

Prevalence and Severity of Depression among Spouses of Individuals with and without Alcohol Dependence Syndrome: A Cross-sectional Study

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ABSTRACT

Introduction: Alcohol dependence is a major public health concern, as its consequences not only affect individuals with this problem, but also their families, particularly spouses, due to the intimate nature of the marital relationship. Spouses of individuals with Alcohol Dependence Syndrome (ADS) usually experience financial strain, marital discord, emotional distress, and stigma, which, over a period when accumulated and not addressed on time, increase their vulnerability to depression. Depression in this context is frequently underrecognised, despite its association with suicidal ideation, impaired coping, decreased marital satisfaction and in the long run, when encapsulated, results in impaired overall Quality of Life.

Aim: To assess the prevalence and severity of depression among spouses of individuals with ADS, in comparison with Healthy Controls (HC).

Materials and Methods: The present cross-sectional comparative study was carried out in the De-addiction Clinic, Department of Psychiatry, Sri Ramachandra Hospital, Porur, Chennai, Tamil Nadu, India, from June 2023 to December 2024. The sample consisted of 400 participants, which included

200 spouses of individuals with ADS and 200 spouses of individuals without ADS. Standardised tools like Patient Health Questionnaire-9 (PHQ-9) were used to screen for depression, and those who screened positive were referred to Clinician Psychiatrist to confirm the diagnosis of depression. Statistical Package for Social Sciences (SPSS) version 28.0 was used for statistical analysis.

Results: The prevalence of depression among spouses of individuals with ADS was 69.5%, compared to 36.5% among spouses in the control group. Both the severity and prevalence of depression were higher among spouses of individuals with ADS and the results were statistically significant with a p-value ($p<0.001$).

Conclusion: The study showed that depression was nearly twice as common among the spouses with ADS group, and moderate to severe levels were markedly higher. These findings indicate a substantial mental-health burden among spouses of individuals with ADS. Integrating spouses into relapse prevention interventions may improve treatment outcomes given their crucial role in De-addiction management.

Keywords: Alcoholism, Caregivers, Depressive disorder, Mental health services

INTRODUCTION

The ADS affects not only the individual but also has a deleterious impact on their family, especially on spouses, evolving to serious mental health concerns, particularly depression [1]. Depression is one of the most common outcomes and remains a major cause of disability worldwide [2]. An Indian study done in similar context has reported significant depressive symptoms and poorer quality of life among spouses of men with ADS, and these findings highlight the urgent need to examine the mental health needs of this targeted population [3].

A study by Kumar S et al., reported that spouses of individuals with ADS have shown higher stress and depressive symptoms compared to caregivers of people with long-term physical illnesses such as diabetes and mixture of emotional difficulties like resentment, withdrawal, and feelings of self-pity were often reported in these families [4]. Another study by Vaishnavi R et al., reported such problems are compounded because non-alcoholic spouses frequently take on dual parental roles, which can lead to strain and dysfunction within the family system [5]. Additionally, being in an urban environment like Chennai brings additional pressures, which are due to associated complex factors such as job insecurity and high living costs. Also, the stigma surrounding alcohol use increases the burden on their spouses [6,7]. Further, the cultural expectations also place responsibility on women to uphold family honour, leaving

them at risk of isolation and social exclusion [8]. This situation is further worsened during the COVID-19 pandemic, when alcohol consumption, domestic violence, and financial strain increased, while access to health and social support services decreased [9]. This is supported by the attachment theory perspective, as it suggests that the unpredictability of a partner's drinking behaviour may contribute to insecure attachment, which can increase anxiety and distress among spouses [10].

Despite the available literature highlighting caregiver burden, marital distress, and psychosocial consequences among spouses of individuals with ADS, very few Indian studies have quantified the prevalence and severity of depression using standardised screening tools such as the PHQ-9 and complimentary clinical diagnosis, with a comparative design with HC [3,11,12]. Existing studies are limited by small samples, qualitative approaches, or focus exclusively on caregiver stress rather than clinically significant depression [4,13]. Considering these challenges, there is a clear need to understand the mental health burden especially depression, among spouses of men with alcohol dependence. Therefore, the present study is conceptualised to fill this gap by providing contemporary, quantitative, and comparative data on prevalence and risk factors of depression, which could offer novel insights for family-centred interventions and strengthening relapse-prevention strategies in ADS management.

The present study aimed to assess the prevalence and severity of depression among spouses of individuals with ADS in comparison with a control group of individuals without ADS.

MATERIALS AND METHODS

The present cross-sectional study was conducted in the De-addiction Clinic, Department of Psychiatry, Sri Ramachandra Hospital, Porur, Chennai, Tamilnadu, India, from June 2023 to December 2024. Ethical approval for the study was obtained from the Institutional Ethics Committee (IEC-NI/21/OCT/80/116).

