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EFFECT OF DIALECTICAL BEHAVIOURAL THERAPY TO REDUCE DEPRESSION AND IMPROVE QUALITY OF LIFE AMONG PERSONS WITH ALCOHOL DEPENDENCE SYNDROME

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ABSTRACT

Alcohol dependence syndrome (ADS) is typified by a pattern of alcohol use that includes decreased control, dangerous settings, withdrawal symptoms, the emergence of tolerance. ADS is linked to significant morbidity and mortality. As to the findings of the first nationwide drug usage study conducted in India in 2019, alcohol is the most often used psychoactive substance in the country. Alcohol usage among those aged 10 to 75 is approximately 14.6% nationwide. Males are far more likely than females to use alcohol (27.3%) compared to 1.6%.

Objectives: The effects of a traditional occupational therapy program in the control group and dialectical behavioral therapy in the experimental group are investigated for individuals with depression and alcohol dependence syndrome. Finally, the post-test results of the experimental group and control group are compared.

Methodology: Elderly people with alcohol dependency syndrome and depression participated in this study. Thirty persons were split up into two groups, the experimental group and the control group, each consisting of fifteen people. Members of the experimental group received dialectical behavioral therapy three times a week for 45 minutes each for nearly three months.

Meanwhile, participants in the control group received occupational therapy for the same duration. Both groups pre- and post-test outcomes were assessed using Beck's Depression Inventory.

Results: The results showed that the experimental group's use of dialectical behavior therapy intervention resulted in a statistically significant improvement in depression reduction and quality of life when compared to the control group.

Conclusion: Based on the study's findings, it was determined that dialectical behavior therapy has been shown to help individuals with alcohol dependence syndrome feel less depressed and have a higher quality of life.

Keywords: Alcohol dependence syndrome, depression, improve quality of life, Dialectical behaviour therapy

INTRODUCTION:

A pattern of alcohol consumption that includes poor control, use in unsafe contexts, the emergence of tolerance, withdrawal symptoms, and social impairment is known as alcohol dependence syndrome (ADS). Significant morbidity and mortality are linked to ADS. Alcohol is the most widely used psychoactive substance in India, per the 2019 findings of the country's first national drug usage survey. About 14.6% of people in the country between the ages of 10 and 75 use alcohol. Males drink alcohol at a significantly higher rate (27.3%) than females (1.6%). An estimated 2.7% of the general population (10–75 years old) has a dependent pattern of alcohol consumption, which accounts for around 1/5th of current alcohol users **[1]**.

Alcohol Dependency Syndrome (ADS) represents a major concern for public health. Despite abundant research and well-defined diagnostic criteria, this condition is often neglected by physicians, including psychiatrists. This essay seeks to offer a brief summary of how men's relationships with alcohol and societal views on it have changed over time, tracing the development of the medical understanding of alcoholism through to the definitions of ADS in the ICD-10 and DSM-IV. The article outlines the various ways alcohol can be consumed and their differing levels of risk and severity of effects, which exist on a continuum. Lastly, it compares alcohol abuse with ADS, which is essential for the prevention and treatment of both conditions **[2]**.

Depression:

Depression is a mood disorder marked by a prolonged feeling of sadness and lack of interest. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) published by the American Psychiatric Association categorizes depressive disorders into the following types:

1: Disruptive mood dysregulation disorder
2: Major depressive disorder
3: Dysthymia, known as persistent depression
4: Premenstrual dysphoric disorder
5: Depression induced by another medical condition

All forms of depressive disorders feature feelings of sadness, emptiness, or irritability, alongside physical and mental symptoms that significantly hinder the individual's ability to function.

Due to misconceptions, around 60% of depressed people decide not to seek medical help. Many people think that the stigma attached to mental health illnesses is intolerable in society and can make it difficult for people to have satisfying personal and professional lives. Although most antidepressants have been shown to be useful, each person may react differently to medication **[3]**.

