

EFFECT OF COUNSELLING ON ALCOHOL DEPENDENCE AMONG PATIENTS WITH ALCOHOLIC LIVER CIRRHOSIS

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ABSTRACT

Introduction: cirrhosis of liver disease are degenerative disease of the liver. Study was done among patient with alcohol liver cirrhosis, intervention given counselling on alcohol dependence

The Objective of the study: Effect of counselling on alcohol dependence among patients with alcoholic liver cirrhosis

Methods: Research design was adopted for this study was descriptive research design, sample size of 50 admitted in the medical ward of K. C. G general Hospital, Bangalore. The sampling technique was used Convenience sampling technique. The tool was used section – A demographic data of the patient, section –B alcohol dependence tool used. Data analyzed by using Descriptive and inferential statistics.

Results: The sample 50 was assessed alcohol dependence regarding alcohol liver cirrhosis Pretest maximum number 37(74%) had high risk Whereas after counselling majority of the subjects majority of the subjects 32 (64 %) had low risk It shows the patient and care giver counselling helps reducing the alcohol habits

Conclusion: The study conclude that counselling patient and care giver was an effective intervention in reducing alcohol dependence ($p < 0.001$) among patient with alcohol liver cirrhosis

Keywords: cirrhosis of liver, counselling, alcohol dependence.

INTRODUCTION

Liver diseases and cirrhosis contribute to 23.59% of mortality in the world and ranks 27th as a major cause of death in the world and it is 2.74% of all the major causes of death in India (WHO 2011) Cirrhosis are defined by the World Health Organization (WHO) as a diffuse process characterized by fibrosis and the conversion of normal liver architecture into structurally abnormal nodules. In cirrhosis, normal liver is replaced by fibrotic tissue and regenerative nodules leading to progressive loss of liver function. (Anthony PP, Ishak KG, Nayak NC, et al 1978) Cirrhosis is an important cause of mortality and morbidity. (Bellentani S, Tiribelli C 2001) The leading causes for cirrhosis liver alcohol intake

According to the report in India around 10 lakh patients with liver cirrhosis were newly diagnosed every year in India. The liver disease is the tenth most common causes of death in India as per the WHO, liver disease affects everyone in 5 Indians. Liver cirrhosis is the 14th leading cause of death in the world and could be the 12th leading cause of death in the world by 2020. (Dr. Amrish sahney2017)

According to the report in Bengluru liver diseases account the top 10 causes of deaths. Most of the patients are men and the average age of liver disease patients is 40-45 years, but younger people are also affected due to lifestyle-related causes like alcoholism. Liver diseases are currently among the top 10 causes of death in the city and the country at large, a situation that is going to get worse in the coming years. But now much younger patients are also getting affected due to alcoholism, high-fat diet and a lifestyle lacking in exercise. Urban poor are the most hit, though male gender have a much higher incidence of liver diseases than female. (Dr. C Vikram Belliappa 2018),

Alcoholism is a condition resulting from excess drinking of beverages that contain alcohol. The major health risk of alcoholism includes liver disease, heart disease, pancreatitis, central nervous system disorders and certain forms of cancer.(B. Usharani, R. Vennila and N. Nalini 2014) The most prevalent types of alcoholic liver disease are fatty liver, alcoholic hepatitis, and cirrhosis. Often, as people continue to drink heavily, they progress from fatty liver to hepatitis to cirrhosis. The disorders can also occur together, however, and liver biopsies can show signs of all three in some people. (Kirsh, R.; Robson, S.; and Trey 2015)

Various psychosocial interventions are available for treatment of alcohol use disorders and can be broadly summarised as follows. Brief interventions are short, typically a single session lasting up to 15 min, focused on

psychosocial interventions designed to address alcohol-related problems or reduce heavy drinking in hazardous drinkers.(Kaner EF, Dickinson HO, Beyer F, et al 2009). The counselling is less expensive methods used to treat patient with alcohol dependence .

