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A Study on Stressors, Coping Strategies, Resilience and Quality of life in care givers of alcohol dependent patients

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ABSTRACT

Introduction: Alcohol dependence affects not only individuals but also their spouses, who often experience domestic violence, financial difficulties, social stigma and psychological distress. Family caregivers also face considerable emotional, social and financial burdens, adversely affecting their mental health and quality of life. However, limited research has explored caregiver burden and its association with alcohol use. Assessing these factors and promoting effective coping strategies and social support are essential to improve caregiver well-being, quality of care and treatment outcomes in alcohol-dependent individuals.

Objectives: To assess the severity of alcohol dependence among patients and evaluate caregivers' stress, coping strategies, resilience and quality of life, including the association between these factors.

Methodology: A hospital-based cross-sectional descriptive study was conducted among 80 patients with Alcohol Dependence Syndrome and their primary caregivers at MGMGH, KAPV Government Medical College, Tiruchirappalli, over 1.5 years after obtaining ethical approval and informed consent. Sociodemographic and clinical details were collected. Alcohol dependence severity was assessed using SADQ, caregiver stress using PSLES, coping strategies using CCL, quality of life using WHOQOL-BREF, and resilience using CD-RISC-10. The association between caregiver stress, coping, resilience and quality of life was analysed using these standardized assessment tools.

Results: The mean caregiver age was 37.55 ± 8.75 years, with females (82.5%), Hindus (73.8%), rural residents (62.5%) and nuclear families (73.8%) predominating. Severe alcohol dependence was significantly associated with joint family type, financial debt and irregular treatment compliance. Caregiver stress, coping and resilience were significantly influenced by selected sociodemographic factors. Quality of life showed a positive correlation with problem-solving coping and resilience, and a negative correlation with denial, emotion-focused coping and stressful life events. Overall coping had no significant correlation with quality of life.

Conclusion: Alcohol dependence significantly affects caregivers' quality of life and psychological well-being. Poor treatment compliance and greater dependence severity were associated with increased caregiver burden and poorer QOL. Better coping skills and resilience were associated with improved QOL. Regular treatment, caregiver education, family support and psychological interventions are essential to reduce caregiver burden and improve overall well-being.

Key Words: *Stressors, Coping Strategies, Resilience, Quality of life, Care givers, Alcohol dependence.*

INTRODUCTION

Alcohol dependence is a major biopsychosocial problem that affects not only the individual but also family members, particularly spouses. Wives of alcohol-dependent individuals experience domestic violence, financial difficulties, social stigma, poor social support and emotional distress, increasing their risk of psychological problems. Although substance

dependence is a growing concern worldwide, including India, limited research has explored the psychological impact on spouses. Understanding their mental health issues, coping strategies and quality of life is essential to reduce caregiver burden and improve family well-being. Addressing these issues may also positively influence the treatment outcomes of alcohol-dependent individuals.[1-4]

Family plays a vital role in caring for individuals with severe mental disorders, particularly in the Indian setting. Caregivers often experience physical, psychological, social and financial burdens, including depression, anxiety, guilt, isolation and stigma. Prolonged caregiving responsibilities may adversely affect their mental health and quality of life, thereby influencing the quality of care provided to patients. Although caregiver burden and its association with mental and physical health have been widely studied, its relationship with alcohol use has received limited attention. Assessing caregiver burden and its association with sociodemographic factors and alcohol use is essential for developing appropriate support and intervention strategies.[5-8]

Caregivers can be taught of coping skills, social support and active engagement. Is likely to improve the care they provide to the individuals with alcohol dependence syndrome.[9-12]

Objectives:

To assess the severity of dependence in the patients who have been diagnosed with alcohol dependence syndrome in the Department of Psychiatry.

To assess the stressors, coping strategies, resilience and the quality of life in care givers.

To correlate the quality of life with coping, stress and resilience of caregivers.

MATERIALS AND METHODS:

A hospital-based cross-sectional descriptive study was conducted in the Department of Psychiatry, **MGMGH, KAPV Government Medical College, Tiruchirappalli**, over a period of 1.5 years. The study included 80 patients diagnosed with Alcohol Dependence Syndrome according to ICD-10 criteria and their primary caregivers. Patients aged above 18 years with a minimum illness duration of six months were included. Caregivers aged above 18 years who were actively involved in caregiving for at least six months were recruited. Patients and caregivers with relevant comorbid psychiatric or substance use disorders were excluded. The study commenced after obtaining Institutional Ethics Committee approval and written informed consent from all participants.

Sociodemographic and clinical details were collected from both patients and caregivers. The Severity of Alcohol Dependence Questionnaire (SADQ) was used to assess the severity of alcohol dependence. Caregiver stressors were evaluated using the Presumptive Stressful Life Events Scale (PSLES), coping strategies using the Coping Checklist (CCL), quality of life using the WHOQOL-BREF, and psychological resilience using the 10-item Connor-Davidson Resilience Scale (CD-RISC-10).

