

ORIGINAL ARTICLE

A Study on the Social and Medical Perspectives on Alcohol Consumption in Adults

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ABSTRACT:

Introduction: Alcohol use has been a significant part of a large number of adults, and can be assumed to be increasingly prominent in the future. Understanding alcohol consumption patterns and factors associated with risky drinking along with social and medical consequences aids in detecting adults who may suffer from the hazardous use of alcohol or alcohol use disorders.

Methods: This is a prospective hospital based study on patients with alcohol related disorders using a structured questionnaire. Study period was from February 2018 to July 2018.

Results: Social reasons were the most common reasons for alcohol consumption. Various economic and occupational factors are also responsible for alcohol intake.

Conclusion: The harmful effects of alcohol misuse are far reaching and range from individual health risks, morbidity, and mortality to consequences for family, friends, and the larger society. The present study assessed some essential issues in alcohol consumption among adults: the prevalence of consumption and associated factors, adults' own reasoning for their alcohol consumption, social and cultural influences on alcohol use and harmful medical consequences.

Key words: alcohol use, prevalence, risky drinking, society, cultural, medical.

INTRODUCTION

Alcohol has been a part of human culture since the beginning of recorded history because of its expected beneficial effects, in search of pleasure or to avoid negative emotional states¹. However, alcohol intake has been identified as an important risk factor for many chronic diseases and injuries². Alcohol consumption is related to cohort life styles, gender, the course of life, social patterns, physiology, cultural heritage, the health condition and moral principles^{3,4,5}. This study provides information on alcohol consumption among community-dwelling adults. It explores the prevalence of alcohol consumption among adults, associated characteristics and their own reasoning for alcohol consumption.

OBJECTIVES

The study was conducted to examine the prevalence and at-risk drinking patterns in community-dwelling adults and their associations with socio-demographic factors; to investigate what the adults themselves consider to be the reasons for their alcohol consumption and also to investigate the health related effects of alcohol.

MATERIALS AND METHODS

We conducted this prospective observational hospital based study on patients with alcohol related disorders. Both indoor and outdoor patients visiting the Department of Medicine at GNRC Medical, North Guwahati were included in the study. Study period was from February 2018 to July 2018. A written informed consent was taken from the relatives.

A structured questionnaire was developed for this study. A large proportion of the questions were retrieved from previous epidemiological studies in which the questions had been validated^{6,7,8}. The alcohol-related questions included in the inquiry were retrieved from the clinical guidelines and questionnaire for alcohol use in adults⁹ which is adjusted from NIAAA guidelines¹⁰ and AUDIT¹¹.

At-risk drinking for both males and females was defined by taking into account the frequency of use and the portions consumed on one occasion. An at-risk drinking status was defined as consuming 1) >7 drinks per week or 2) >3 drinks several times per week or 3) >5 drinks on a typical day when alcohol is consumed (Clinical guidelines for alcohol use disorders in adults). Categories of alcohol use other than

at-risk drinking included moderate drinking defined by drinking alcohol at least once a month and using at least one portion of alcohol on a typical alcohol-consuming day. Others were defined as minimal/non-users.

RESULTS

Of the 344 respondents investigated most of the subjects were in the 40-59 year age group (181, 52.6%). Prevalence of alcohol use was more among males (77.62%) as compared to that in females (22.97%). Prevalence of problem drinking was more among the married patients(78.48%) as compared to single(13.95%), divorced(1.45%) or widowed(6.10%).

Illiteracy and lower education level(75.87%) was associated with increased alcohol consumption. Prevalence of alcohol consumption was higher among daily wage earner(26.16%) followed by those involved in agriculture(18.02%), factory(16.56%) and service-man(15.40%). Majority of alcohol users belonged to middle class and low middle class family.

Of the 344 respondents while 7.84% (n = 27) exceeded the defined at-risk drinking limit while 56.39% were moderate users.

Among the respondents, the younger age groups reported more often than the older age groups that they used alcohol for having fun, celebration, and for social reasons. Report using alcohol for medicinal purposes increased with age, being 5.23%.

