

FEMALE ALCOHOLISM IN IRELAND: A FOLLOW-UP STUDY

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Summary

A 9 to 10 year follow-up study of 34 female alcoholics was carried out. 21 subjects were interviewed and completed a questionnaire and limited information was obtained on a further 4 subjects. Various aspects of outcome are reported on including: abstinence, prescribed drug abuse, morbidity, marital status and attitudes to agencies that provide help for alcoholics. