



# Quality of life of men with alcohol dependence syndrome

Indrek Linnuste MSc; Foundation Pärnu Hospital Psychiatric Clinic  
Katrín Lang PhD; University of Tartu, Department of Public Health

Pärnu Haigla



## Background

Alcohol dependence is comprehensive disease that in addition to health problems, involves economic and social difficulties. The problems rise at individual and societal level. Men's health indicators, mortality, and health awareness are much lower comparing to women. Alcohol dependence is stig-matized phenomenon in society that is often considered as velleity, not a disease. This attitude inhibits prevention, treatment, rehabilitation and development of support systems.

## Aim

The aim of the study is to describe and analyze quality of life of alcohol dependent men in Estonia.

## Methods

Consecutive sample of men who participated in the study had been diagnosed with alcohol dependence and been on treatment in Pärnu Hospital, Estonia. The social-demographic indicators and exposure to alcohol were assessed using a questionnaire.

General index of quality of life and six broader domains (physical health, psychological, level of independence, social relationships, environment, spirituality/ religion, personal beliefs) of quality of life were investigated using WHOQOL-100.

The survey was carried out 2010-2011 in Pärnu Hospital.

For data analysis statistical program STATA and Mann-Whitney test was used.

## Results

In the final analysis answers of 57 men were used. The lowest average index of quality of life was for physical health (12.06), psychological wellbeing (11.88) and spirituality (11.86). Compared to European average, all domains for the study group had lower values. Men who were participating in self-help groups and/or were believers of some religion had higher estimation of their spirituality. Those men, who had had their longest non-drinking period for more than six and/or were in relationship, had higher estimations of social relationships.

## Conclusions

In broader context, deeper cooperation of medical, scientific, political and non-governmental sphere is needed to gain success in the struggle against alcohol dependence. The practical work should start from better sharing of information about alcohol and co-morbid problems, more strict official alcohol policy, restructuring of treatment process to integrate medical and psychological methods.



Figure 1. Psychiatric Clinic of Pärnu Hospital

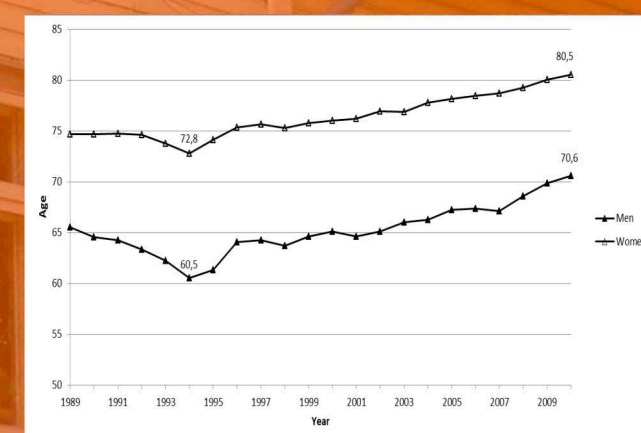


Figure 2. Life expectancy at birth



Figure 3. Quality of life domains (WHOQOL-100)

Quality of life index/domains	Support group participation			Religion			Period of sobriety			Marital status			Educational level			Labour market status		
	yes	no	p-value	yes	no	p-value	Less than 6 months	More than 6 months	p-value	Living alone	Cohabiting	p-value	lower	higher	p-value	working	studying	unemployed
Overall quality of life index	12.29	12.45	0.75	11.94	12.59	0.20	12.04	13.31	0.04	11.88	12.81	0.05	11.84	12.76	0.07	13.27	12.32	0.25
Physical health	11.00	12.67	0.52	10.33	12.67	0.05	12.00	13.16	0.10	12.33	12.34	0.76	11.34	12.67	0.12	12.67	12.00	0.57
Psychological well-being	11.60	11.90	0.40	11.80	12.00	0.07	11.60	12.10	0.09	11.80	11.90	0.53	11.60	12.00	0.11	12.00	11.80	0.70
Independence	12.75	14.38	0.31	12.50	15.38	0.02	13.50	15.25	0.14	13.75	14.75	0.51	13.38	14.75	0.09	16.25	13.63	0.01
Social relationship	11.33	12.33	0.57	11.33	13.50	0.09	11.67	13.67	0.04	11.33	12.83	0.06	11.67	13.33	0.10	12.33	12.33	0.96
Environment	12.75	13.50	0.44	12.75	13.50	0.17	13.25	13.76	0.16	13.25	13.57	0.08	12.13	13.50	0.01	14.00	12.75	0.01
Spirituality	15.00	12.00	0.07	15.00	12.00	0.03	13.00	12.00	0.61	11.00	13.00	0.24	13.00	12.00	0.41	12.00	12.50	0.59

This study was supported by Estonian Science Foundation Grant No 8847