

RELAPSE PROFILE OF PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME: A DESCRIPTIVE CROSS SECTIONAL STUDY

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ABSTRACT

Relapse among alcohol dependent patients is a multifactorial phenomenon which has been associated with various personal and sociodemographic factors. A hospital based descriptive, cross sectional study was conducted among 100 patients presenting to Psychiatry department of Nepal Medical College and Teaching Hospital, using convenience sampling, who fulfilled the inclusion criteria over a study period of one year (February 2025 to January 2026). Socio demographic proforma and Presumptive Stressful Life Events Scale (PSLES) were used to study the profile of patients with alcohol dependence who have relapsed. The results of this study showed majority of the respondents were male (80.0%), married (87.0%) and had history of consuming alcohol for more than ten years (69.0%). While most had relapsed once prior to this relapse only 37.0% were admitted for treatment. Most of the participants reported craving (32.0%) as the reason for current relapse followed by peer pressure (24.0%). The mean presumptive stress score in the past one year in this study was found to be 215.8 ± 177.14 and majority of the respondents reported of experiencing severe stress. The findings of this study underscore the need to understand the role of various sociodemographic and psychosocial factors involved in relapse of alcohol dependence syndrome and address them for its better management.

KEYWORDS

Alcohol dependence syndrome, presumptive stressful life events, relapse

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INTRODUCTION

Alcohol dependence syndrome (ADS) is a cluster of physiological, behavioral and cognitive phenomenon in which the use of alcohol takes on a much higher priority for a given individual than other behaviors that once had a greater value.¹ According to population-based studies, approximately one in five people meet the criteria for an alcohol use disorder (AUD) in their lifetime.² Alcohol use disorder is one of the most common psychiatric disorders posing a significant health and social problem globally.³

Craving and relapse are two core features of AUD.⁴ Relapse is a frustrating experience characterized by the return of the individual to their earlier pattern of alcohol use after a period of abstinence.⁵ Those with increase cravings are 14 times more likely to report relapse.⁶ Relapse can result due to interaction of various environmental, genetic, social psychological and neurobiological factors hence, it is considered a multifactorial phenomenon.⁷ Relapse has also been associated with personal and sociodemographic factors. Among the sociodemographic factors, family history of substance use, poor family support, young age, male sex, unemployment, singular status, peer group influence are linked with relapse. In a study conducted by Kumar and Thadani³ craving, poor motivation and stressful events was found to be major reasons for relapse.

According to Khan *et al*,⁸ factors that contributed to relapse among alcohol dependence were negative mood state, desire for positive mood, social or family problems, external or peer pressure to use alcohol, sleep problems, craving, concentration difficulties and lack of insight. Other studies have identified lack of self-efficacy, stigma, shame and denial as other contributing factors of relapse.^{9,10} Over the past decade, an increase trend of alcohol use has been witnessed in many low and middle income countries in South Asia.^{11,12} In a study conducted by Kumar and Thadani³ craving, poor motivation and one or more stressful event in the past one year were observed to be reasons for relapse. Presumptive Stressful Life Events Scale was used in this study to determine stressful events in the last one year and it showed that all the patients included in the study had some type of stress with 72.0% having moderate degree of stress and 28.0% having severe degree of stress.³

In a cross-sectional and non blind study conducted by Sureshkumar *et al*¹³ among alcohol dependence patients, relapse was found

among 59.1% of those who had family history of dependence and only among 40.9% among those without family history of dependence. The proportion of patients with relapse was 70.6% and 46.9%, respectively, in those with ≥ 2 relapses and < 2 relapses in the past. This study also used PSLES to assess life events in the past year which showed a significant association between relapse among alcohol dependence patients and more stressful life events in the past year. Undesirable life events in the past were also significantly associated with relapse.

