Views of Alcoholic Patients' about the Concept of Alcohol Addiction in Ibn Rushed Hospital in Baghdad City

Siham A. Hamoo BSc, MSc, PhD

Address for Correspondence:
Dr. Siham A. Hamoo, BSc, MSc, PhD, Psychiatric Mental Health Nsg. Consultant, Baghdad Al-Rusafa Health Directorate.

Abstract

Background: Alcohol addiction contributes to a high burden on the society in terms of years that people spend with disability or in poor health because of alcohol-related illnesses or injuries.

Aim: To describe the socio-demographic characteristics, assess views of alcoholic patients toward alcoholic addiction, to find out the significant variance of views of alcoholic patients' with regard to their demographic characteristics.

Patients and method : descriptive analytic study carried out on a purposive "non probability" sample of (30) patients with alcoholic addiction, selected from in-patient in Ibn Rushed Psychiatric Hospital in Baghdad City, from June 2014 to July 2015. A questionnaire is constructed for the purpose of the present study which is distributed across 2 main parts. Part one included the demographic characteristics of the sample, and part two included knowledge about alcohol addiction. The overall items which were included in the questionnaire of this article are 53 items. Validity and reliability of the questionnaire were determined through the review of a panel of experts and the pilot study. Data were collected through the period from 2|8|2014 to 2|9|2014. It was analyzed through the descriptive statistics (frequency, percentage, and mean of score) and inferential statistics.

Results: 100% of the sample were male. 36.3% of the sample were age range (40-49), and 6.6% were age 50 to over 60. 56.6% were primary school graduate, no one had advanced education. 60% were married, 76.7% were self-employmenT, and 20% of them had sufficient income. 40% had illegal house ownership. 96.6% was smoker, 73.3% had family history of drinking alcohol, and 80% had alcoholic friends. The patients had little knowledge regarding alcohol addiction (mean of scores =1.65), there was significant association between patients' knowledge with regard to their age groups, level of education, marital status, income, house ownership, while there was no significant association regarding occupational status.

Conclusion: the study concluded that there was a low level of knowledge concerning alcohol addiction so education programs should be arranged about alcohol addiction to improve views of people knowledge, believes and attitudes towards alcohol addiction..

Key words: Views, Alcoholic Patients', concept of Alcohol Addiction.

INTRODUCTION

The concept of alcoholism is broad term refers to problems of alcohol addiction which is defined as a compulsive and uncontrolled excessive drinking of alcohol, whether continuous or impulsive drinking of alcohol which later on leads to withdrawal symptoms and detrimental effects on the social and functional activities of the individuals, it is medically considered as disease because it affect, the physical health of the addict as well as his psychological and personal character, several terms have been used specifically to describe the concept of alcoholism, example; alcohol abuse, alcohol dependence, and alcohol use disorder [1, 2].

Alcohol misuse has potential damage almost every organ in the body including the nervous system[3, 4].

The biological mechanisms that cause alcoholism are not well understood; Social environment, stress, mental health, family history, age, ethnic group, and gender all influence the risk for the condition[5, 6]. Identifying alcoholism may be difficult for those affected because of the social stigma associated with the disease that causes people with alcoholism to avoid diagnosis and treatment due to the feeling of shame or social consequences. The evaluation responses to a group of standardized questioning are a common method of diagnosis. These can be used to identify harmful drinking patterns, including alcoholism[7, 8].

In general, alcohol drinking is considered as disease when the person continues to drink despite experiencing social or health problems caused by drinking[9]. Treatment of alcoholism takes several steps. Because of the medical problems that can be caused by withdrawal symptoms, alcohol detoxification should be carefully considered. One common method involves the administration of benzodiazepine medications, such as diazepam[10]. Alcohol addiction contributes to a high burden on the society in terms of years that people spend with disability or in poor health because of alcohol-related illnesses or injuries[11]. Unintentional injuries from alcohol use often result from falls, burns, motor vehicle accidents, assaults and drowning[12, 13].

Objectives

1. To describe the socio-demographic characteristics of the sample (gender, age, level of education, marital status, occupation status, income, house ownership).

2. To assess views of alcoholic patients toward alcoholic addiction.

To find out the significant variance of views of alcoholic patients' with regard to their demographic characteristics.

