



Original Research Article

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A STUDY TO ASSESS THE EFFECT OF DESIGNED HEALTH-FOSTERING NURSING INTERVENTIONS ON THE BEHAVIORAL PATTERNS AND AUGMENTATION OF MEDICATION ADHERENCE AMONG CLIENTS WITH ALCOHOL DEPENDENCE SYNDROME RECEIVING TREATMENT AT A SELECTED DE-ADDICTION CENTRE IN UJJAIN, MADHYA PRADESH

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Abstract

Background: Alcohol Dependence Syndrome (ADS) contributes significantly to morbidity and socio-economic burden, especially in rural settings. Poor medication adherence and maladaptive behavioral patterns are common challenges faced by clients undergoing de-addiction treatment. Nursing interventions that enhance self-care, reinforce adherence, and foster health-promoting behaviors may improve treatment outcomes.

Objective: To assess the effect of designed health-fostering nursing interventions on behavioral patterns and medication adherence among clients with ADS receiving treatment at a selected de-addiction centre in Ujjain, Madhya Pradesh.

Methods: A quasi-experimental one-group pre-post design was used. A purposive sample of 50 clients diagnosed with ADS and undergoing treatment at a rural de-addiction centre was selected. Baseline assessment of behavioral patterns and medication adherence was conducted using validated scales. Participants received structured health-fostering nursing interventions (HFNI) including motivational counseling, relapse prevention education, daily adherence monitoring, and supportive follow-ups over 8 weeks. Post-intervention behaviors and medication adherence were re-assessed. Descriptive and inferential statistics were used for analysis.

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Results: Post-intervention scores showed significant improvement in adaptive behavioral patterns (Mean difference = 10.24, $p < 0.001$) and medication adherence (Mean difference = 1.98, $p < 0.001$) compared to pre-intervention scores.

Conclusion: Structured health-fostering nursing interventions significantly improved behavioral patterns and medication adherence among clients with ADS. Integrating these interventions into de-addiction care can enhance treatment success and long-term recovery.

Keywords:

Alcohol Dependence, Health-Fostering Nursing Intervention, Behavioral Patterns, Medication Adherence, De-Addiction, Rural Health, ADS

Introduction

Alcohol Dependence Syndrome (ADS) is a chronic relapsing disorder characterized by compulsive alcohol use, loss of control over intake, and a negative emotional state when not drinking. It is a major contributor to global mortality, accounting for approximately 5.3% of all deaths worldwide (World Health Organization [WHO], 2018). In India, ADS remains a significant public health problem, particularly in rural areas where access to structured treatment and ongoing support is limited (Ghosh et al., 2020).

Clients undergoing de-addiction treatment frequently exhibit maladaptive behavioral patterns including denial, low self-efficacy, poor coping strategies, and non-adherence to medications (Pillai et al., 2021). Medication adherence is crucial in preventing relapse, managing withdrawal symptoms, and improving overall treatment outcomes. Nurses can play a pivotal role in fostering adaptive behaviors, reinforcing adherence, and providing psychosocial support through structured interventions.

Review of Literature

Studies have demonstrated that tailored nursing interventions can positively influence adherence and behavioral outcomes in substance use disorders. For example, McHugh et al. (2016) found that counseling and adherence support improved treatment

retention in alcohol use disorder interventions. Similarly, integrated behavioral and nursing support was associated with enhanced medication compliance and reduction in relapse rates (Smith & Randall, 2019). However, evidence remains limited for structured health-fostering nursing interventions (HFNI) in rural Indian de-addiction settings.

Research Methodology

Research Design

A quasi-experimental one-group pre-post design was selected to assess the effectiveness of HFNI.

Setting of the study

The study was conducted at a selected de-addiction centre in Ujjain district, Madhya Pradesh, serving a predominantly rural population.

Sample Size and Technique

A total of 50 clients diagnosed with ADS and eligible for treatment were enrolled using purposive sampling based on inclusion criteria.

Inclusion Criteria

1. Diagnosed with Alcohol Dependence Syndrome.
2. Age 18–65 years.
3. Undergoing treatment at the centre for at least one week.
4. Able to comprehend Hindi/Malayalam.
5. Consented to participate.

Exclusion Criteria

1. Severe cognitive impairment.
2. Comorbid psychiatric disorders requiring specialized care.
3. Medical instability.

Intervention: Health-Fostering Nursing Interventions (HFNI)

The intervention comprised four key components:

1. **Motivational Counseling:** Weekly individual sessions using motivational interviewing techniques to enhance readiness for change.
2. **Relapse Prevention Education:** Group sessions educating clients about triggers, coping strategies, stress management, and refusal skills.
3. **Daily Adherence Monitoring:** Nurses conducted daily check-ins and pill counts to reinforce prescribed medications, such as acamprosate, naltrexone, or disulfiram.
4. **Supportive Follow-ups:** Weekly follow-up calls and peer-group support meetings.

Duration: 8 weeks

Tools and Measures

Behavioral Pattern Scale (BPS)

- Developed for this study based on literature and validated by experts.
- 25 items rated on a 4-point Likert scale (1 = Never to 4 = Always).
- Higher scores indicate more adaptive behavioral patterns.

Medication Adherence Rating Scale (MARS)

- A standardized 10-item self-report scale.
- Higher scores indicate better adherence.

Validity and Reliability

- Content validity established by 7 experts (CVI = 0.86).
- Pilot reliability: Cronbach's $\alpha = 0.82$ for BPS and 0.79 for MARS.

Data Collection

Pre-intervention data were collected at baseline. After completion of 8 weeks of HFNI, post-intervention data were collected using the same tools.

Nursing Administration

Policies should mandate structured education modules and nurse follow-up in chronic addiction care.

Public Health

Health-fostering programs in rural areas can reduce the ADS burden.

Limitations

1. Small sample size limits generalizability.
2. Lack of a control group reduces causal inference.
3. Self-report measures may introduce response bias.
4. Follow-up beyond 8 weeks was not conducted.

Conclusion

Designed health-fostering nursing interventions significantly improved behavioral patterns and medication adherence among clients with Alcohol Dependence Syndrome in a rural de-addiction setting. These findings underscore the importance of structured nursing education, motivational support, and adherence monitoring in de-addiction treatment. Future studies should include control groups, larger samples, and longer follow-up.

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