In today's society, alcoholic beverages are a routine part of the social and cultural practice, Nepal being no exception.¹⁴ According to the National Mental Health Survey Nepal 2020, males had a higher percentage of alcohol use disorder than females and its prevalence was reported to be highest in Province 1, with 5.5% of AUDs belonging to the 40-49 years and 50-59 years age group.¹⁵ In a study conducted at a tertiary hospital in Nepal, the prevalence of relapse among alcohol dependence was 56.1%. The most common reason for relapse among the study sample was peer pressure while abstinence was maintained by self motivation. The median duration of starting alcohol consumption was 22 years and majority had relapse once before and occurred after abstinence of one to three months.¹⁶

Relapse can be a stressful experience and usually has several adverse consequences not just for patients but also for their caregivers and therapists. Addressing the relapse profile of these individuals and the role of stress as a contributing factor can play a vital part in decreasing the burden of this challenge. Hence, the aim of this research was to study the profile of patients with alcohol dependence who have relapsed.

MATERIALS AND METHODS

This was a hospital based descriptive, cross sectional study conducted among patients presenting to Department of Psychiatry, Nepal Medical College and Teaching Hospital, diagnosed with alcohol dependence syndrome who have relapsed over a period of one year (February 2025 to January 2026) after taking ethical clearance from the Institutional Review Committee of Nepal Medical College (Ref. No.: 34-081/082). All consenting patients above 18 years of age who presented to Psychiatry OPD or admitted in psychiatry ward with a diagnosis of ADS who have relapsed were included in this study. Those patients with other comorbid psychiatric and personality disorders, patients

with other substance use disorder except nicotine and patients with major physical illness, organic disorder or mental retardation were excluded from this study.

The sampling technique used was convenience sampling and the sample size was calculated using the formula $n = (Z^2 \times p \times q) / e^2$, where the prevalence of relapse among alcohol dependence (p) was taken as 56.1% and margin of error (e) as 10%.¹⁶ The sample size was calculated as 94.6 however, 100 samples were included in this study.

The sociodemographic proforma was used in this study to collect socio demographic data and characteristics of relapse such as frequency, reasons for relapse, duration of abstinence. Pretesting of this proforma was done among ten percentage of the calculated study population (i.e among 10 patients) before sample collection was started. The diagnostic criteria provided by the tenth revision of International Classification of Diseases – Diagnostic Criteria for Research (ICD10 DCR) for alcohol dependence syndrome was used for this study. Relapse was defined as re-emergence of alcohol dependence syndrome for at least one month according to ICD10 DCR criteria among those who have been abstinent for at least one month. Abstinence was defined as the patients who have met ICD 10 DCR criteria for alcohol dependence and have stopped using alcohol for at least one month.¹⁷

The PSLES developed by Dr. Gurmeet Singh and coworkers¹⁸ was used to assess life events in the past year. The total scores obtained for each sample was categorized as no stress (total score upto 40), moderate stress (total score of 41 to 200) and severe stress (total score greater than 200).¹⁹ The collected data was entered in MS-Excel and analyzed using the SPSS-16 software. The observations were reported in numbers and percentages. Mean value for quantitative variables was reported with standard deviation for normally distributed data.

RESULTS

The mean age of respondents was found to be 44±11.9 years with majority of the participants belonging to the age group 40-59 years. Majority of the respondents were male (80.0%) and married (87.0%). Among the 100 participants 38.0% had received only primary level of education while 27.0% had no formal education. The most common religion followed by the respondents was Hinduism followed by Buddhism. Majority of the respondents belonged to *Adhibasi/Janajati* ethnic group.

In this study, 26.0% of the participants were involved in farming, 16.0% were working in the service sector, 14.0% were laborers and 18.0% were unemployed (Table 1). Among the 100 ADS respondents 69.0% had history of consuming alcohol for more than ten years. While majority (32.0%) had relapsed once prior to this relapse only 37.0% were admitted for treatment out of

