

WOMEN ALCOHOLICS : ARE THEY DIFFERENT FROM MEN ALCOHOLICS ?

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ABSTRACT

Women alcoholics seeking psychiatric help have been increasing steadily over the years. The data on this subgroup however, is limited. Eighteen women alcoholics who presented to us over one year have been compared to twenty-eight men alcoholics who presented to us over one calendar month. Gender differences in the functions and effects of problem drinking were found. Men and women alcoholics differed in marital and occupational status, initiating and maintaining factors for drinking, course of alcoholism and alcohol related damage.

Key words : Women, alcohol, gender differences

Women alcoholics, a special sub group of substance abusers, have been seeking psychiatric help more often in the recent past. This poses a challenge to the practising psychiatrists as the literature available is limited. There is a definite lack of data on women and substance abuse (WHO, 1993). In India, the magnitude of the problems of drug use/abuse and gender specific factors associated with initiation, continuation, prevention and rehabilitation have not been delineated. Kapur (1992) found 38% of women substance abusers with primary dependency on alcohol. There is however, little information on alcohol related problems in women. The study presented here focuses on certain similarities and differences in men and women regarding alcoholism.

MATERIAL AND METHOD

The study was conducted in the Department of Psychiatry, St. John's Medical College Hospital, Bangalore. The cases were identified from hospital records and details were obtained from the psychiatry case files and through a clinical interview. The psychiatry case files of

all women inpatients in the year 1994 were surveyed for a diagnoses of dependence syndrome or harmful use due to alcohol on ICD-10 (WHO,1992). Eighteen women problem drinkers were thus identified.

They were compared with a male alcoholic group comprising of all twenty eight newly registered men with similar diagnosis over a month's period (July 1995). This would be considered the prototype of the men alcoholics seeking treatment in our hospital. The psychiatry case files contain detailed clinical history including past medical history, physical examination, mental state examination, socio-demographic details, source of referral and investigation results. In the clinical history, initiating factor refers to the first experience of drinking and maintaining factor refers to the factors responsible for maintenance of alcoholism. The socio-demographic details include age, sex, religion, residence, occupation, income, education and family size. The record also contains family tree with information regarding family history of similar illness and other psychiatric

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disorders. The routine investigations done included haemogram, blood sugar, liver function tests, blood urea, serum creatinine, serological test for syphilis, chest X-ray and ECG. Other investigations done were dependent on the clinical history and examination findings. Information on the number of days of hospitalisation was also obtained. An analysis of the data, thus collected, was done on Epi Info version 5.00-April 1990. Tests used were Chi-square test and Yates correction was applied wherever necessary.

RESULTS

The results are shown in the table 1,2,3. Significant differences were seen in the two groups in their marital status, occupation and the course of alcoholism. Women in this sample were noted to become dependent on alcohol, more rapidly compared to men. No significant differences were found in the two genders in the sample studied with respect to age, residence, education, income, religion or family history. More than half of our women sample reported being initiated into drinking by family members. In contrast the majority of our male sample reported initiation by peer group. About three fourths of the female group reported psychological stressors as being the single most important reason for their continued drinking, while the male group reported relief from withdrawal symptoms as the predominant reason for maintenance. Physical & psychiatric complications were more frequently seen in women. One male and two female patients had more than one physical complications. Of these, dysthymia (44%) delirium-tremens (11.1%) and adjustment disorder (16.7%) were the common psychiatric syndromes seen in this sample. Women alcoholics suffered relatively less social complications due to their drinking in this study. Average duration of hospitalisation was 19 days for women patients as compared to 11 days for their male counterparts.

