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# QUALITY OF LIFE OF MEN WITH ALCOHOL DEPENDENCE SYNDROME

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# Background:

Estonia:

Population: 1,3 mil

Official language: Estonian

Capital: Tallinn

# Research:

Related to my Master's thesis

at the University of Tartu

*(Public health)* (2011)

Supervisor K. Lang PhD



# Quality of life of men with alcohol dependence syndrome

Alcohol dependence is comprehensive disease that in addition to health problems, involves economic and social difficulties.

- Men's health indicators, mortality, and health awareness are much lower comparing to women.
- Alcohol dependence is in society stigmatized phenomenon that is often considered as velleity, not disease. This attitude inhibits prevention, treatment, rehabilitation and development of support systems.

# Some alcohol consumption: levels and pattern in Estonia (WHO)

Prevalence of alcohol use disorders and alcohol dependence (%), 2010\*

	Alcohol use disorders**	Alcohol dependence
Males	18.6	9.9
Females	3.2	1.7
Both sexes	10.2	5.4
WHO European Region	7.5	4.0

\*12-month prevalence estimates (15+).

\*\*Including alcohol dependence and harmful use of alcohol.

World Health Organization 2014

[http://www.who.int/substance\\_abuse/publications/global\\_alcohol\\_report/profiles/est.pdf](http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/est.pdf)

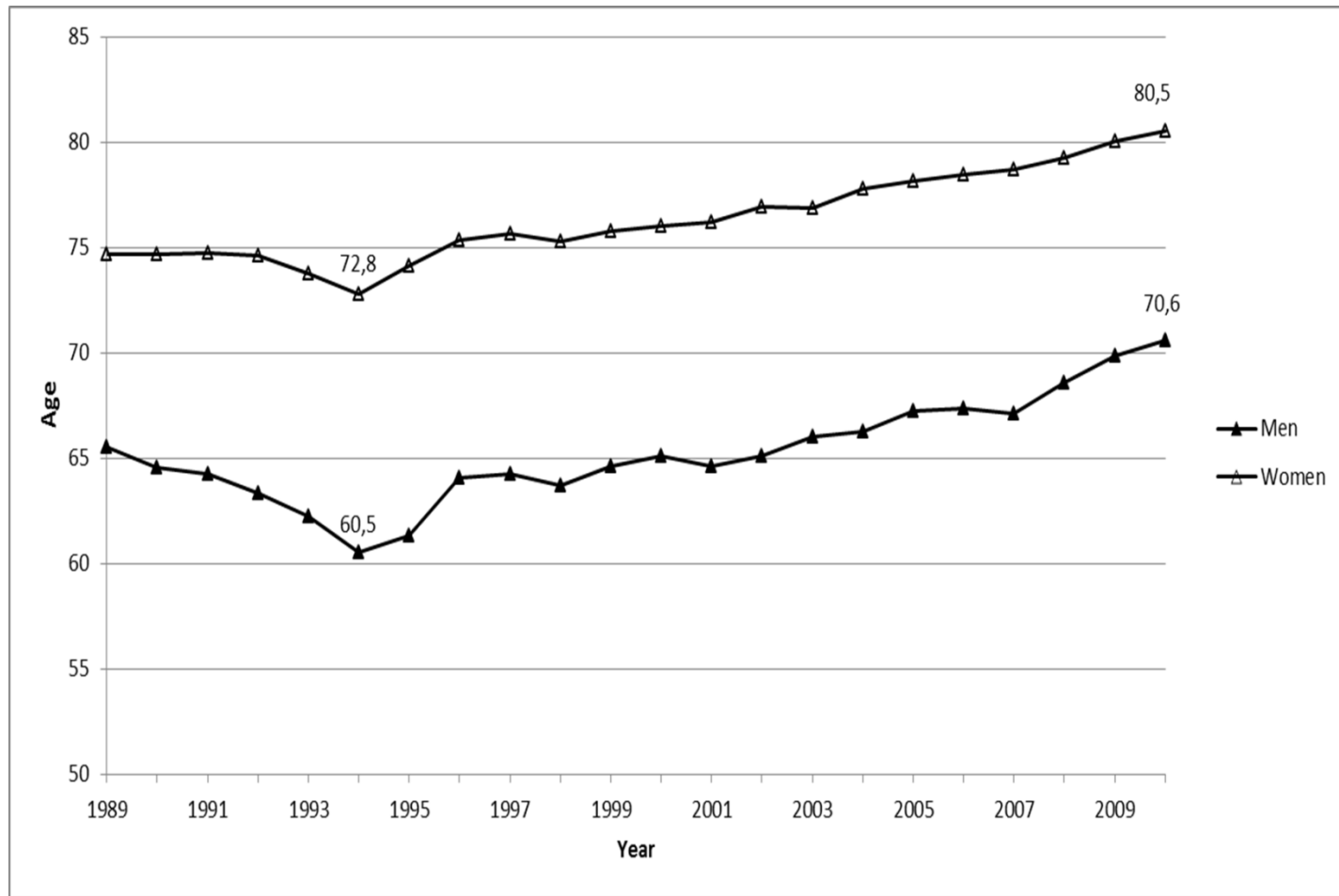
Consumption: 2007: **12,6**; 2008: **12,1** ; 2009: **10,2** litres of pure alcohol per person