Inclusion and Exclusion criteria: Inclusion criteria among the case group were spouses of individuals with ADS who are abstinent for ≥ 1 month, in a stable heterosexual relationship, living together for > 1 year, and residents of Chennai. And in the control group, the spouses of individuals with non-ADS, meeting the same criteria as in the case group. Patients with other substance dependencies, severe mental illness, chronic medical conditions, recent hospitalisations, postpartum period, or current pregnancy were excluded.

Sample size calculation: Previous studies from South Asia and similar sociocultural settings have reported variable prevalence estimates of depression among spouses of individuals with alcohol dependence and in controls, influenced by study design, population characteristics, and assessment tools [11,13-15]. To avoid overestimation of effect size based on tertiary-care data and to ensure adequate power under conservative and generalisable assumptions, the present study has taken a conservative sample of 200 participants in each group. A post-hoc assessment indicated that with 200 participants in each group, the study had more than adequate statistical power ($>80\%$) at a 5% level of significance to detect a difference in depression prevalence of approximately 10-12% between spouses of individuals with and without alcohol dependence. One control was recruited for each included case; and final sample size was rounded up to 400 participants to account for a potential incomplete responses. The final sample size consisted of 200 spouses of individuals with ADS (Case group) and 200 spouses of individuals without ADS (Control group), ensuring a 1:1 case-to-control ratio. A consecutive sampling method was used to recruit study participants.

Study Procedure

Data collection instruments: Semi-structured proforma was used to collect sociodemographic data, including age, education, occupation, duration of marriage, children, and intimate partner relationship history were explored. PHQ-9, a 9 item validated tool, each item scored 0-3, with total scores ranging from 0-27, was used to screen depression. Based on scores, depression severity was classified as minimal (0-4), mild (5-9), moderate (10-14), moderately severe (15-19), and severe (20-27). A score of 10 or greater is the most commonly recommended cut-off point for identifying probable major depression [16]. Also, the scale has high reliability (Cronbach's α 0.89-0.91) and validity (sensitivity 88%, specificity 85%), and is suitable for adults aged 18 years and above. It is publicly available for research use [16].

Data collection procedure: Female spouses whose husbands were diagnosed with ADS, as per ICD-10 diagnostic criteria, were included in the study. ADS is marked by impaired control over drinking, tolerance, withdrawal symptoms, progressive neglect of alternative interests, and persistent consumption despite clear evidence of harm [17].

Data were collected via face-to-face interviews in a private setting using the semi-structured proforma and PHQ-9. In the present study, those who scored above the cut-off score of 10 were interviewed by a Clinician Psychiatrist to confirm the clinical diagnosis of depression as per ICD-10 criteria.

STATISTICAL ANALYSIS

The data analysis was done by using SPSS version 28.0. Descriptive statistics including frequencies and percentages were employed to summarise participant characteristics. As the data was normally distributed, the group comparisons were conducted using an independent t-test and associations were examined with the Chi-square test.

RESULTS

The study compared HC and wives of Alcohol-dependent spouses (ADS). Spouses of alcohol-dependent individuals had significantly higher unemployment (13% vs. 2%, $p < 0.001$) and a higher proportion of spouses in the ADS group reported having children (87.5% vs. 64.5%, $p < 0.001$) compared to the control group. Extramarital intimate partner relationships were also more common in the case group (30% vs. 9.5%), reflecting complex marital dynamics contributing to greater stress and depression risk [Table/Fig-1].

Sociodemographic variables	Case group N=200 n (%)	Control group N=200 n (%)	p-value
Age (mean \pm SD)	35.14 \pm 7.7	34.78 \pm 8.2	0.65
Marriage duration			
1-10 years	124 (62%)	138 (69%)	<0.001
11-20 years	51 (25.5%)	32 (16%)	
Above 20 years	25 (12.5%)	30 (15%)	
Spouse education			
Illiterate	23 (11.5%)	3 (1.5%)	<0.001
Spouse occupation			
Unemployed	26 (13%)	4 (2%)	<0.001
Spouse monthly income			
>7000 rupees	64 (32%)	26 (13%)	<0.001
Do you have children?			
Yes	175 (87.5%)	129 (64.5%)	<0.001
No	25 (12.5%)	71 (35.5%)	
Extra marital intimate relationship			
Present	60 (30%)	19 (9.5%)	<0.001

[Table/Fig-1]: Comparison of sociodemographic variables among the case group and control group.