PATIENTS AND METHODS

The study was carried out on a purposive "non probability" sample of (30) patients with alcoholic addiction, selected from in-patient in Ibn Rushed Psychiatric Hospital in Baghdad City, from June 2014 to July 2015. All were diagnosed by qualified psychiatrist according to DSM5 criteria.

The objectives of the study explained to all participants and a written consent obtained from each one.

The tool is constructed throughout a review of relevant literature and previous studies[12,15] as well as consultation

from panel of experts. The questionnaire was translated into Arabic language and approved by a local panel of mental health professionals. The questionnaire distributed across two main parts, part one included the demographic characteristics of the sample which include age, gender, level of education, marital status, occupational status, income, and house ownership, part two include questionnaire to assess their knowledge regarding alcohol consumption, this was comprised of 33 items which deal with measurement of the patients' knowledge about alcohol issue on a rating and scoring type likert scale, the score were 2 for yes and 1 for No.

A pilot study was carried out to determine the face validity through the panel of (10) experts and reliability of the questionnaire is determined through application of split half and Cronbach alpha reliability[14] on (10) patients.

Data was collected from 2/8/2014 to 2/9/2016 using semi-structured interview within 15-20 minutes in alcohol addiction unit under supervision of the investigator.

Descriptive analysis and ANOVA was used to examine the association of patients' knowledge (dependent variables) with regard to their age, level of education, marital status, occupational status, income, house ownership (independent variables). P value < 0.05 was considered as significant.

RESULT

The results were analyzed in a systematically driven presentation. A logical interpretation to each table and figure is provided to show the significant findings. (Table.1)

The findings revealed that all the sample 100% were male, 36.3% of them were age range (40-49), and 6.6% of them were each age (50 – 59) and over 60. While 56.6% of the sample were primary school graduate, and no one had advanced education. While 60% of the sample were married, no one of them widower, while 76.7% of them had self-employment, no one retired, while 40% of the sample had barely sufficient and insufficient income, 20% of them had sufficient income. 40% of the sample had illegal house ownership; no one had shared house with another. (Table.2)

The findings of this table show that no one of the sample was working after coming back from governmental work, 96.6% of them were smoking cigarettes, 86.6% of them had family smoking problems, while 93.3% of them had friends smoking cigarettes, 73.3% of them had family problem of drinking alcohol, while 80% of the sample have friends drinking alcohol, 60% of them had not used drugs or substance, and 56.6% of them had not

tried to use drugs or substance. 96.6% of them had no family members abused drugs or substance. 73.3% of them had no friend using drugs or substances.(Table.3)

The results revealed that there were significant differences in alcoholic patients' knowledge of addiction with regard to their age groups, level of education, marital status, income, house ownership, whereas it was found not significant with regard to occupational status at p< 0.05.(Table.4)

DISCUSSION

The interpretation of the result is presented according to the objectives of the study:

In table (1) it has been noticed that the entire sample were males100%; no female alcoholic addict had been found, because it is shameful in our societies for female to be treated in hospital for alcohol addiction. In regard to patients' age, about 36.3% of them were age group (40-49) years old, this can be explain that this group of age is prone to many stresses than other groups due to insecure life caused by war. Regarding the level of education, the finding of the study shows that 56.6% of the sample had primary school graduate, this result provided evidence that might be due to that many of them were unemployed and exposed to much stress. Regarding the marital status 60% of the sample were married, this is because of increase family responsibilities and life stresses. Concerning the occupational status of the sample, the finding of the study shows that 76.6% were self-employee and they earned more money than others. Concerning the income and household, the study showed that 40% of the sample had barely sufficient income and insufficient income as well as 40% illegal household therefore they were under stress which might lead to drink alcohol to relieve tension, or might be due to poverty or immigration because of the war.

