Letter to editor

ALCOHOL CONSUMPTION IN A WOMAN IN RURAL SETTING OF KERALA

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Sir,

Alcohol use in women in India has been on the rise, owing to the changing sociocultural milieu. Alcohol dependence is a very important health issue in Kerala. However, research addressing the magnitude of the problem and issue of psychiatric comorbidity among alcohol users is scarce. We would like to bring to light a case of a rural woman with alcoholism who presented to a tertiary care center.

A 60-year old widow from a rural area of Thrissur, belonging to a middle-class Hindu family, was brought to Psychiatry OP by her brother for the complaints of fever and tiredness for past 10 days. The brother had a long acquaintance with our department for the management of his wife's psychiatric illness. He reported that she was a long-term user of alcohol, and suspected that the symptoms were related to it. Clinical examination revealed withdrawal symptoms such as tremors of hands and disorientation. With a diagnosis of withdrawal syndrome, she was admitted. On evaluation, she revealed that following her marriage to a toddy tapper at the age of 20 years, she started consuming small amounts of toddy at home after picking up fights with her husband when he was drunk. She had access to the balance quantity of toddy stored at their home after sale. Soon, she found out that consuming toddy helped her to feel elated and fall asleep faster; thus she could avoid the embarrassment of being abused and assaulted by her intoxicated husband. In the course of time, both of them started drinking together and conflicts between them settled. Once, she abstained by herself for two years following her husband's change of job as a security guard at Bangalore.

In 2010, her husband was diagnosed with hepatocellular carcinoma and expired in a few months. Once her children shifted out after marriage, the loneliness and sleep disturbance prompted her to restart drinking one or two pegs of brandy every night. The auto driver who took her to the market once a week bought her alcohol from the beverage shop on the way to the market when given a gratuity. She experienced sleepless nights and she had to put herself to sleep with a peg or two of brandy. Gradually, she started consuming larger amounts of alcohol (about 300-450 ml/day). Her family members tried to control her habit in various ways, and she would repeatedly express her guilt regarding her habit. On occasions, she was found drunk and drowsy in the evenings. Following a bout of heavy drinking during Onam festival, she experienced a knock out for 24 hours. Frightened with that experience, she abstained for next four

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days and developed fatigue and fever which made her brother to seek medical help.

She had no history of jaundice or hematemesis. However, on examination, she was afebrile, pale and icteric and had signs suggestive of chronic liver disease (spider naevi, parotidomegaly and leuconychia). She had hepatomegaly (liver span of 13 cms), but there was no splenomegaly. Examination of nervous system was normal, except for the tremors of hands. MMSE showed a score of 22 and biochemical evaluation revealed raised liver transaminases (SGOT: 188 IU/L, SGPT: 92 IU/L). She was detoxified with benzodiazepines, thiamine and other supportive measures. She was discharged once her withdrawal symptoms subsided. She remained abstinent during her follow-up visits at one week and one month after discharge. However, she was lost to follow-up thereafter.

A study of alcohol use in 1285 students from an industrial town of Assam reported that 36% used homemade preparations while 12.3% used commercially available ones too. There was male preponderance in the use of commercially available ones, but no such difference for homemade ones.[1] The availability facilitates the habit and obvious sociocultural reasons deter them from the commercial sources only. This was true for the index patient also.

A Bangalore-based study showed fourfold increase in the female registries with problem drinking of alcohol.[2] An epidemiological survey from Karnataka (2003) revealed that 58.6% of rural women belong to the heavy drinking category compared to 40.4% of urban women, and hazardous drinking was recorded in 28% of women.[3] A recent study on females with alcoholism in Telangana region observed that toddy is the most commonly abused alcoholic drink (59%), though approximately 40% reported use of beer and whisky in addition to toddy.[4] Locally brewed preparations appear to have more acceptability, perhaps due to availability, accessibility and ease of consumption away from public places in privacy. The sociocultural factors deter them from procuring it from commercial vendors. However, when the individual becomes dependent, those barriers are broken. Sociocultural changes also seem to influence the manifestations of alcohol use and related problems in females in recent times.

In the case of the index patient, her brother's close contact with the Psychiatry Department perhaps helped him to overcome the stigma and seek help, although the help seeking was delayed despite recognition of the problem at the early stage itself. Improved awareness of the problem among general practitioners can lead to earlier referrals for expert interventions, thus helping to limit long-term complications of alcoholism. It is crucial to explore and examine the psychosocial factors that shape alcoholism and other SUDs in Indian women at individual, familial and systemic levels. Such a gender specific approach will provide theoretical insights into psychological and social relationship factors that shape women's substance abuse behaviors.[5] Alleviating the stigma associated with alcohol use disorders among women is important in facilitating their medical management.

REFERENCES

1. Mahanta B, Mohapatra PK, Phukan N, Mahanta J. Alcohol use among school-going adolescent boys and girls in an industrial town of Assam, India. Indian J Psychiatry 2016; 58:157-63.
2. Murthy PJNV, Benegal V, Murthy P. Alcohol dependence in Indian women: a clinical perspective: National Institute of Mental Health and Neurosciences; Available from: http://www.nimhans.kar.nic.in/Deaddiction/lit/femaleAlcoholics.pdf.
3. Benegal V, Nayak MB, Murthy P, Chandra PS, Gururaj G. Women and alcohol in India. In: Obot IS, Room, R, editors. Alcohol, gender and drinking problems. Perspectives from low and middle-income countries. Geneva, Switzerland: World Health Organization 2005; pp 89-123. Available from: http://www.who.int/substance_abuse/publications/alcohol_gender_drinking_problems.pdf.
4. Potukuchi PS, Rao PG. Problem alcohol drinking in rural

women of Telangana region, Andhra Pradesh. Indian J Psychiatry 2010; 52:339-43.

5. Thomas R, Pandian RD. Need for women-specific psychosocial interventions for substance use disorders: The Indian scenario. Kerala Journal of Psychiatry 2015; 28(2):174-9.

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