The SADQ consists of 20 items covering physical and affective withdrawal symptoms, craving, daily alcohol consumption and reinstatement. The WHOQOL-BREF comprises 26 items assessing physical, psychological, social and environmental domains. The 70-item CCL evaluates problem-focused, emotion-focused and social-support coping strategies. The 51-item PSLES assesses personal and impersonal stressful life events. The CD-RISC-10 consists of 10 items rated on a five-point scale, with total scores ranging from 0 to 40; higher scores indicate greater resilience. These standardized instruments were administered to assess caregiver stress, coping mechanisms, quality of life and resilience in relation to alcohol dependence.

RESULTS:

Age category	Frequency	Percentage
18-30 years	22	27.50%
31-40 years	32	40.00%
41-50 years	17	21.30%
51-60 years	7	8.80%

> 60 years	2	2.50%
Total	80	100.00%

Table1: Age category:

The mean age of caregivers was 37.55 ± 8.75 years (range: 25–62 years). Females constituted the majority (82.5%), while males accounted for 17.5%. Most caregivers were Hindus (73.8%), followed by Muslims (16.3%) and Christians (10%). Regarding education, 32.5% had middle-school education, while 26.3% had primary- and high-school education each. The majority belonged to the upper-lower socioeconomic class (74.5%), resided in rural areas (62.5%) and belonged to nuclear families (73.8%). Financial debt was reported by 28.8% of caregivers. Nearly 71.3% of patients had an illness duration of up to 10 years, and 63.8% had received treatment for less than five years. Caregiving duration was less than five years in 47.5% of caregivers. Irregular treatment compliance was observed in 61.3% of patients.

Comparison of SADQ scores with sociodemographic variables showed no significant association between residence and severity of alcohol dependence (p=0.798), although severe dependence was slightly higher among urban patients (53.3%) than rural patients (46%). A significant association was observed with family type (p=0.03), with severe dependence being more common among patients from joint families (71.5%). Financial debt was significantly associated with severe alcohol dependence (p=0.003), with 78.3% of indebted caregivers reporting patients with severe dependence. Treatment compliance also showed a highly significant association.

Comparison of SADQ scores with sociodemographic variables showed no significant association with residence (p=0.798). However, significant associations were observed with family type (p=0.03), financial debt (p=0.003) and treatment compliance ($p \leq 0.001$)

The mean stressful life events score among caregivers was 28.49 ± 3.55. A significant association was observed with age (p=0.019), with higher stress levels among caregivers aged 41–50 years. Education was also significantly associated with stress (p=0.001), with illiterate caregivers experiencing the highest stress. Furthermore, stressful life event scores increased with the duration of caregiving, showing a statistically significant association (p=0.016).

The mean caregiver coping score was 13.36 ± 2.99, with denial being the most commonly used strategy. Coping was significantly associated with education (p=0.001), but not with age, sex or caregiving duration. Resilience was significantly associated with age, education and caregiving duration (all p<0.001)

Table 2: QOL and Coping:

QOL- Total	N	Pearson Correlation value	P value
Problem solving	80	0.343	0.002
Positive distraction	80	0.165	0.143
Negative distraction	80	-0.299	0.007
Acceptance	80	-0.245	0.028
Religion	80	-0.129	0.253
Denial	80	-0.565	$\leq$0.001
Emotion focused	80	-0.395	$\leq$0.001
Social support	80	0.185	0.099

Table 3 : QOL with Coping, Resilience, Stressful life events

Variables	N	Pearson Correlation value	P value
Coping total (CCL)	80	-0.209	0.06
Resilience total (CD RISC)	80	0.738	< 0.001
Stressful events (PSLES)	80	-0.447	< 0.001

DISCUSSION:

The mean age of caregivers was 37.55 ± 8.75 years, with 61% aged 18–40 years and 82% being females, predominantly spouses. This was comparable to Samira Reschetti Marconi[13] et al., who reported 90.8% female caregivers with a mean age of 47.6 years. Most caregivers were Hindus (73.8%), from rural areas (62.5%) and nuclear families (73.8%), with primary to high school education. Nearly one-fourth were unemployed, and one-third had financial debts. Most patients had an illness duration of less than 10 years, with 64% receiving treatment for less than 5 years and only 38.8% showing regular treatment compliance. Caregiving duration was less than 5 years in 47.5%, 6–10 years in 30% and 11–15 years in 22.5% of caregivers.

Among the 80 patients, 49% had severe, 41% moderate and 10% mild alcohol dependence. Although urban patients showed comparatively higher dependence severity than rural patients, the difference was statistically insignificant, consistent with Dawson[14] et al. Patients from joint families had significantly higher severe dependence (71.5%, p=0.03). Severe dependence was also significantly associated with financial debt (p=0.003) and poor treatment compliance, consistent with the findings of Danilo Antonio Baltieri[15] et al., who reported lower treatment compliance among patients with severe alcohol dependence.