Quality of life:

Quality of Life (QoL) refers to an individual's or population's overall well-being, encompassing both positive and negative aspects of life. It includes factors such as personal health (physical, mental, and spiritual), relationships, education, work environment, social status, wealth, security, autonomy, belonging, and physical surroundings. The World Health Organization defines QoL as a subjective evaluation of one's life relative to personal goals, influenced by culture and values. The University of Toronto's Quality of Life Research Unit describes it as how much a person can enjoy life's valued possibilities. QoL differs from similar concepts like standard of living (which focuses on economic status and income) and health-related quality of life (which examines the link between health and overall well-being). Owing to difficulties in defining and quantifying quality of life, contemporary research has reframed it into multiple fields, including politics, economics, culture, and ecology, as evidenced by the "engaged theory." **[4]**

Dilectical behavioral therapy:

Marsha Linehan created Dialectical Behavior Therapy (DBT) to help suicidal women who have a variety of issues. Based on the body of research on therapies for emotional problems, depression, and anxiety, Linehan developed a cognitive-behavioral strategy to address suicidal conduct. DBT's early iterations placed a strong emphasis on altering beliefs and actions, which made patients feel judged and invalidated and increased the dropout rate. Borderline personality disorder (BPD) was eventually treated holistically with DBT. Weekly individual therapy, group skills training, and therapist consultation are all part of the typical DBT program. The efficacy of DBT in treating BPD and

associated disorders has been validated by eight carefully monitored randomized clinical trials **[5-15]**.

MATERIALS AND METHODS

Study design

This study is a quantitative quasi-experimental research design with convenient sampling technique samples were collected from the residents of Confident Health Centre at Chennai from February 2024 to April 2024.

Procedure

Ethical approval certificate was got from Saveetha College of occupational therapy to work in Confident Health Centre for the research purpose. Consent was obtained for the client as well as from the concerned centres. the clients were explained about the procedure those who are willing for the therapy were selected using convenient sampling method following that person with depression and quality of life have been selected with beck's depression inventory and quality of life scale-brief. A Canadian Occupational Performance Scale were used to measure the Occupational Performance in controlled and experimental group, Each group consists of 15 participant. The pre test was assessed for both group. The experimental group underwent 12-step facilitation technique and the control group received conventional occupational therapy intervention for the study duration of 12 weeks (36 sessions), Each session consist of 45 minutes. This study was conducted in Confident Health Centre.

Data analysis

A quantitative study was carried out by the analysis of inferential statistics in this study. Mean and standard Deviation (Minimum-Maximum) were used as a measurement criteria on repeated basis for the result.

The descriptive statistics examined records distribution to summarize the data. The results were measured and categorized in number (%).

Significant figures:

**Strongly significant (P value; $P < P < 0.05$)

*Moderately significant (P value; $0.01 < P < 0.05$)

*Suggestive significance (P value; $0.05 < P < 0.05$)

Since the samples belonged to the sample size (30), non – parametric method was used to test the statistical difference between pre-test and post-test scores of Group A and Group B. Wilcoxon signed rank test was used to test the statistical difference between pre-test and post-test scores of Group A and Group B. Mann Whitney U test was analyzed in finding Hypothesis being tested identifies whether there exists statistically significant difference in consideration of the treatment given. An alpha level of P=0.05 was measured to be statistically significant the statistical analysis was done with the help of IBM SPSS version 23.

Table 1: Comparison of pre- test and post- test in control group of WHO-QOL

Test	Mean	SD	N	Z value	p value
Cntr1_Pre	203.1333	53.98527	15	-3.431	0.001*
Cntr1_Post	207.7333	53.75668	15		

*** Significant at 5% alpha level**

Since the p value of 0.001 is lesser than 0.05, alternate hypothesis is accepted. Hence, there is statistically significant difference between pre- test and post test scores in the Control Group of the WHO-QOL. This suggests that the intervention received by the control group had significant improvement.

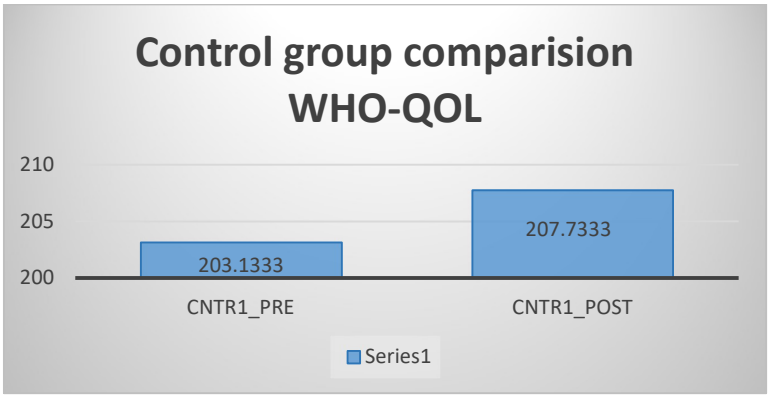

Figure 1

Table 2: Comparison of pre- test and post- test in control group of BDI

Test	Mean	SD	N	Z value	p value
Cntr2_Pre	37.4667	11.53793	15	-3.434	0.001*
Cntr2_Post	34.9333	11.09354	15		