AIM OF THE STUDY

Effect of counselling on alcohol dependence among patients with alcoholic liver cirrhosis

METHODOLOGY

This study was Non-experimental, descriptive research design. The study carried out in KCG Hospital Bangalore. The study conducted after getting written approval from institution. Nonprobability Convenience sampling technique used and sample size was 50. The subjects selected based AUDIT score between 12-19, age between 22-65 years and study excluded High risk Almost certainly dependent patients. The tool used for the data collection of the present study have two parts section –A Demographic details consist of items on age, , education, occupation, income, locality Section B: Alcohol dependence assessed by using AUDIT alcohol screen Tool Developed by WHO Questions 1 to 8 are scored on a five-point scale from 0, 1, 2, 3, and 4 . Questions 9 & 10 are scored on a three -points scale from 0, 2 and 4. Interpretation of tool 0-7 low risk , 8-15 increasing risk , 16 -19 high risk , 20 –more possible dependence Counselling includes the one to one systematic therapy imparted by the investigator to the patient and their care giver in four sessions continuously four days in the morning with a duration of 30 minutes each session conducted to overcome alcohol dependence and every month reinforcement done through phone call and direct contact on lifestyle modification , diet absenteeism , and remission of alcohol habit . After 3 months post test conducted by using same questionnaire. Analysis data: the results presented in mean, standard deviation (SD) , Frequency and percentage . The paired 't' used to compare the mean from the pre-test and post-test . All the analysis carried out by using statistical for social sciences (SPSS) 16.0 version

RESULTS

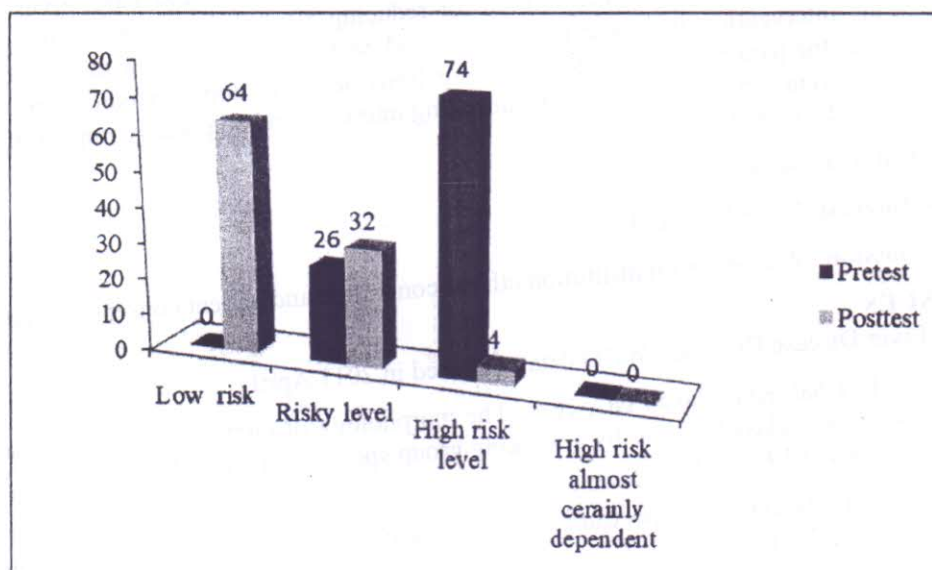
Table-1: Description of background variables among patient with alcohol liver cirrhosis .
n=50

S. No	Demographic variables	Frequency	Percentage
1.	Age in years		
	a.41 to 45	12	24
	b.46 to 50	15	30
	c.51to 55	13	26
	d. 56 and above	10	20
2.	Educational qualification		
	a. Primary school	9	18
	b. High school	21	42
	c. Higher secondary	15	30
	d. Under graduate	5	10
	e. Post graduate	0	0
3	Occupation status		
	a. Government employee	2	4
	b. Private employee	25	50
	c. Daily wage	10	20
	d. Business man	10	20
	e. Unemployed	3	6
4	Monthly income of the family		
	a. Rs.<5000	0	0
	b. Rs.5001-10000	4	8
	c. Rs.10001-15000	25	50
	d. Rs.>15000	21	42
5.	Locality		
	a. Rural	0	0
	b. Urban	40	80
	c. Semi urban	10	20