Caregivers' quality of life (QOL), assessed using WHOQOL-BREF, showed mean scores of 59.96, 55.01, 57.27 and 58.17 in the physical, psychological, social and environmental domains, respectively. Psychological and social domains had comparatively lower scores, similar to the findings of Murali Krishna[16] et al. Younger caregivers had significantly better QOL ($p \leq 0.001$), consistent with Jaydeepsinh G. Gohil[17] et al. Female caregivers, Hindus and better-educated caregivers showed comparatively higher QOL. Financial debt was significantly associated with poorer QOL (p=0.001). Increasing illness duration, treatment duration and caregiving duration were also associated with declining QOL ($p \leq 0.001$), while better treatment compliance was associated with improved caregiver QOL.

The mean stressful life event score among caregivers, assessed using PSLES, was 28.49 ± 3.55. Stress was significantly higher among caregivers aged 41–50 years (mean 30.76) and illiterate caregivers (mean 32.0), with a significant association with educational status (p=0.001). These findings differed from Swaroopachary[18] et al., who reported higher stress among younger caregivers and no significant association with education. Stress scores also increased significantly with longer caregiving duration (p=0.016).

The mean caregiver resilience score, assessed using CD-RISC-10, was 26.04 ± 4.005. Resilience was significantly higher among younger caregivers (30.18 ± 3.67 in those aged below 30 years, $p \leq 0.001$) and increased with educational status, with the lowest scores among illiterate caregivers. This was comparable to Aline Alves dos Santos Dullius[19] et al., who reported a higher likelihood of low resilience among illiterate individuals. Resilience also decreased significantly with increasing caregiving duration ($p \leq 0.001$), with the highest score (28.63 ± 3.68) among caregivers providing care for less than 5 years.

Caregivers' coping skills, assessed using the Coping Checklist (CCL), showed a mean score of 13.36 ± 2.99, with denial being the most commonly used coping mechanism. This differed from Banerjee[20] et al., who reported problem-solving and social support as predominant strategies. Coping showed no significant association with age, gender or caregiving duration. However, education was significantly associated with coping, with illiterate caregivers showing comparatively higher scores. Caregivers providing care for more than 10 years also demonstrated better coping (14.56 ± 5.83). These findings were partly consistent with Satyanarayana Rao and Kuruvilla[21], who reported no significant correlation between coping behaviour and demographic variables.

Caregivers' quality of life (QOL) decreased significantly with increasing severity of alcohol dependence ($p \leq 0.001$), with the poorest QOL among caregivers of severely dependent patients. This finding was consistent with Mukesh K. Patel and Murali Krishna[16] et al., but differed from Jaydeepsinh G. Gohil[17] et al. Stressful life event scores also increased with dependence severity, while caregiver resilience decreased significantly ($p \leq 0.001$), consistent with Friborg[22] et al. Coping showed no significant association with dependence severity. Better QOL was significantly associated with problem-solving strategies and resilience, whereas denial, negative distraction and emotion-focused coping were associated with poorer QOL. Increased stressful life events were negatively correlated with QOL, consistent with Marconi[13] et al. These findings highlight the adverse impact of severe alcohol dependence on caregivers' psychological well-being and overall quality of life.

Conflict of Interest: Nil

CONCLUSION:

The study highlights the significant impact of alcohol dependence on caregivers' quality of life and psychological well-being. Most caregivers were females, predominantly spouses, and only 38.8% of patients had regular treatment compliance. Poor compliance was associated with greater dependence severity, financial debt and reduced caregiver QOL. Younger caregivers had better QOL and resilience, whereas increasing illness and caregiving duration adversely affected QOL and

increased stressful life events. Greater dependence severity was associated with poorer QOL and reduced resilience. Although coping was not significantly associated with dependence severity, better coping skills and resilience were associated with improved QOL. Therefore, regular treatment, caregiver education, family involvement and psychological interventions are essential to improve treatment compliance, reduce caregiver burden, strengthen resilience and enhance overall quality of life.

