012.

4.4 Study sample:

After a thorough description of the study to the patients, those who are willing for participation in the study fulfilling ADS by ICD 10 criteria were taken during the period December 2011 to December 2012.

4.5 Inclusion Criteria:

1. Family members of alcohol dependence syndrome patients who attended Narayana Medical College and Hospital, Nellore, who have been diagnosed by the concerned consultant to have alcohol dependence.
2. Patients with alcohol dependent syndrome who are married.
3. Patients with alcohol dependence syndrome who have children.
4. Patients with alcohol dependence syndrome whose spouse would be available
5. for interview.
6. Consent for participation by spouse.

4.6 Exclusion Criteria:

- Patients with other co-morbid mental disorders likely to interfere with proposed assessment.
- Patients and their children with mental retardation.

4.7. Instruments Used:

1. INTAKE Proforma- Written Consent And Socio Demographic Data
2. ICD 10: Classification Of Mental And Behavioral Disorders (WHO 2006)
3. Clinical Description And Diagnostic Guidelines.
4. 30 Item General Health Questionnaire.
5. Childhood Psychopathology Measurement Scheduled (CPMS)

V. Childhood Psychopathology Measurement Schedule –Cpms (Savita Malhotra 1998) [5]

This is an adaptation of CBCL (child behavior checklist) standardized on Indian population. It was developed and standardized by Savita Malhotra (1988). CPMS is a bilingual scale both in Hindi and English comprising 75 items rated as “YES” (Score –1) or “NO” (Score-0) responses. It can be used as an interview schedule. It is applicable from 4-14 years of age and taking a cut off score of 10 or more, CPMS can be used as a screening instrument in epidemiological studies. Total and specific factor scores can be used to quantify or categorize psychopathology. The eight factors of CPMS are low intelligence with behavioral problems, conduct, disorder, anxiety, depression, psychotic symptoms, special symptoms, physical illness with emotional problems and somatization. The correlation values for the test retest reliability with a two week interval were + 0.88 to

0.96 for various items which were highly significant. The informant should be a parent, preferably the mother or a caregiver.

VI. Results

TABLE-1: History of alcohol use in children:

Yes/No	No. of children	%
1.Yes	0	0
2.No	54	100

The table 1 depicts that the 54(100%) of children have no history of alcohol use

TABLE-2: CPMS Age of children mean standard deviation:-

	Mean	SD	Median
Age of child	9.340206186	3.118782475	10

Mean age of the child in the study was 9.34years.

TABLE-3: CPMS distribution of the child's age :-

	Less than 10 years n=18		Greater than 10 years n=36	
	Mean	SD	Mean	SD
1	1.016393	2.254564	1.805556	2.816476
2	2.459016	3.079901	3.138889	3.136447
3	2.04918	1.071233	2.5	1.133893
4	1.557377	1.962351	1.805556	2.067703
5	0.557377	0.785803	0.472222	0.696362
6	0.557377	0.785803	0.472222	0.696362
7	1.196721	1.208576	1.166667	1.298351
8	1.606557	0.935925	1.666667	0.956183
Total	9.434783	7.09562	11.94737	7.304006
t value			1.315992203	
P value			0.19326699 significant	

Children in the age group of less than 10 years (n=18) had less psychopathology when compared to the age group of more than 10 years (n=36)

TABLE-4: Distribution of children on CPMS total score:-

Subjects (children)	Total score (%)	
(n-54)	3	10%
Total (n-54)	3	10%

Table 4 indicates 3 children out of 54 had a score above cut off point of 10 indicating that 6% of children had psychopathology

TABLE-5: CPMS factor wise score

FACTORS	TOTAL SCORE	MEAN
Factor-1	7	0.129
Factor-2	11	0.203
Factor-3	151	2.796
Factor-4	97	1.901
Factor-5	23	0.425
Factor-6	30	0.555
Factor-7	24	0.444
Factor-8	54	1

The factors anxiety (3) and depression (4) scored the highest values.

VII. Discussion

This is a cross sectional conducted to study the psychopathology on children of alcohol dependent persons at Narayana Medical College, Nellore during the period December 2011 to December 2012. The result of no history of alcoholic abuse in older children of subjects of the present study, this does not correlate with the results of those in the study by Mathew.R.I et. al. [6] which found older children to abuse alcohol. Present study noticed depression, anxiety symptoms were significant in children of alcohol dependent persons which was seen by Russel (1984): in his community survey. This could be explained by the fact that it is hospital based sample where more severely affected section of population is admitted and hence the children have serious mental health impact as described by Cornelius, (1995) [7], and Greenfield (1998) [8]. However the findings were not in line with those by Kelley and Fals Steward (2004), who had found the rate of psychiatric disorders to be as high as 25% in children of alcoholics. The present study we did not find any case of conduct disorder in children of alcoholics. These results were similar to those studies by Sandrine Ebru (2006): Probably the results could be lack of sensitivity of parents to identify the conduct disorders in their children.

It is concluded that when treating alcohol dependent patients, there is a need to screen the family members for potential ill health. Family members especially wives need psychosocial interventions on the merit of individual psychosocial problems if not as a part of the general plan of psychosocial management of alcohol dependence. However the findings in the study cannot be generalized. Further the assessment of children without direct interview may give false positive or false negative results or the interviewer may tap only the tip of the ice-berg. In the present study personality characteristics of family members and also the family dynamics, which may contribute to the psychopathology, were not studied. Thus actual psychopathology might have been missed.

VIII. Summary And Conclusion

The present study found significant psychopathology in depression and anxiety in children of alcohol dependent subjects. Mean age group of children in the study was 9.34 years. Older children above 10 years had more psychopathology in symptoms of anxiety depression when compared to the younger ones.

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