The study findings present a comparison of depression severity between the case and control groups, whereby the case group showed a higher prevalence of moderate to severe depression, while the control group showed higher rates of minimal and mild depression. Among spouses of individuals with ADS, 95 (47.5%) were classified as moderate, 29 (14.5%) as moderate severe, and 15 (7.5%) as severe. In contrast, among individuals without ADS, 50 (25%) were found to be moderate, 22 (11%) were moderate severe, and only 1 (0.5%) was severe [Table/Fig-2]. This pattern, statistically significant ($p < 0.001$), indicates worse mental health outcomes for spouses of ADS individuals [Table/Fig-3].

PHQ-9 scores categories	Cases N (%)	Control N (%)	Total N (%)
Minimal	16 (8%)	46 (23%)	62 (15.5%)
Mild	45 (22.5%)	81 (40.5%)	126 (31.5%)
Moderate	95 (47.5%)	50 (25%)	145 (36.3%)
Moderate Severe	29 (14.5%)	22 (11%)	51 (12.8%)
Severe	15 (7.5%)	1 (0.5%)	16 (4%)

[Table/Fig-2]: Severity of depression scores based on PHQ-9 screening.

DISCUSSION

The present study assessed the prevalence and severity of depressive symptoms among spouses of individuals diagnosed with ADS compared to age matched controls. The mean age of participants

Variables	Case N=200	Control N=200	p-value
Normal	61 (30.5%)	127 (63.5%)	<0.001
Depression	139 (69.5%)	73 (36.5%)	

Table/Fig-3: Comparison of clinical depression among the case group and control group.

did not differ significantly between the case group and the control group (35.14 ± 7.7 vs. 34.78 ± 8.2 years; $p=0.65$). The prevalence of depression is nearly twice as high in the case group (69.5%) compared to the control group (39.5%). The findings support the hypothesis that spousal mental health is significantly compromised by a partner's alcohol dependence, revealing substantial clinical and public health implications.

Most participants in the present study, from both groups had been married for 1-10 years, which is a period of major social and economic transitions, especially difficult in ADS-affected families. More spouses in the case group had 11-20 years of marriage, reflecting prolonged exposure to consequences of alcohol dependence and heightened emotional strain in marriage. Conversely, a slightly higher prevalence of marriages lasting over 20 years in the control group may reflect comparatively stable relational dynamics unaffected by alcohol dependence. The combination of early marriage years and the stress of managing a partner with ADS could have exacerbated the severity of depressive symptoms as evident by higher percentage of individuals with severe depression than in the case group (7.5%) compared to the control group (0.5%), suggesting a strong correlation between marital stress and mental health deterioration which is align with the study [13].

Educational attainment among individuals with ADS is significantly lower than in the control group, with 11.5% of spouses in the case group being illiterate compared to 1.5% in the control group ($p<0.001$). Illiteracy among men with ADS can limit their appreciation of the importance of education and empowerment, which in turn may reduce children's educational opportunities and restrict the wife's ability to improve the family's welfare and thereby many women are left carrying both financial and emotional responsibilities [18]. A study by Shah VA et al., supports this finding and reveals that spouses of illiterate husbands often face challenges due to their partner's inability to secure stable and well-paying jobs, leading to financial strain [19]. Education is probably a protective against depression, as education enables problem-solving, access to services, and help-seeking, likely contributing to lower depression levels as evident by higher proportion of illiterate spouses in the case group than the control group in this study [20]. Additionally, limited education may have reduced access to coping strategies and mental health resources, increasing depression risk. This could have compounded the existing caregiving stress burden and likely contributes to the heightened depression risk observed in the case group [21]. The current study findings support the results of previous studies, focusing on the importance of including education-focused programs and awareness campaigns as part of support interventions [22,23].

Unemployment was significantly higher in the case group (13%) when compared to the control group (2%), which would have deepened emotional and financial distress. This is supported by the study by Damodara N income disparities further influence mental health [3]. It is well known financial instability leads to helplessness and social withdrawal, worsening depression and lower-income households often lack support systems, adding to the psychological burden. There is a clear difference in monthly income between the two groups. In the case group, only 11% (n=22) of spouses reported their monthly income above INR 7000, whereas in the control group, it was 23.5% (n=47). Such financial strain is a recognised risk factor for poor mental health and appears to be especially

pronounced in families affected by alcohol dependence, as his earning capacity is affected by absenteeism, unemployment, or loss of productivity, leaving the wife to manage household expenses with limited resources. Alcohol-related expenditures deplete already scarce resources, leaving less for necessities and healthcare. These financial challenges were likely magnified during the COVID-19 pandemic [24], particularly in urban areas like Chennai, where economic downturns and job losses disproportionately affected low-income families, which placed additional pressure on wives to manage households, cope with insecurity, and address the social and psychological consequences of their spouse's alcohol dependence, emphasising the need for targeted economic and psychological interventions [25].