Table-2: level of alcohol dependence among patient with alcoholic liver cirrhosis in pretest and posttest n=50

Sl no	Level of alcohol dependence	Pretest		Posttest	
		Frequency	Percentage	Frequency	Percentage
1	Low risk	-	-	32	64
2	Risky or hazardous level	13	26	16	32
3	High risk or harmful level	37	74	2	4
4	High risk Almost certainly dependent	-	-	-	-
	Over all	50	100	50	100

Table-2 Depicts the level of alcohol dependence in pretest among patient with alcohol liver cirrhosis, largest number 37(74%) had high risk, 13(26%) had risky level and none of them had low risk level. Whereas after counselling majority of the subjects 32 (64 %) had low risk, 16 (32%) had risky level, 2 (4%) had high risk level. It shows that the patient and care giver counselling on overcoming alcohol dependence as impact on reducing the alcohol dependence.

**Graph-1: Percentage distribution of level of alcohol dependence among patient with cirrhosis of liver in pretest and posttest.****Table-3: Effect of counselling on alcohol dependence among patients with alcoholic liver cirrhosis n=50**

Max score	Pretest score		Posttest score		Change Mean	Paired 't' value and P value
	Mean	SD	Mean	SD		
40	16.67	1.870	10.01	2.60	6.6	23.353 P <0.000 ***

Based on above the table 3 shows effect of counselling among patient with cirrhosis of liver disease. pretest mean was 16.67 with SD of 1.870 whereas in after counselling mean 10.01 with SD of 2.60 change mean of 6.6 with SD 2.3 Paired 't' test value 23.353 it shows there was statistical significant at $P < 0.001$, So research hypothesis accepted and null hypothesis rejected

DISCUSSION

With regards to demographic variables of the patients regards to age most of subjects were belong to 46-50 years 15(30%), regarding education most subjects had high school education 21(42%), with respect to occupation most were Working private employee 25(50%), with regards to monthly income most had 10001-15000 25 (50%), with respect to locality most were living in urban 40(80%).

This study provide evidence on effect of counselling to patient and care giver those who had alcohol liver cirrhosis a brief counselling 4 session conducted for patient and care giver to overcome alcohol habit along with hospital routine care. The reinforcement done periodically every month through phone and direct contact on lifestyle modification, diet, abstinence and remission alcohol habit. After 3 months study had effect on

alcohol dependence . Counselling cost effective treatment to overcome alcoholism. Study results shows the patient and care giver counselling had impact on alcohol dependence . Paired 't' test calculated to check effect of counselling Paired 't' test value 23.353 it shows there was statistical significant at $P < 0.001$, So research hypothesis accepted and null hypothesis rejected

Similar study conducted Counselling for Alcohol Problems (CAP), a lay counsellor-delivered brief psychological treatment for harmful drinking in men, in primary care in India: a randomised controlled trial. Sample were 377 subjects allocated in two groups randomly (188 [50%] to the EUC plus CAP group and 190 [50%] to the EUC alone group after 3 months the parameters were measured such as proportion of remission , adjusted prevalence ratio , proportion of abstinent in the past 14 days with EUC plus CAP group and without EUC group . The study result shows CAP delivered by lay counsellors plus EUC was better than EUC alone was for harmful drinkers in routine primary health-care settings, and might be cost-effective. Counselling good strategy to over alcohol dependence among population

CONCLUSION

The result of the current study confirmed that counselling patient and care giver to overcome alcohol dependence treatment an effective intervention for reducing alcohol dependence among patient alcohol liver cirrhosis . This intervention is less expensive method to be used patient with alcohol habits . The study recommends that the patient with alcoholic liver cirrhosis need to done periodical reinforcement, motivation techniques for prevent alcohol remission. Counselling intervention had positive impact of patient quality of life among patient with alcoholism .

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Conflict of Interest: None Declared

Ethical permission: obtained from institution ethical committee and patient consent was obtained

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