*** Significant at 5% alpha level**

Since the p value of 0.001 is lesser than 0.05, alternate hypothesis is accepted. Hence, there is statistically significant difference between pre- test and post test scores in the Control Group of the BDI. This suggests that the intervention received by the control group had significant improvement.

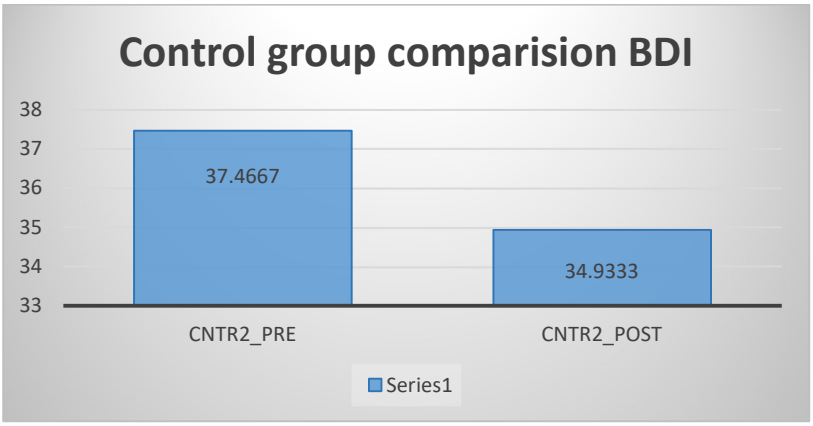

Figure 2

Table 3: Comparison of pre- test and post- test in experimental group of WHO-QOL

Test	Mean	SD	N	Z value	p value
Expt1_Pre	202	29.44001	15	-3.411	0.001*
Expt1_Post	235.1333	27.92814	15		

*** Significant at 5% alpha level**

In the Experimental group, since the p value of 0.001 is less than 0.05, alternate hypothesis is accepted. Hence, there is statistically significant difference in Experimental Group between pre-test and post test scores of WHO-QOL. This suggests that the intervention received by the experimental group had significant improvement.

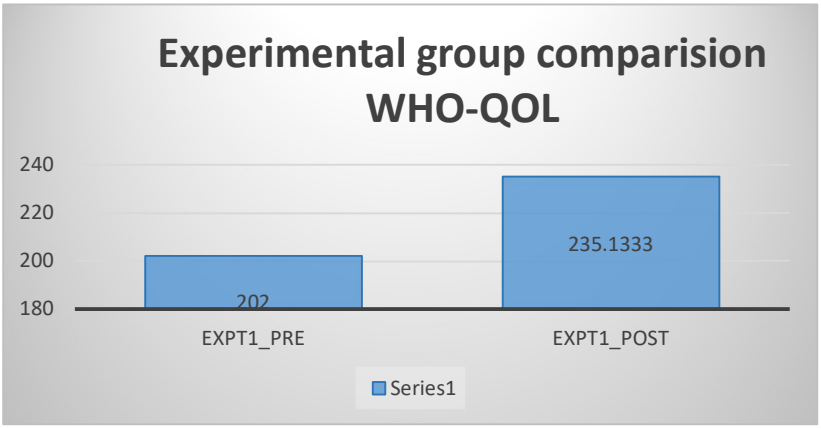

Figure 3

Table 4: Comparison of pre- test and post- test in experimental group of BDI

Test	Mean	SD	N	Z value	p value
Expt2_Pre	36.6	10.56815	16	-3.45	0.001*
Expt2_Post	25.8	9.28286	16		

*** Significant at 5% alpha level**

In the Experimental group, since the p value of 0.001 is less than 0.05, alternate hypothesis is accepted. Hence, there is statistically significant difference in Experimental Group between pre-test and post test scores of BDI. This suggests that the intervention received by the experimental group had significant improvement.