Table 1: Sociodemographic profile of patients with relapse

Socio-demographic factors	n (%)
Age	
<20	1 (1.0)
20-39	32 (32.0)
40-59	58 (58.0)
>60	9 (9.0)
Gender	
Male	80 (80.0)
Female	20 (20.0)
Marital status	
Married	87 (87.0)
Single	7 (7.0)
Divorced/Separated	6 (6.0)
Education	
Primary school	38 (38.0)
Secondary school	17 (17.0)
Higher secondary	6 (6.0)
Bachelors	10 (10.0)
Masters	2 (2.0)
No formal education	27 (27.0)
Religion	
Hindu	66 (66.0)
Buddhist	32 (32.0)
Christian	2 (2.0)
Ethnicity	
Khas/Aryan	35 (35.0)
Adhibasi/Janajati (Newar, Rai, Gurung, Tamang)	55 (55.0)
Dalit	7 (7.0)
Others (Madhesi, Marwadis)	3 (3.0)
Occupation	
Business	1 (1.0)
Farming	26 (26.0)
Service	16 (16.0)
Labour	14 (14.0)
Student	1 (1.0)
Unemployed	18 (18.0)

which 81.0% were admitted at a hospital and 19.0% at rehabilitation centers. Most of the participants reported craving as the reason for current relapse followed by peer pressure. In this study, 56.0% of the respondents took less than one week to seek medical help in current

Table 2: Relapse profile of patients with ADS

Characteristics	n (%)
Total duration of alcohol intake	
1 to 6 months	1 (1.0)
6 to 12 months	3 (3.0)
1-5 years	9 (9.0)
5-10 years	18 (18.0)
>10 years	69 (69.0)
Total number of relapses	
One time	32 (32.0)
Two Times	16 (16.0)
Three Times	19 (19.0)
Four Times	7 (7.0)
Five or more times	26 (26.0)
Admissions during previous relapse	
No	63 (63.0)
Yes	37 (37.0)
Hospital	30 (81.0)
Rehabilitation center	7 (19.0)
Reason for current relapse	
Peer pressure	24 (24.0)
Craving	32 (32.0)
Festival and/or cultural practice	9 (9.0)
Availability	4 (4.0)
Desire for positive mood	10 (10.0)
Stress	21 (21.0)
Time taken to seek medical help in current relapse	
Less than one week	56 (56.0)
One week	17 (17.0)
Two weeks	5 (5.0)
Three weeks	2 (2.0)
Four weeks	7 (7.0)
More than four weeks (specify)	13 (13.0)
Duration of longest abstinence	
Less than one month	1 (1.0)
1 to 3 months	41 (41.0)
4 to 6 months	20 (20.0)
7 to 12 months	11 (11.0)
More than 12 months	27 (27.0)
Reason for abstinence	
Rehabilitation/Admission	6 (6.0)
Family restrictions	23 (23.0)
Self motivation	55 (55.0)
Hospitalization	15 (15.0)
Unavailability	1 (1.0)
Family history of alcohol use	
Present	53 (53.0)
Absent	47 (47.0)

relapse. The longest period of abstinence was found to be one to three months and the most common reason for abstinence was reported to be self motivation followed by family restrictions. Family history of alcohol use was

present among 53% and absent among 47.0% of the participants (Table 2).

PSLES was used to assess the amount of stress the patients experienced in the past one year. The findings showed that 48.0% of the respondents

Table 3. Presumptive stressful life events in the past one year measure by PSLES

PSLES stress category	n (%)
No stress	13 (13.0)
Moderate	39 (39.0)
Severe	48 (48.0)

experienced severe stress, 39.0% experienced moderate stress and 13.0% experienced no stress (Table 3). The mean presumptive stress score in the past one year for this study was found to be 215.8 ± 177.14 .

DISCUSSION

This study aimed to explore the relapse profile of patients with alcohol dependence. In this study of 100 ADS patients, 80.0% were male respondents while only 20.0% were females respondents. Other studies too have reported lesser frequency of relapse among female drinkers compared to male while some studies have reported relapse only among males.^{16,20,21} According to the National Mental Health Survey Nepal 2020, females were reported to have lower prevalence of alcohol use disorder than males.¹⁵ This might explain the lower frequency of female respondents in this study as females in comparison to males are less likely to be involved in alcohol related disorders in Nepal. The mean age in this study was 44 years which was found to be higher than the mean age of relapse in studies conducted in India but similar to a study conducted in Nepal.^{3,16,22} Such variability in the age of relapse can be due to the variation in the relapse profile of alcoholic patients.