Table 2 shows no one of the sample had any work after coming back from governmental work. Regarding cigarette smoking 96.6% of the sample were smokers; predominant (40 – 49) cigarettes daily 46.6%. About 86.6% of the sample had family smoking problems, while 93.3% of them had friend smoking cigarettes; this is consistent with previous study that alcohol is associated with smoking[10]. 73.3% of them had family problem of alcohol drinking, while 80% of the sample have friends drinking alcohol, 60% of them had not tried to abused drug or substance abuse. On the other hand 56.6% of them had not tried to abusing drugs or substance, 96.6% of them had no family members abused drugs or substance. 73.3% of them had no friend using drugs or substances. These results agree with the previous study[15] which reported that 93% of sample had no private work after returning back from government work, 11% of them were smoking cigarettes, While 37% of the study sample has one or more of their family members smoking cigarettes, 15% of sample have friends smoking cigarettes. While 16% of them have one in their family drinking alcohol, 6% of them had friends drinking alcohol. And nobody use drugs or substance abuse or try to use it, while only 1% had families using drugs or substance abuse. These results were consistent with previous studies mentioned above.

Table 3: assessment of Patients' views about alcohol addiction, patients' have little information concerning their knowledge about alcohol addiction (mean score = 1.65). It had been found that no significant knowledge concerning their information about drinking alcohol which would lead to lose their friends. Most of them did not know drinking alcohol has negative effect on production. Most of them do not know that drinking alcohol affected their income. And most of them do not know that treatment of alcohol addiction include management of the affected withdrawal symptoms after stopping taking alcohol. These findings are in line with the study of American psychiatric association which reported that the alcoholic patients have low knowledge about alcohol addiction[16, 17].

Table 4 show that Age group, educational level, marital status, income, house ownership were significantly associated with alcohol addiction, these result indicated that patients had better knowledge about alcohol addiction. Based on the researcher point of view this result may be due to contact with update information through mass media, books and journals and through the communication with other people. Concerning level of education the results shows that there were better knowledge about alcohol addiction. The result of this study agreed with previous study stated that the level of education has a positive effect on the quality and quantity of knowledge[18]. While occupational status not significantly associated with alcohol addiction, this is in consistent with the previous study[18] that reported no significant relationship between nurses' knowledge and some of their demographic characteristic such as occupation, and residential areas[19].

In conclusions 100% of the sample were male, we did not find females alcoholic addict because it is shameful in our societies for female to consult or visit hospital to be treated for alcohol addiction. A little knowledge concerning alcohol addiction was observed, no occupational status was noticed, age, level of education, marital status, income, and house ownership were affecting the views of alcoholic patients.

Table 1: Distribution of the alcoholic patient's according to their demographic characteristics

Variable		F	%
Gender	Male	30	100
	Female	0	0
	Total	**30**	**100**
Age	(20-29)	5	16.6
	(30-39)	10	33.3
	(40-49)	**11**	**36.3**
	(50-59)	**2**	**6.6**
	Over(60)	**2**	**6.6**
	Total	**30**	**100**
Level of education	Not read and write	**2**	**6.6**
	Read and write	**3**	**10**
	Primary school graduate	**17**	**56.6**
	Secondary school graduate	**6**	**20**
	Institute | College	**2**	**6.6**
	Advance	**0**	**0**
	Total	**30**	**100**
Marital status	Unmarried	9	30
	Married	**18**	**60**
	Widow| Widower	**0**	**0**
	Divorce	3	10
	Total	**30**	**100**
Occupational status	governmental employee	1	3.3
	Vocational	5	16.6
	Retired	**0**	**0**
	Unemployed	1	3.3
	Self-employee	**23**	**76.6**
	Total	**30**	**100**
Income	Sufficient	6	20
	Barely sufficient	**12**	**40**
	Insufficient	**12**	**40**
	Total	**30**	**100**
House ownership	Private	10	33.3
	Renting	8	26.6
	Share with another	**0**	**0**
	Illegal	**12**	**40**
	Total	**30**	**100**

Table 2: Distribution of the alcoholic patient's according to their general information

Variable		N=30	
		F	%
Are you working after governmental work	Yes	0	0
	No	**30**	**100**
Are you smoking	Yes	**29**	**96.6**
	No	1	3.3
Is there any of your family smoking cigarettes	Yes	**26**	**86.6**
	No	4	13.3
Is there any of your friends smoking cigarettes	Yes	**28**	**93.3**
	No	2	6.6
Is there any of your family drinking alcohol	Yes	**22**	**73.3**
	No	8	26.6
Is there any of your friends drinking alcohol	Yes	**24**	**80**
	No	6	20
Are you using drugs or substance abuse	Yes	12	40
	No	**18**	**60**
If you are not, did you try to use drugs or substance	Yes	13	43,3
	No	**17**	**56.6**
Is there any of your family using drugs or substances	Yes	1	3.3
	No	**29**	**96.6**
Is there any of your friends using drugs or substances	Yes	8	26.6
	No	**22**	**73.3**

Table 3: Assess views of alcoholic patients toward alcoholic addiction.

Items	F Yes	F No	M.S	C.S
The religious culture of community effects in drinking alcohol.	23	7	1.23	S.
Drinking alcohol lead to violence.	21	9	1.10	S.
Drinking alcohol cause road accidents.	27	3	1.10	S.
Drinking alcohol effects negatively in fertilization for male & female.	13	17	1.30	S.
Drinking alcohol lead to malaise..	25	5	1.10	S.
Drinking alcohol lead to neglect personal hygiene.	26	4	1.13	S.
Drinking alcohol lead individual to lose the sensation of life.	20	10	1.33	S.
Drinking alcohol lead to suicide.	24	6	1.13	S.
Drinking alcohol lead to lose their friends.	26	4	1.06	N.S
Drinking alcohol has negative effect on production.	14	16	1.06	N.S
Drinking alcohol prevent person who drink it to sharing in social occasion	25	5	1.66	H.S
Drinking alcohol lead to quarrel with others.	26	4	1.16	S.
Drinking alcohol lead to early death.	20	10	1.13	S.
Drinking alcohol affected in family income.	27	3	1.06	N.S
Drinking alcohol lead to abuse.	27	3	1.10	S.
Feeling of failure because drinking alcohol.	27	3	1.10	S.
Treatment of alcohol addiction include management the symptoms that occurs when stopped drinking it.	14	16	1.06	N.S
Drinking alcohol cause muscle relaxation and nerves weakness	25	5	1.10	S.
Drinking alcohol cause liver cirrhosis	10	20	1.10	S.
Drinking alcohol cause disorders in families relationships	25	5	1.16	S.
Drinking alcohol elevated cholesterol in blood	10	20	1.20	S.
Drinking alcohol cause damage to the liver	10	20	1.16	S.
Drinking alcohol cause heart enlargement	6	24	1.16	S.
Recurrent drinking alcohol lead to adduction	22	8	1.10	S.
Selling alcohol in shops cause more consumption in community	27	3	1.13	S.
Prevalence drinking alcohol of individuals society in childhood increase the probability of drinking in that individual when become adult	27	3	1.16	S.
Drinking alcohol cause loss of memory and dementia.	13	17	1.26	S.
Drinking alcohol cause peptic &duodenal ulcer.	8	22	1.26	S.
Drinking alcohol cause diabetes.	8	22	1.13	S.
Drinking alcohol cause hypertension.	9	21	1.13	S.
Drinking alcohol cause crimes.	19	11	1.13	S.
Drinking alcohol lead to family problems.	23	7	1.14	S
Person who drink alcohol harm himself, his family, and his country.	26	4	1.14	S.
Total	**653**	**337**	**1.65**	**S.**

The results indicated that the sample have little knowledge regarding alcohol addiction (mean of scores = 1.65).

Table 4: One way analysis of variance of alcoholic patients' knowledge of addiction with regard to their age, Level of education, marital status, occupational status, income, house ownership

Sample variance	Variance type	Sum of Squares	df	Mean Square	F	P
Patient age	Between Groups	23.467	9	2.607	5.215	**0.001**
	Within Groups	10.000	20	0.500		
level of education	Between Groups	16.150	9	1.794	4.198	**0.004**
	Within Groups	8.550	20	0.428		
Marital status	Between Groups	15.750	9	1.750	7.071	**0.000**
	Within Groups	4.950	20	0.248		
Occupational status	Between Groups	2.017	9	0.224	0.236	0.984
	Within Groups	18.950	20	0.948		
Income	Between Groups	9.600	9	1.067	2.963	**0.021**
	Within Groups	7.200	20	.360		
House ownership	Between Groups	35.267	9	3.919	4.838	**0.002**

Recommendation: National alcohol addiction education program should be constructed and presented to the public through collaboration between the health authority and society association and nongovernmental organizations.

Continuous TV.education programs should be arranged about alcohol addiction to improve views of people knowledge, believe and attitudes about alcohol addiction. A national alcohol abuse surveillance system should be established to provide monitoring and follow up services related to the problem.

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