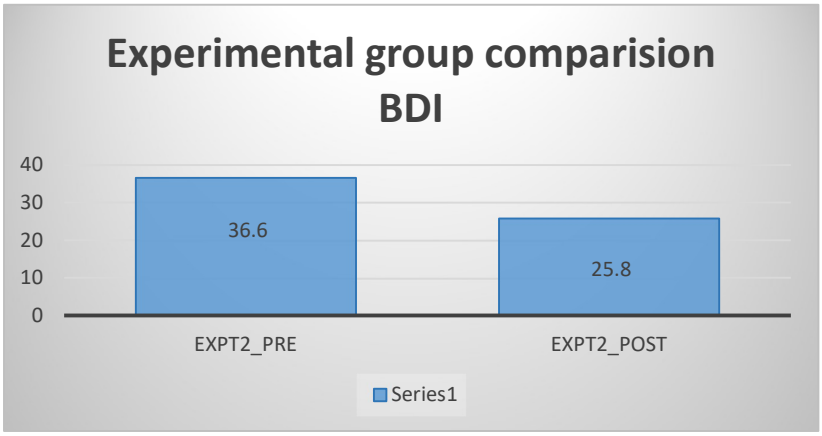

Figure 4

Table 5: Comparison between the post- test scores of the control and experimental group of WHO-QOL.

Group	Mean	SD	N	Z value	p value
Cntr1_Post	28.8	4.22915	15	-2.032	0.042*
Expt1_Post	33	5.41264	15		

***Significant at 5% alpha level**

Since the p value of 0.042 is lesser than 0.05, alternate hypothesis is accepted. Hence, there is statistically significant difference in post test scores between Experimental and Control Group of the WHO-QOL. This suggests that the intervention received by the experimental group had more improvement when compared to the control group.

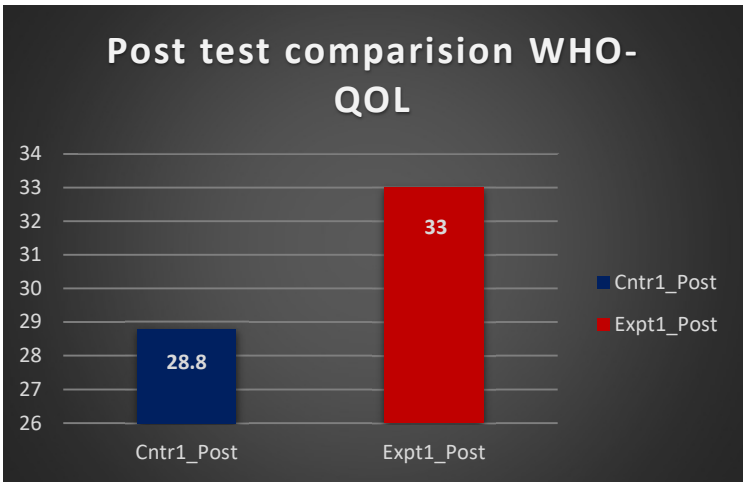

Figure 5

Table 6: Comparison between the post- test scores of the control and experimental group of BDI

Group	Mean	SD	N	Z value	p value
Cntr2_Post	34.9333	11.09354	15	2.053	0.040*
Expt2_Post	25.8	9.28286	15		

***Significant at 5% alpha level**

Since the p value of 0.040 is lesser than 0.05, alternate hypothesis is accepted. Hence, there is statistically significant difference in post test scores between Experimental and Control Group of the BDI. This suggests that the intervention received by the experimental group had more improvement when compared to the control group.

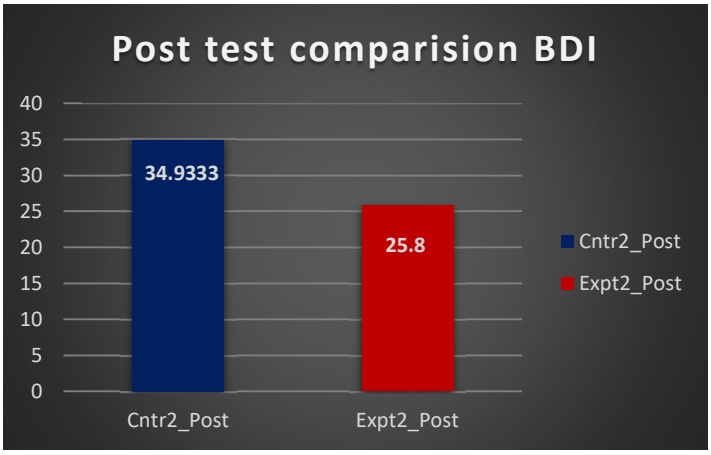

Figure 6

DISCUSSION

This study aimed to determine the Effect of dialectical behavioural therapy to reduce depression and to improve quality of life among persons with alcohol dependence syndrome using the WHO quality of life brief scale and Beck Depression Inventory scale.