REFERENCES:

1. **1.**Alcohol Related Harm in India – A Fact Sheet. Chennai: Global Alcohol Policy Alliance
2. 2.Sekii T, Shimizu S, So T. Drinking and domestic violence: Findings from clinical survey of alcoholics. Jpn J Alcohol Stud Drug Depend 2005;40:95-104
3. 3.Marcon, Samira Reschetti, Rubira, Elizete Aparecida, Espinosa, Mariano Martinez, Belasco, Angélica, & Barbosa, Dulce Aparecida. (2012). Quality of life and stress in caregivers of drug-addicted people 25(spe2), 7-12
4. 4.Miranda FA, Simpson CA, Azevedo DM, Costa SS. [The negative impact of the disturb of the use and abuse of the alcohol in the family coexistence]. Rev Eletr Enf [Internet]. 2006 [cited 2012 Set 10]; 8(2):222-32.
5. 5.Sharma A, Sharma A, Gupta S, Thapar S. Study of family burden in substance dependence: A tertiary care hospital-based study. Indian J Psychiatry. 2019;61(2):131-138.
6. 6.Orford J, Gulhric S, Nlcholls P, Oppcnhcimcr E, Egert S, Hensmnn C. Self reported coping behaviours of wives of Alcoholics and its association with drinking outcome. J studies on Alcohol 1976;36:1254-67.
7. 7.Mattoo SK, Nebhinani N, Kumar BN, Basu D, Kulhara P. Family burden with substance dependence: a study from India. The Indian Journal of Medical Research. 2013 Apr;137(4):704-711.
8. 8.Mrs.Sapna Ganesh "Burden and Quality of Life among Care Givers of Persons with Alcohol Dependence Syndrome - A Hospital based Interventional Study." IOSR Journal Of Humanities And Social Science (IOSR-JHSS). vol. 22 no. 12, 2017, pp. 20-28.
9. Gohil, Jaydeepsinh & Patel, Mukesh & Samani, Mukesh. (2016). Quality of Life and Psychiatric Morbidity in Caregiver of Alcohol Dependence Patients. IOSR Journal of Dental and Medical Sciences. 15. 98-101. 10.9790/0853-15080198101.
10. 10.Caroline Dias, Psychiatric disorders in wives of alcohol dependence syndrome, IJP-2013
11. 11.Sharma MK, Vadela I, Marimuthu P (2017) Psycho-Cognitive Understanding of Caregivers of Alcohol Users from Tertiary Treatment Centre. J Addict Behaviour Therapy Rehabilitation 6:2
12. 12.Satyanarayana Rao, T .S. and Kuruvilla, K. (1 9 9 2). A Study on the Coping Behaviours o f W ives o f A lco h o lics, Indian Journal o f Psychiatry, 34 (4), pg- 3 5 9 - 365.
13. Marcon, Samira & Rubira, Elizete & Espinosa, Mariano & Belasco, Angélica & Barbosa, Dulce. (2011). Quality of life and stress in caregivers of drug-addicted people. Acta Paulista de Enfermagem. 25. 7-12. 10.1590/S0103-21002012000900002.
14. Dawson DA, Hingson RW, Grant BF. Epidemiology of alcohol use, abuse and dependence. In: Tsuang MT, Tohen M, Jones PB, editors. Textbook in Psychiatric Epidemiology, Third Edition. Chichester, United Kingdom: John Wiley & Sons; 2011. pp. 361
15. Baltieri DA, Daró FR, Ribeiro PL, De Andrade AG. The role of alcoholic beverage preference in the severity of alcohol dependence and adherence to the treatment. Alcohol. 2009 May;43(3):185-95. doi: 10.1016/j.alcohol.2009.01.001. Epub 2009 Mar 9. PMID: 19269773.
16. Murali Krishna V, Gautham Tialam, Raghuram Macharapu patients and its relation to quality of life of their caregivers International Journal of psychiatry. November 2017;
17. Gohil, Jaydeepsinh & Patel, Mukesh & Samani, Mukesh. (2016). Quality of Life and Psychiatric Morbidity in Caregiver of Alcohol Dependence Patients. IOSR Journal of Dental and Medical Sciences. 15. 98-101. 10.9790/0853-15080198101
18. Swaroopachary R S, Kalasapati LK, Ivaturi SC, Reddy C M. Caregiver burden in alcohol dependence syndrome in relation to the severity of dependence. Arch Ment Health 2018;19:19-23
19. Dullius, A., Fava, S., Ribeiro, P. M., & Terra, F. S. (2018). Alcohol consumption/dependence and resilience in older adults with high blood pressure. Revista latino-americana de enfermagem, 26, e3024. https://doi.org/10.1590/1518-8345.2466.3024
20. Banerjee, Bora, & Deuri, (2017). Coping Strategies and Perceived Social Support in Wives of Persons with Alcohol Dependence Syndrome. Indian Journal Of Psychiatric Social Work, 8(1), 28-32. doi:10.29120/ijpsw.2017.v8.i1.12
21. Satyanarayana Rao, T .S. and Kuruvilla, K. (1 9 9 2). A Study on the C oping Behaviours o f Wives of Alcoholics, Indian Journal of Psychiatry, 34 (4), pg- 3 5 9 – 365
22. Friborg O, Barlaug D, Martinussen M, Rosenvinge JH, Hjemdal O. Resilience in relation to personality and intelligence. Int J Methods Psychiatr Res. 2005;14:2900