The study findings indicate that the presence of children is significantly higher in the case group (87.5%) compared to the control group (64.5%), reflecting increased caregiving burdens. The current findings also go with previous evidence, while parenthood can foster resilience and a sense of purpose [26] as it also adds responsibilities, especially in strained marital environments. Managing child-rearing without adequate partner support heightens stress and depressive symptoms, as seen in the case group. In contrast, 35.5% of the control group reported not having children, compared to 12.5% in the case group, potentially contributing to lower stress levels and better mental health outcomes. Despite the presence of children, depression was more common in the case group, likely due to the dual responsibility of caring for children in an ADS partner, as reported by the author. Also, the caregivers of substance-dependent individuals face higher psychological distress. While children in the control group may offer emotional support, in the ADS-affected group, they may add to financial and emotional strain. Hence, parenting workshops and family support services can help mitigate these caregiving burdens and foster healthier family dynamics [27].

The study findings also emphasise that extramarital affairs in the case group extended to 30%, when compared to 9.5% in the control group. These affairs intensify betrayal, isolation, and relational strain, contributing to depression and anxiety. Alcohol dependence fuels impulsivity and poor judgment, compounding the emotional trauma already experienced by these wives. Therefore, the present study findings highlight the importance of marital counselling and support systems that address both substance abuse and relational conflict, which is similar to the studies [27,28].

The PHQ-9 scores show stark differences between groups, with significantly higher rates of moderate (47.5% vs. 25%), moderate-severe (14.5% vs. 11%), and severe depression (7.5% vs. 0.5%) in the case group ($p<0.001$). The prevalence of severe depression underscores the profound psychological burden of living with a partner with ADS. Minimal and mild depression were more common in the control group, reflecting better mental health overall. Spouses of individuals with ADS experience prolonged stress, limited support, and relational conflict, all contributing to elevated depression levels. Due to limited resources, stigma, and the shortage of trained professionals, 90% of people with depression did not receive treatment in low- and middle-income countries by [29]. Among spouses of individuals with ADS, Intimate Partner Violence (IPV) compounds the burden for depression, which has been strongly associated with alcohol use, and further physical, emotional, or economic abuse is more prevalent in men with substance dependence, including ADS, which leads to despair and hopelessness, thereby increasing the likelihood of depression. Further, a few Indian studies also reported that nearly 43% of spouses of alcohol-dependent men met the criteria for major depression, among them many reporting poor marital quality of life and low marital satisfaction [19,30].

It is evident from the findings that there is a significant psychological distress among spouses of individuals with ADS, with the

prevalence of depression being a key concern. Depression affects mental health, daily functioning, and overall family well-being. This aligns with global evidence linking substance use disorders to higher spousal psychological morbidity, chronic stress, IPV, and isolation [30,31]. The findings of this study show that alcohol dependence has a serious impact on the mental health and daily life of spouses, highlighting the importance of supportive measures that are practical, family-centred, and sensitive to their needs.

The clinical implication of the present study is that a routine screening for depression among the targeted population should be inculcated as part of De-addiction treatment programme. Also interventions for spouses of individuals with ADS should go beyond routine counselling as they not only require psychological support, economic assistance, and access to family-based de-addiction services, but also vocational opportunities and financial empowerment programs which could reduce dependency and improve resilience. Hence, integrating measures targeting women mental health into de-addiction treatment will not only prevent relapse and but also enhance the recovery of the individual with ADS.

Limitation(s)

The present study had some limitations. It was confined to female spouses of men with ADS in an urban setting, at a tertiary hospital deaddiction clinic, which limits generalisability. As it is a cross-sectional design, it restricts conclusions about long-term effects of alcohol dependence on spousal mental health. Future studies should consider including sample from both the genders, rural populations, and longitudinal follow-up to provide a more comprehensive understanding. In addition, there is a need to explore the influence of cultural expectations, the influence of the severity of alcohol dependence on depression, and co-dependency-associated stressors to be explored. Also, Community-based studies with larger and more diversified samples are recommended to strengthen the evidence base.

CONCLUSION(S)

The present study shows that spouses of individuals with ADS experience significantly higher rates and greater severity of depression compared with spouses in the control group. Sociodemographic disadvantages like lower educational attainment in partners, unemployment, financial strain, and greater caregiving responsibilities along with infidelity, were more common among spouses of ADS. These findings underscore the need for routine screening, early identification, and targeted mental-health support for spouses of ADS within de-addiction services. Integrating family-centred interventions into ADS treatment may improve both spousal quality of life and relapse-prevention outcomes.

Authors' contribution: SK, SJK, and DPA conceptualised the study; SK, SSR, and NSV collected the data; SK, SJK, AS, SSR, GFANL, and CF contributed to data analysis; the first draft was written by SK, and all authors contributed to the manuscript and approved the final version.

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