- People affected with alcohol dependence

9,500 females and **45,400 males** (2004)

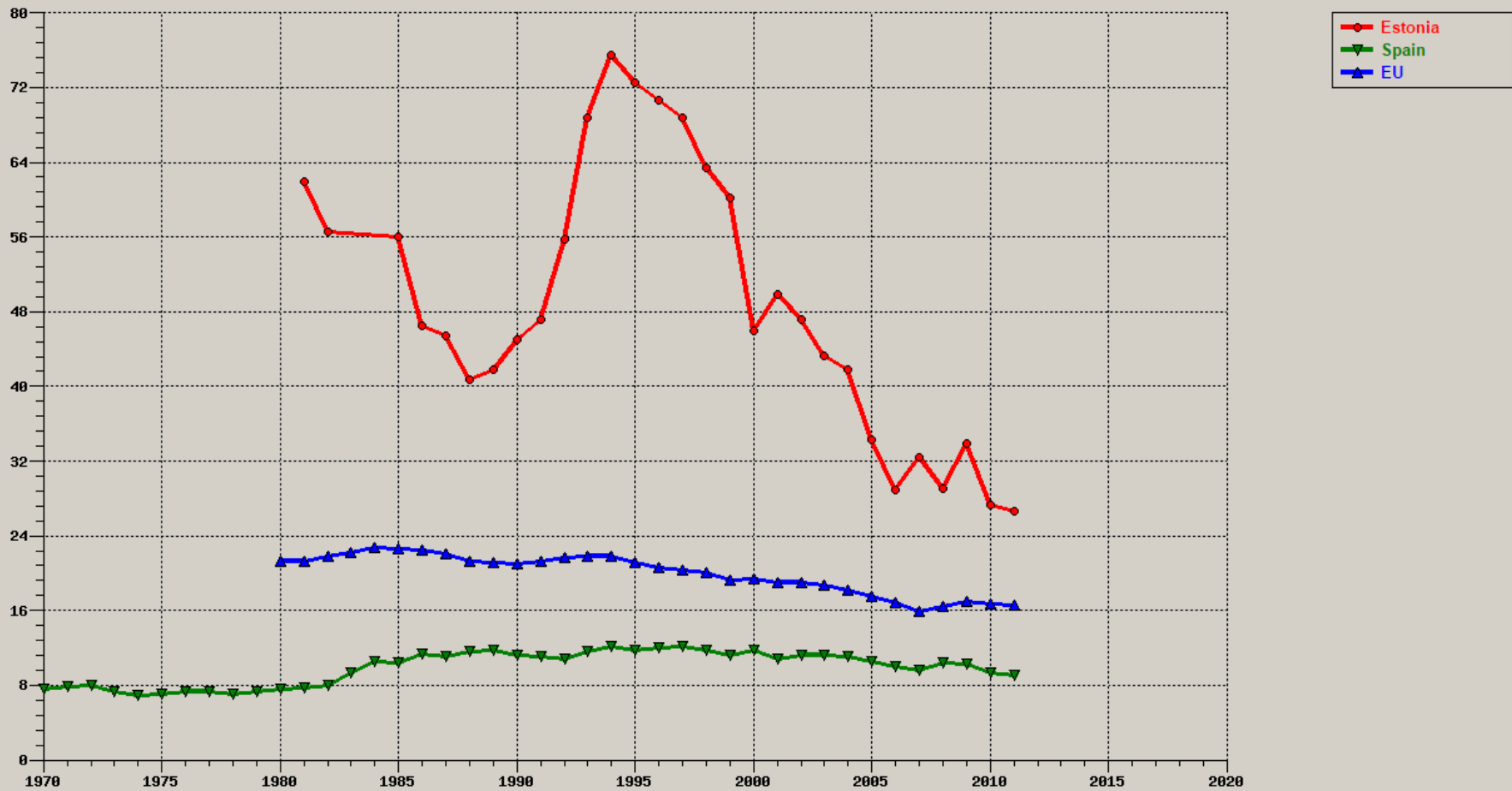
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# Life expectancy at birth (Estonia)



# Suicides

SDR, suicide and self-inflicted injury, all ages, per 100 000, males



# Quality of life of men with alcohol dependence syndrome

- **Purpose:** The study aims to describe and analyse quality of life of alcohol dependent men in Estonia
- **Methods:** Consecutive sample of men who participated in the study had been diagnosed with alcohol dependence and been on treatment in Pärnu Hospital, Estonia. The social-demographic indicators and exposure to alcohol were assessed using a questionnaire. General index of quality of life and six broader domains (physical health, psychological, level of independence, social relationships, environment, spirituality/religion, personal beliefs) of quality of life were investigated using **WHOQOL-100**.
- **Time:** The survey was carried out 2010-2011.
- **Data:** analysis statistical program STATA and Mann-Whitney test was used.