This study was conducted for 3 months with alcohol dependence patients from Confident Health Centre, Chennai.

A total of 30 patients were selected and a conventional sample technique adapted to the experimental and control group in every 15 patients. Beck depression inventory and WHO quality of life -brief scale was used. The experimental group alone underwent Dialectical behavioural therapy for three months, whereas control group undergone conventional occupational therapy. After three months of intervention, the post-test evaluation was done for both groups and the scale were calculated and results analysed.

Table 5 and Figure 5 (Statistical analysis of the mean value of pre-test (28.1333) and the mean value of post-test (33.7333) in control group) shows that there is a statistically significant difference between the pre-test and post-test scores in the control group ($p = 0.001$). This suggests that the conventional occupational therapy interventions received by the control group led to significant improvement in their performance.

The result was similar to this previous study done by Esther S. Giesen *et al*., (2016) this concluded provides promising evidence that exercise-based interventions adjunctive to usual alcohol treatment are feasible and are further able to increase patients' physical activity levels as well as quality of life.

The result was similar to this previous study done by Edward V. Nunes (2004) this concluded provides antidepressant medication exerts a modest beneficial effect for patients with combined depressive- and substance-use disorders. It is not a standalone treatment, and concurrent therapy directly targeting the addiction is also indicated. More research is needed to understand variations in the strength of the effect, but the data suggest that care be exercised in the diagnosis of depression either by observing depression to persist during at least a brief period of abstinence or through efforts by clinical history to screen out substance-related depressive symptoms.

Table 4 and Figure 4 (Statistical analysis of pre-test and post-test in experimental group) indicates a highly statistically significant difference between the mean value of pre-test (36.8) and post-test (25.8) scores in the experimental group ($p = 0.001$) as well. This implies that the experimental intervention, of dialectical behaviourl therapy, was effective to decrease depression and increase quality of life in alcoholic patient. Khanum, Sadia *et al*.,2018.

The study examined depressive symptoms in mothers of autistic children and the effectiveness of occupational therapy on their mental and physical well-being. Using a pre-test post-test single group design with 40 participants from New Delhi, significant improvements were observed post-intervention in depression (BDI mean scores decreased from 3.98 to 2.03) and quality of life. Face-to-face interviews and standardized assessments (BDI, WHOQOL-BREF) were utilized. Occupational therapy interventions were targeted at mothers with depression and low quality of life. Results indicated a positive impact on both mental and physical health. The findings suggest that occupational therapy interventions can assist mothers in managing depression and enhancing their overall quality of life.

The Table 6 and Figure 6 (Statistical analysis between the mean value of p pre-test (34.93) scores of the control and the mean value of post-test (25.8) experimental group) reveals a highly statistically significant difference in the post-test scores between the experimental and control groups ($p = 0.00$). This finding suggests that the experimental intervention had a more substantial impact on improving the quality of life and decreases the depression in alcohol depression syndrome patients compared to the conventional occupational therapy interventions received by the control group.

CONCLUSION

The research spanned a duration of three months. A total of 30 patients were chosen for this study, with 15 in the control group and 15 in the experimental group. Both groups underwent a pre-test and post-test using the Canadian Occupational Performance Measure. The experimental group received step facilitation techniques aimed at enhancing occupational performance in addition to standard occupational therapy. The findings indicated a highly significant improvement in the experimental group ($p=0.00$) compared to the control group ($p=0.001$). Therefore, this study demonstrated the effectiveness of employing step facilitation techniques to enhance occupational performance in patients dealing with substance abuse.

Limitations and recommendations

The limitation includes that study was done on a small sample size, It was not compared with gender differences. Recommendations include study can be done with larger sample size, study can be done for a larger duration of time, study can be done with other conditions and disorders. It can be done with gender differences.

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