



TO STUDY QUALITY OF LIFE IN PATIENTS OF SUBSTANCE ABUSE DISORDER

Neeraj Kanwer¹ and Roshan Lal^{2*}

¹Psychiatry, District Hospital Bilaspur

²Medicine, Civil Hospital Gohar Mandi

ARTICLE INFO

Article History:

Received 4th April, 2019

Received in revised form 25th May, 2019

Accepted 23rd June, 2019

Published online 28th July, 2019

Key words:

Substance, abuse, opioids.

ABSTRACT

Background: Patients with substance use disorder (SUD) experience social discrimination and have poor quality of life due to biopsychosocial nature of these disorders. **Aim:** The study was aimed to assess quality of life in these patients and compare with healthy controls. **Methods:** 72 SUD patients were enrolled into the study from Sep 2018 to May 2019 at Regional hospital, Bilaspur. The patients with tobacco abuse were excluded from the study. Quality of life (QOL) was assessed using WHOQOL BREF questionnaire. Statistical analysis was performed using SPSS v21. **Results:** 66.6% of the patients were abusing opioids followed by alcohol abuse in 19.4% patients, followed by cannabis in 11.1% patients. Two patients were also consuming benzodiazepines. None of the patients were using two or more substances. QoL in the patients with substance use disorders was significantly worse. WHOQOL-BREF score was significantly lower in physical health domain 31.0 [19.0, 39.0], psychological domain 25.0 [13.0, 39.5], social relations 44.0 [25.0, 56.0] and environmental domain 31.0 [19.0, 50.0]. **Conclusion:** SUDs were associated with poor QOL.

Copyright©2019 Neeraj Kanwer and Roshan Lal. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

The location of India between the two largest illicit opium-producing regions of the world makes it vulnerable for being both a destination and transit route for opioids.¹ Besides, India itself is one of the largest legal producers of opium. Not surprisingly, India has had an established pattern of use of opioid group of drugs. In a national survey, the prevalence of opioid use was found to be 0.7% of the general population among whom, around 22.3% were found to be dependent on opioids.² India has twice the global average prevalence of illicit opiate consumption.¹ It is estimated that currently, India has about 4 million people who use opioids and around 1 million people who are opioid dependent.³ A recent study reported that around 232,000 people were opioid dependent in Punjab alone.⁴ Thus, there is undoubtedly a sizable burden of opioid dependence in many parts of India.

Opioids abusers have dissatisfaction from life in comparison to the healthy individuals.⁵ This population has severely impaired quality of life. Long-term treatment options for opioid dependence include methadone, buprenorphine, naltrexone, alpha-2 adrenergic etc.⁶ Methadone and buprenorphine are considered as effective agonists for maintenance treatment. Much data about quality of life in this subset of population is available from Western studies.

In India, only a few studies discuss quality of life in these patients. There is no such study available in Himachal Pradesh. Hence, the present study was aimed to compare quality of life in the opioid abusers with healthy individuals.

SUBJECTS AND METHODS

This study was conducted at regional hospital, Bilaspur (Himachal Pradesh) during Sep 2018 to May 2019. The patients were included of age between 18 and 65 years and based on clinical diagnosis of substance disorder which was made in accordance with ICD 10. Patients with substance use disorder with nicotine and those who refused to give informed written consent were excluded.

Patients attending the outpatient clinic were approached and explained about the nature of the study. Those who agreed to participate were assessed for inclusion. The details about socio-demographic and clinical characteristics were collected. The Hindi version of World Health Organization Quality of Life-brief version (WHOQOL-BREF) was used to assess the QoL across various domains.

World Health Organization Quality of Life-brief version (WHOQOL-BREF)

This internationally validated instrument consists of 26 items, of which 24 items measure four potentially independent QoL domains of physical health, psychological health, social relationships and environment.⁷

*Corresponding author: Roshan Lal
Medicine, Civil Hospital Gohar Mandi

RESULTS

Total 72 patients who were fulfilling selection criteria, were included in this study. Sociodemographic profile has been shown in table 01. 71% patients aged < 30 years. 97% patients were males. 65 % patients were unmarried.

Table 1 Socio-demographic profile

Socio-demographic profile	n =72 (%)
Age (Years)	
<30	51 (71%)
31-40	18 (25%)
41-50	3 (4%)
Sex	
Male	70 (97%)
Female	2 (3%)
Living habit	
Joint Family	8 (11%)
Nuclear Family	17 (24%)
Single (Unmarried)	47 (65%)

Table 2 Substance abuse

	n (%)
Type of substance	
Opioids	48 (66.6%)
Cannabis	8 (11.1%)
Alcohol	14 (19.4%)
Benzodiazepine	2 (2.7%)
Duration of substance abuse	
<6 months	4 (6%)
6 months	13 (18%)
h – one year	
1-2 year	19 (26%)
>2 year	36 (50%)

Table 3 Quality of life

variables	SUD (n=72)
Physical health	31.0 [19.0, 39.0]
Psychological	25.0 [13.0, 39.5]
Social relations	44.0 [25.0, 56.0]
Environment	31.0 [19.0, 50.0]

48(66.6%) patients had history of use of opioids, and it was the most abused substance in our study, followed by alcohol.14 (19.4%) patients had history of alcohol abuse. Cannabis abuse was detected in 8 (11.1) patients. None of the patients had history of abusing two or more substances. 50% of the patients had history of substance abuse for more than two years.