TABLE 1
SOCIODEMOGRAPHIC PATTERN

Variables	Males (n=28) %	Females (n=18) %
Age (in years)		
Below 30	2 (7.1)	1 (5.5)
30-39	14 (50)	11 (61.5)
40-49	9 (32.2)	3 (17.5)
50-59	3 (10.7)	3 (17.5)
Education		
Nil	3 (10.7)	5 (27.5)
Less than 12th std.	23 (83.2)	7 (37.5)
Graduate	2 (7.1)	3 (17.5)
Not available	-	3 (17.5)
Occupation		
Not holding remunerative job	0	9 (50) significant Yates corrected
Holding remunerative job	28 (100)	9 (50) $\chi^2=14.37$ P0.001
Residence		
Rural	8 (28.8)	5 (27.5)
Urban	18 (64.1)	13 (72.5)
Semiurban	2 (7.1)	0
Religion		
Hindu	19 (68.1)	13 (72.5)
Muslim	2 (7.1)	1 (5.5)
Christian	7 (24.8)	4 (22)
Marital Status		
Single	3 (10.7)	1 (5.5) significant
Married	23 (83.2)	8 (44.5) $\chi^2=16.34$
Loss of partner	0	9 (50) P 0.001
Not available	2 (7.1)	0
Average income (in Rs/p.m.)		
Below 1000	4 (14.2)	0
1001-2000	6 (21.3)	4 (22)
2001-3000	10 (36.1)	3 (17.5)
3001-4000	4 (14.2)	0
4001-5000	2 (7.1)	2 (11)
Above 5000	2 (7.1)	6 (35)
Not available	-	3 (17.5)
Family history of alcoholism		
Present	19 (68.1)	13 (72.5)
Absent	9 (31.9)	4 (22)
Not available	-	1 (5.5)

TABLE 2
COURSE OF ALCOHOLISM

	Male (n=28)	Female (n=28)
Initiating factors		
Family drinking	1 (3.6)	10 (55.6)
Stressors	3 (10.7)	5 (27.8) $\chi^2=25.38$
Peer pressure	24 (85.7)	2 (11.1) $p < 0.001^*$
Not available	-	1 (5.5)
Maintaining factors		
Peer pressure	2 (7.1)	1 (5.6)
Stressors	2 (7.1)	13 (72.5) $\chi^2=21.98$
Withdrawal symptoms	24 (85.8)	4 (22.2) $p < 0.001^*$
Pathway to hospital		
Direct	18 (64.6)	10 (55)
Social worker	1 (3.5)	1 (5.5)
Ex-patient	1 (3.5)	1 (5.5)
Others	8 (28.4)	6 (34)
Reasons for seeking help		
Physical ill health	11 (39.7)	11 (61.5)
Family pressure	12 (42.6)	5 (27.5)
Others	5 (17.7)	2 (11)
Mean duration of drinking (in yrs)	15.21 \pm 6.68	8.1 \pm 6.28
Mean duration of onset of tolerance (in yrs)	5.7 \pm 3.27	3 \pm 2.4
Mean duration of onset of dependence (in yrs)	11.12 \pm 5.19	5.4 \pm 5.49

*Significant

Figure in parenthesis indicate percentage

DISCUSSION

The male alcoholic sample studied here includes all first admissions over one month period. This was a blind selection. Further, the characteristics of this sample is similar to men alcoholics seeking treatment from our hospital over a three month period with respect to age, residential area, marital status and reasons for consultation (Tanya Machado, *personal communication*). Hence the male alcoholics sample can be considered a prototype for this hospital.

The study was intended to compare men and women alcoholics. Important gender relationships appear to be present.

Two earlier studies (Fillmore, 1984;

Harrison & Bellite, 1987) have reported that the women seek help for alcoholism later in life, usually in their fourth decade. No disparity in age at seeking consultation between the two sexes was seen in this study. However a shorter drinking history was noted in the female group (8.1 \pm 6.28 yrs.) compared to the male group (15.21 \pm 6.68 yrs.) This finding therefore suggests that women start drinking later than men, usually in their late twenties.