Hypertension (51.74%) was common among the alcohol users followed by diabetes (20.93%) and depression (9.59%). Of 344 respondents, 47.96% and 42.15% presented with fatty liver disease and alcoholic hepatitis respectively whereas 13.37% progressed to chronic liver disease.

DISCUSSION

A study which was done in Faridabad showed the prevalence of alcohol use to be 24.6% among men, while none of the women had used alcohol¹². Similarly, our study showed that prevalence of alcohol use was 22.97% among females.

Male gender and adult age group were found to be independently associated with an increased risk of alcohol use in another study¹³. Similarly, it was found that illiteracy and lower educational levels were associated with an increased risk of alcohol use in the general population ¹⁴.

A study from Vellore reported that hazardous alcohol use was 14.2% as compared to a 7.84% use in our study ¹⁴. A study among industrial workers in Goa showed the prevalence of hazardous drinking to be 21%¹⁵.

Table 1: Population Composition

Variables	Patients (%)
Age(in years)	
<30	17(4.94)
30-39	56(16.27)
40-49	97(28.19)
50-59	84(24.41)
60-69	46(13.37)
70+	44(12.79)
Sex	
male	265(77.62)
female	79(22.97)
Marital status	
single	48(13.95)
married	270(78.48)
divorced	5(1.45)
widowed	21(6.10)

Table 2: Socio Economic Status

Variables	Patients (%)
Education	
Illiterate	101(29.36)
1st to 10 th standard	160(46.51)
>10 th standard	83(24.12)
Occupation	
Agriculture, livestock, forestry.	62(18.02)
Factory, mining, construction or similar work.	57(16.56)
Office work, mental work, service	53(15.40)
Daily wage earner.	91(26.16)
Education services.	28(8.13)
Others.	53(15.40)
Monthly Per Capita Income(in rupees)	
>2756(Class I)	38(11.04)
1376-2755(Class II)	123(35.75)
826-1375(Class III)	86(25)
411-825(Class IV)	85(24.70)
<411(Class V)	12(3.48)

Table 3: Pattern of Alcohol Consumption

Pattern	Patients (%)
Minimal users	123(35.75)
Moderate users	194(56.39)
At risk users	27(7.84)

Table 4: Reasons for Alcohol Consumption

Reasons	Patients (%)
For social reasons	136(39.53)
Fun, celebrations	123(35.75)
As a pastime	16(4.65)
Medicinal purposes	18(5.23)
With meals	9(2.61)
Relieving loneliness	6(1.74)
Relieving depression	5(1.45)
Relieving anxiety	5(1.45)
Because everybody else uses it	15(4.36)
Meaningless life	11(3.19)

Table 5: Associated Co Morbidities

Co-morbidities	Patients (%)
Hypertension	178(51.74)
Coronary heart disease	22(6.39)
Prior myocardial infarction	10(2.90)
Prior stroke	3(0.87)
Asthma	23(6.68)
Osteoarthritis	19(5.52)
Diabetes	72(20.93)
Dementia	11(3.19)
Depression	33(9.59)
Prior or current diagnosis of cancer	8(2.32)

Table 6: Alcohol Related Disorders

Alcohol use disorders	Patients (%)
Alcohol intoxication	56(16.27)
Alcohol withdrawal	29(8.43)
Ugi bleed	24(6.97)
Fatty liver disease	165(47.96)
Alcoholic hepatitis	145(42.15)
Chronic liver disease	46(13.37)
Liver cancer	2(0.58)

Contrary to this study, being divorced or single, or living alone has in some earlier studies been associated with a higher prevalence of problem drinking¹⁶. In the present study, social reasons were the most common reasons for alcohol consumption, which is in line with prior studies performed among young people¹⁷. Coping motives appeared particularly in the at-risk user group; a larger proportion of reported that they use alcohol because of their meaningless life, in relieving anxiety, relieving loneliness, and relieving depression.

CONCLUSION

Alcohol consumption, including at-risk consumption, is prevalent among community-dwelling adults, particularly among males, despite advanced age, comorbidities, and the multiple use of medications. Health care professionals should be aware of this occurrence. Prevalence of alcohol use is high, especially among males. Health educational interventions among those who are at a higher risk and management of alcohol dependent subjects, may help in reducing the burden of alcohol use in this area.

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