Quality of life

We evaluated quality of life based on WHOQOL-BREF. We observed that quality of life in the patients with substance use disorders was significantly worse in comparison to health controls. WHOQOL-BREF score was significantly lower in health domain 31.0 [19.0, 39.0], psychological domain 25.0 [13.0, 39.5], social relations 44.0 [25.0, 56.0]and environmental domain 31.0 [19.0, 50.0].

DISCUSSION

The lower score achieved by all the patients of substance abuse disorder (SUD) suggests the poor Quality of Life in these patients in our study group. SUD patients experience various forms of social discrimination and less likely to be offered help by other individuals in the society than those who have a mental illness or physical disability.⁸ This higher levels of perceived stigma have also been reported to be associated with greater treatment delay and poorer treatment adherence.⁹

In our study, we observed that quality of life was poorer in these patients. This supports the biopsychosocial nature of these disorders, which negatively affects multiple aspects of an

individual's life such as physical and mental health, education, family functioning, employment and housing. Quality of life these patients has also been reported previously. Recently, Singh *et al.* suggested that opioids use disorder similarly affects all the four domains of quality of life, with a higher level of perceived stigma associated with significantly poorer QoL in the physical, psychological and environment domains.¹⁰

Kapoor *et al* assessed the effect of buprenorphine on quality of life in opioid dependence disorder. They observed the significant improvement in WHOQOL-BREF scale scores, and statistically significant P value has found for domain 2 (psychological) and domain 3 (social relationship) at 3rd and 6 months in heroin abuser.¹¹

This is first kind of study in Himachal Pradesh which assessed quality of life in the patients with substance use disorders. However, these findings need to be interpreted keeping in mind its various limitations. This study was conducted at secondary care centre. Study population consisted of majority of males. We also could not assess effect of treatment drug due to small time duration of study conductance. We could not compare quality of life in different type of substance use due to small sample size. Moreover, lack of health staff and other resources made us to restrict collection of various other phenomena.

CONCLUSION

This study describes poor quality of life in the patients with substance use disorders. Further studies are required to evaluate role of other risk factors in evaluation of quality of life in these patients in much larger study population.

References

1. United Nations Office on Drugs and Crime. South Asia Regional Profile. India: United Nations Office on Drugs and Crime; 2005. Available from: https://www.unodc.org/pdf/india/publications/south_Asi_a_Regional_Profile_Sept_2005/10_india.pdf. [Last accessed on 2019 Jun 29]
2. Ray R. National Survey on Extent, Pattern and Trends of Drug Abuse in India. Ministry of Social Justice and Empowerment. New Delhi: Government of India and United Nations Office on Drugs and Crime; 2004
3. Dhawan A, Chopra A, Ray R. Preferences for treatment setting by substance users in India. *Indian J Psychol Med* 2016; 38:42-5.
4. Ambekar A, Kumar R, Rao R, Agrawal A, Kumar M, Mishra AK. Punjab Opioid Dependence Survey; 2015. Available from: [http://www.pbhealth.gov.in/scan0003%20\(2\).pdf](http://www.pbhealth.gov.in/scan0003%20(2).pdf). [Last accessed on 2019 Jun 19]
5. Luty J, Arokiadass SM. Satisfaction with life and opioid dependence. *Subst Abuse Treat Prev Policy*. 2008; 3:2
6. Veilleux JC, Colvin PJ, Anderson J, York C, Heinz AJ. A review of opioid dependence treatment: Pharmacological and psychosocial interventions to treat opioid addiction. *Clin Psychol Rev*. 2010; 30:155–66
7. The WHOQOL Group. Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychol Med* 1998; 28:551-8
8. Corrigan PW, Watson AC, Miller FE. Blame, shame and contamination: The impact of mental illness and

- drug dependence stigma on family members. *J Fam Psychol* 2006; 20:239-46
9. Sher I, McGinn L, Sirey JA, Meyers B. Effects of caregivers' perceived stigma and causal beliefs on patients' adherence to antidepressant treatment. *Psychiatr Serv* 2005;56: 564-9
10. Singh S, Kumar S, Sarkar S, Balhara YPS. Quality of Life and its Relationship with Perceived Stigma among Opioid Use Disorder Patients: An Exploratory Study. *Indian J Psychol Med.* 2018; 40:556–561.
11. Kapoor A, Kohli K, Kapoor A, Jose NA. Improvement in quality of life with buprenorphine in opioid dependence. *Natl J Physiol Pharm Pharmacol* 2019; 9:689-694

How to cite this article:

Neeraj Kanwer and Roshan Lal (2019) 'To Study Quality of Life in Patients of Substance Abuse Disorder', *International Journal of Current Advanced Research*, 08(07), pp. 19491-19493. DOI: <http://dx.doi.org/10.24327/ijcar.2019.19493.3764>