The difference in the type of job is perhaps reflective of the societal role expectation and has no relationship to alcoholism *per se*. Celentano & McQueer (1984) and McCormack (1985) have reported that as opposed to men, women alcoholics had frequently lost their partners. In the groups compared in

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TABLE 3
COMPLICATIONS

Variables	Male (n=28)	Female (n=28)
Physical	8* (28.5)	12* (66.6)
Alc. liver disease	5 (17.7)	8 (44)
Rum-fits	2 (7.1)	1 (5.5)
Others	2 (7.1)	5 (27.5)
Psychiatric	4* (14.2)	11* (61.1)
Dysthymia	2 (7.1)	8 (44)
Others	2 (7.1)	7 (38.5) $\chi^2=8.90$ $p < 0.01^{**}$
Social	20* (71.1)	12* (66.6)
Family & interpersonal difficulties	7 (24.8)	11 (61.5)
Financial/ Occupational	19 (68.1)	3 (16.5) $\chi^2=7.85$ $p < 0.01^{**}$

Figure in parenthesis indicate percentage

* Refers to the total number of patients who had complication

** Significant

this study, a significant difference in the marital status is noted. Whereas the men retained their marital status, half the women group had lost their partners. Two were separated, two others divorced and five were widowed. This finding suggests that women alcoholics as a group are likely to have poorer social support.

The dilemma about the role of stress in alcoholism posited by Allan & Cooke (1985) is again highlighted here. The women alcoholic group often cited psycho-social stressors as the maintaining factors for their drinking as opposed to their male counterparts. Whether the stress is cause or effect of alcoholism or a function of the individual's personality is unclear.

A number of studies of women's drinking have found a positive association between women's levels of alcohol consumption and those of partners (Wilsnack & Wilsnack, 1993). The notion of a stronger influence of husbands on their wife's drinking than vice versa is consistent with Haavio-Mannilas (1990) interpretation that women may imitate the drinking behaviour of a "higher status" male,

whether in the family or in the workplace. The role of family members specially husband's and father's in initiating drinking behaviour in the women group is significant in the study. Peer pressure appears important in drinking behaviour in men. Presence of heavy drinking among key family members is associated with alcoholism in women. This has treatment implications for women alcoholics in that alcohol and drug dependence in these family members may also have to be dealt with.

Morgan (1977), Hill (1984) and others have demonstrated the vulnerability of women to physical complications. Gender related differences in severity of alcoholic liver disease has been shown in a number of studies (Deal & Gavalier, 1994). The higher incidence of alcohol related physical damage, liver damage in particular, in the female group is noted in the present study too. This difference in susceptibility to alcoholic liver disease has been explained by increased absolute alcohol bio-availability in women as compared to men. This hypothesis is based on the fact that

women have proportionately more fatty tissue and less body water than men and therefore attain higher blood alcohol concentration from a given volume of alcohol than men. Moreover, gastric alcohol dehydrogenase enzyme is less active in women than in men which results in more alcohol entering the blood (Deal & Gavelar, 1994).

Schuckit (1976), Beckman (1980), Corrigan (1980), Hesselrock (1985), and many others have reported a more frequent occurrence of depression in women alcoholics. Kapur (1992) found women alcohol abusers in India commonly suffering from negative mood states. A significantly higher incidence of dysthymia in the women group is seen compared to the male group. About 25 years ago, Schuckit (1992) made a distinction between primary and secondary alcoholism in women. The high incidence of negative mood state in women alcoholics found here emphasises on the necessity to look for comorbid depression and to distinguish primary alcoholism from secondary alcoholism. However the relationship between depression and alcoholism needs further exploration in general and in female alcoholism in particular.

WHO (1993) reported that women suffered due to strained family relations whereas men suffered occupational and financial losses as a consequence of alcoholism. They opine this difference to be reflective of socially specified gender role functions. Similar gender related differences in social consequences of alcoholism is seen in this study.

Thus a number of important gender differences with regards to alcoholism have been found in this study. To the best of our knowledge, this is the first Indian study looking at gender relations in alcoholism. However, being a retrospective study it has inherent limitations such as missing data, retrospective data and lack of indepth analysis, as well as the fact that it is a hospital based study where the findings may not be applicable to the

general population.

Whether these sex related differences have a major implication in having a specialised treatment programme for women alcoholics needs to be borne out with further qualitative outcome studies.

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