# Definitions:

**Dependence syndrome** F10.2 (ICD-10/V). A cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in 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.

ICD-10/V <http://apps.who.int/classifications/icd10/browse/2015/en#/F10-F19>

WHO has defined **quality of life** as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

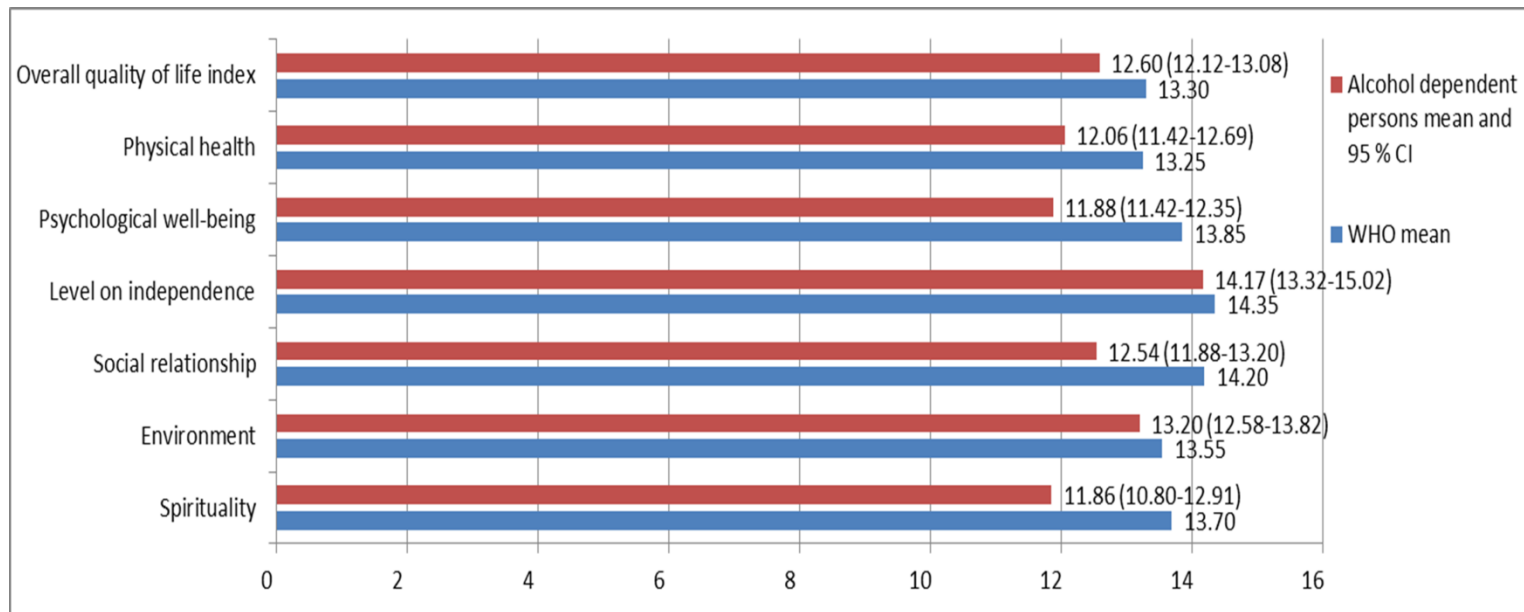
Division of Mental Health and Prevention of Substance Abuse, WHO, 1997



# Results:

- In the final analysis answers of **57 men** were used. The lowest average index of quality of life was for physical health (12.06), **psychological well-being** (11.88) and **spirituality** (11.86).
- Men who were participating in self-help groups and/or were believers of some religion had higher estimation of their spirituality.
- Those men, who had had their longest period of non-drinking more than six and/or were in relationship, had higher estimations of social relationships.
- Compared to European mean, all domains for the study group had lower values.

# WHO mean and alcohol dependent persons mean quality of life indexes.



Quality of life domains (WHOQOL-100)

# Conclusions:

- In broader context, deeper cooperation of medical, scientific, political and non-governmental sphere is needed to gain success in the struggle against alcohol dependence.
- The practical work should start from better sharing of information about alcohol and **co-morbid** problems, more strict official alcohol policy, restructuring of treatment process to integrate medical and psychological methods and also integrating spirituality issues into health care and rehabilitation system.

# My thoughts and recommendations:

- There are so many aspects and questions of the treatment of addiction, which do not pay enough attention. (dual-disorders; comorbidity; psycho-social factors etc.)
- Addiction is psycho-spiritual crisis (addiction versus freedom; archetypes)
- Research hypothesis about psycho-spiritual epiphanies
- Patterns of depression in men (alcohol, aggression, autoaggression)
- Metapathologies (Maslow) and spiritual initiation

*„We have two lives, and the second begins when we realize we only have **one**.”* Confucius

# Thank You!

Cooperation, experiences and contacts are welcome:

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