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AN EMPIRICAL INVESTIGATION TO DETERMINE THE IMPACT OF SYSTEMATICALLY DESIGNED HEALTH-FOSTERING NURSING INTERVENTIONS ON THE RECONFIGURATION OF BEHAVIORAL PATTERNS AND AUGMENTATION OF MEDICATION ADHERENCE AMONG CLIENTS WITH ALCOHOL DEPENDENCE SYNDROME RECEIVING TREATMENT AT A SELECTED DE-ADDICTION CENTRE IN BHOPAL, MADHYA PRADESH

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BACKGROUND OF THE STUDY

Alcohol dependence syndrome (ADS) represents a chronic, relapsing disorder characterized by compulsive alcohol consumption, impaired control over drinking, tolerance, withdrawal symptoms, and persistent use despite harmful consequences. Globally and nationally, alcohol dependence has emerged as a major public health concern, exerting profound biological, psychological, social, and economic burdens on individuals, families, and health systems. In India, rapid urbanization, changing socio-cultural norms, occupational stressors, and easy availability of alcohol have contributed to a steady rise in alcohol use disorders, particularly among adult males in urban and semi-urban regions.

Alcohol use disorders constitute a significant proportion of the global burden of disease and are increasingly recognized as a major public health and socio-economic challenge, particularly in low- and middle-income countries.

Globally, alcohol consumption accounts for approximately 3 million deaths annually, representing about 5–6% of all global mortality. Alcohol use is a major risk factor for more than 200 disease and injury conditions, including liver cirrhosis, cardiovascular diseases, neuropsychiatric disorders, cancers, and injuries due to violence and road traffic accidents. The Global Burden of Disease estimates attribute nearly 5% of total

disability-adjusted life years (DALYs) lost worldwide to alcohol use, underscoring its profound impact on population health.

In the Indian context, alcohol consumption has shown a consistent upward trend over the past two decades. National surveys indicate that approximately 14–15% of the Indian population consumes alcohol, with prevalence markedly higher among adult males. Among these users, nearly 5–7% are estimated to suffer from alcohol dependence or harmful use. Recent national health data reveal that alcohol use disorders contribute significantly to years lived with disability (YLDs) in India, ranking among the leading causes of mental and behavioral morbidity. Urbanization, changing lifestyles, occupational stress, peer influence, and increasing social acceptance of alcohol consumption have further exacerbated the problem in metropolitan and semi-urban regions.

Alcohol dependence exerts deleterious effects not only on physical health but also on psychological well-being, family dynamics, occupational functioning, and social integration. Individuals with ADS often exhibit maladaptive behavioral patterns such as impaired impulse control, poor coping mechanisms, denial, non-compliance with treatment, and repeated relapse episodes. These behavioral dysfunctions, coupled with inconsistent adherence to prescribed pharmacological regimens, substantially compromise treatment outcomes and long-term recovery.

Medication adherence constitutes a critical determinant in the management of alcohol dependence syndrome. Pharmacological agents such as deterrent drugs, anti-craving medications, and adjunct psychotropic agents are effective only when taken consistently and as prescribed. However, empirical evidence suggests that medication non-adherence rates among individuals with substance use disorders may range between 40% and 60%, primarily due to lack of insight, poor motivation, fear of adverse effects, stigma, inadequate therapeutic support, and socio-environmental pressures. Non-adherence significantly increases the risk of relapse, re-hospitalization, and chronicity of the disorder.

Current National Institute on Alcohol Abuse and Alcoholism (NIAAA) guidelines for alcohol screening and intervention suggest the use of alcoholism. Pharmacotherapy and

psychosocial interventions will help maintain abstinence or prevent relapse to heavy drinking. Cognitive-behavioral coping - skills training is an approach to the treatment of alcoholism aimed at improving the patient's cognitive and behavioral skills to change their drinking behavior. Coping skills training emphasizes teaching or enhancing the skills needed to achieve abstinence and to manage problems in everyday life that might lead to drinking.

OBJECTIVES:

- To assess the pre-intervention behavioral patterns of clients with alcohol dependence syndrome.
- To assess the pre-intervention level of medication adherence among clients with alcohol dependence syndrome.
- To implement systematically designed health-fostering nursing interventions for clients with alcohol dependence syndrome.
- To evaluate the post-intervention behavioral patterns of clients with alcohol dependence syndrome.
- To evaluate the post-intervention level of medication adherence among clients with alcohol dependence syndrome.
- To determine the effectiveness of systematically designed health-fostering nursing interventions in reconfiguring behavioral patterns among clients with alcohol dependence syndrome.
- To determine the effectiveness of systematically designed health-fostering nursing interventions in augmenting medication adherence among clients with alcohol dependence syndrome.
- To find the association between selected socio-demographic variables and pre-intervention behavioral patterns and medication adherence.

HYPOTHESIS:

- H_1: There will be a statistically significant difference between pre- and post-intervention behavioral pattern scores among clients with alcohol dependence syndrome.
- H_2: There will be a statistically significant difference between pre- and post-intervention medication adherence scores among clients with alcohol dependence syndrome.

- H_3: There will be a statistically significant association between selected socio-demographic variables and pre-intervention behavioral pattern scores among clients with alcohol dependence syndrome.
- H_4: There will be a statistically significant association between selected socio-demographic variables and pre-intervention medication adherence scores among clients with alcohol dependence syndrome.

METHODS & MATERIAL

The research approach adopted for this study was Quantitative research approach. The present study was a quasi experimental study was used to describe the behavioural pattern and drug compliance among alcoholic dependence clients. Independent Variables are Health fostering nursing intervention among alcoholic dependence clients and Dependent Variables is Behavioural pattern and drug compliance among alcoholic dependence clients.