Most of the respondents in this study belonged to the age group 40-59 years. This parallels the finding reported by National Mental Health Survey Nepal 2020 in which majority of the alcohol users also belonged to the age group 40-59 years.¹⁵ Majority of the alcoholics in this study were involved in farming occupation, had received primary level of education and belonged to the *Adhibasi/Janajati* community. These findings are consistent with studies which reported individuals having lower educational background, individuals involved in agriculture and individuals belonging to the *Adhibasi/Janajati* community more likely to consume alcohol during their lifetime. This helps explains why alcohol users with these sociodemographic profiles are more prone to developing relapse. In addition, alcohol is an integral part of the cultural practice of most *Adhibasi/Janajati* communities of Nepal and

is commonly used by farmers due to their arduous nature of work, which makes relapse more common among these individuals.²³⁻²⁶

Majority of the respondents in this study had consumed alcohol for more than ten years and had at least one relapse in the past excluding the current relapse. These findings were comparable with those reported by other studies.^{13,16,27} Since alcohol related disorders such as alcohol dependence is a chronic condition, the duration of alcohol consumption found to be more than ten years is not surprising, at the same time relapse after abstinence is common which explains why majority of the respondents in this study had at least one relapse prior to the current one.

The most common reason for the current relapse in this study was reported to be craving, followed by peer pressure and stress. The least common reason for relapse was availability which is a striking finding because alcohol is widely available in Nepal and even more so in Kathmandu. Making and selling of homemade alcohol is a common practice among many Janajati communities which makes it easily available and accessible. Similar to the findings of this study, Kumar *et al*³ also reported craving as the most common reason for relapse followed by peer pressure. However, a study conducted in Nepal reported peer pressure as the most common reason for relapse followed by stress but availability was reported as the least common reason which was similar with our study.¹⁶ Though relapse is 14 times more common among those with increase craving it is still a multifactorial phenomenon due to which various interaction between environmental, genetic, social, psychological and neurobiological factors need to be taken into consideration.^{6,7}

Abstinence in this study was mostly maintained due to self-motivation. Other reasons for abstinence were family restrictions and hospitalization. Joshi *et al*¹⁶ have also reported self motivation as the most common reason for maintaining abstinence. Other studies have also shown intrinsic motivation, self concept issues and having no interest in drinking as the most salient and highest levels of motivation for abstinence.^{28,29} More than half of the respondents had a positive family history of alcohol dependence. The percentage of positive family history in this study was found to be higher than that found in other studies.^{3,16} According to Sureshkumar *et al*¹³ family history of alcohol dependence was significantly associated with relapse however according to a

study conducted by Arun *et al*,²⁷ family history of alcohol dependence was not associated with relapse. This shows that having a family history of dependence can have a role in relapse hence it is important to screen patients with alcohol dependence for family history and counsel accordingly.

Majority of the respondents in this study reported of experiencing stressful event in the past one year. Severe degree of stress was reported by almost half of those who experienced stress. Stressful life events have also been reported in other studies using PSLES.^{3,21} A study conducted by Kumar *et al*³ reported all patients enrolled in their study had some type of stress with majority of the patients reported of experiencing moderate degree of stress. The present study underscores the role of stress in relapse among patients with alcohol dependence. Since most of the respondents in this study and other studies have reported of experiencing some degree of stress, it should be well addressed for longer periods of abstinence and for prevention of relapse among these patients.

In conclusion, relapse was commonly found among males, those with lower educational levels, belonging to the *Adhibasi/Janajati* community and those involved in farming by profession. Relapse was also commonly reported among those with longer duration of alcohol intake with craving as the most common reason for current relapse and self-motivation as the most common reason for abstinence. Stressful life events were also commonly reported in this study highlighting the need to understand and address various sociodemographic and psychosocial factors in relapse management.

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