The study was done at the de-addiction centre, Indore, Madhya Pradesh. This study was conducted for the period of 16 weeks. The sample consists of 300 clients who are undergoing treatment for alcoholic dependence with behavioural changes and non drug compliance. 150 sample in study group and 150 samples in experimental group.

Non probability sampling technique was selected based on the objectives of research. In that purposive sampling technique was found appropriate for the present study.

RESULT

The findings of the study are presented under the following headings based on the objective of the study. Age group wise, in study group, (46.67%) of clients were between 18 – 35 years of age, (30.00%) of clients were between 36 – 45 years of age, (13.33%) of clients were between 46 – 59 years of age, and (10.00%) of clients were more than 60 years. In control group, (33.33%) of clients were between 18 – 35 years of age, (40.00%) of clients were between 36 – 45 years of age, (20.00%) of clients were between 46 – 59 years of age, and (6.67%) of clients were more than 60 years. Gender wise, in study group, (100.00%) of clients were male. In control group, (100.00%) of clients were male. Family type, of clients in study group, (66.67%) were in Nuclear

family, (26.66%) were in Joint family and (6.67%) of clients were in Extended family. In control group, (60.00%) were in Nuclear family, (33.33%) were in Joint family and (6.67%) of clients were in Extended family. Educational qualification, in study group, (23.33%) of clients were elementary qualification, (40.00%) were in higher secondary qualification, (26.67%) clients were graduated in degree, and (10.00%) were in other category. In control group, (10.00%) of clients were elementary qualification, (66.66%) were in higher secondary qualification, (16.67%) clients were graduated in degree, and (6.67%) were in other category.

Occupation wise, in study group, (6.67%) of clients were in government job, (63.33%) were in private job, (13.33%) were unemployed, and (16.67%) others. In control group, (10.00%) of clients were in government job, (63.33%) were in private job, (10.00%) were unemployed, and (16.67%) others.

Family income wise, clients in study group , (16.67%) were receiving salary Below Rs. 10,000, (63.33%) were receiving salary between Rs. 10,000 – Rs. 20,000, (10.00%) were receiving salary between Rs. 20,000 – Rs. 35, 000, and (10.00%) were received more than Rs. 35,000. In control group, (10.00%) were receiving salary Below Rs. 10,000, (66.67%) were receiving salary between Rs. 10,000 – Rs. 20,000, (20.00%) were receiving salary between Rs. 20,000 – Rs. 35, 000, and (3.33%) were received more than Rs. 35, 000.

Marital status of the clients in study group, (86.67%) were married clients, (10.00%) were unmarried and (3.33%) was divorcee, 0 (0.00%) were in other category. In control group, (86.67%) were married clients, (6.67%) were unmarried and (6.67%) was divorcee, (0.00%) were in other category.

Domicile wise of the clients, in study group (33.33%) were living in village, 6 (20.00%) were living in town, (46.67%) of clients were living in city, (0.00%) were comes under other category. In control group (26.67%) were living in village, (33.33%) were living in town, (40.00%) of clients were living in city, (0.00%) were comes under other category.

Duration of alcoholic dependence wise in study group (10.00%) were drinking alcohol below one year, (30%) were drinking for one year to five years, (40%) were drinking

for six years to ten years, and (20%) of clients were drinking for more than 10 years. In control group, (6.67%) were drinking alcohol below one year, (26,67%) were drinking for one year to five years, (46.66%) were drinking for six years to ten years, and (20%) of clients were drinking for more than 10 years.

Family supporting system wise of the clients, in study group (86.67%) clients were supported by the family members, (0.00%) were supported by neighbourhood, (0.00%) were supported by religious people, and (13.33%) were supported by others. In control group, (90.00%) clients were supported by the family members, (0.00%) were supported by neighbourhood, (0.00%) were supported by religious people, and (10%) were supported by others.

Hobbies wise, in study group, (0.00%) of clients were liked to reading books, (33.33%) clients were liked to listening music, (46.67%) would like to watch television, (20%) would like to chat with friends. In control group (0.00%) of clients were liked to reading books, (33.34%) clients were liked to listening music, (43.33%) would like to watch television, (23.33%) would like to chat with friends. Any other medical illness wise, in study group (16.67%) were having medical illnesses and (83.33%) were not having any medical illnesses. In control group (10.00%) were having medical illnesses and (90.00%) were not having any medical illnesses.

Among experimental group, maximum score in personal aspects (63.20%) and minimum score in Social aspects (57.32%). Overall pretest percentage of score was 61.24%. Among control group, maximum score in personal aspects (63.32%) and minimum score in Social aspects (59.60%). Overall pretest percentage of score was 62.00%. Among experimental group, none of the alcoholic dependence clients were having satisfactory level of behavioural pattern score, 73.33% of moderate level of satisfactory score and 26.67% of unsatisfactory level of behavioural pattern score.

Among control group, none of the alcoholic dependence clients were having satisfactory level of behavioural pattern score, 70.00% of moderate level of satisfactory score and 30.00% of unsatisfactory level of behavioural pattern score. Statistically there was no

significant difference between experimental and control group (P>0.77). Level of behavioural pattern score between experimental and control group was calculated using chi-square test.

CONCLUSION

Evidence based care gives opportunity for nurses to improve their ability and to use the theoretical knowledge and practice. Nurses play a pivotal role in attain desire behaviour pattern level and drug compliance level among alcoholic dependence clients. The present study had been supported by series of other studies which confirmed the intervention of behavioural pattern and drug compliance. It is important to promote physiological as well as psychological wellbeing of clients.

The result of the present study showed an alarming signal on behavioural pattern level and drug compliance level among alcoholic dependence clients. Nurses play an imperative role in providing health promotion strategies at prompt stage to attain desire behaviour pattern and drug compliance level and also improve their proficiency.

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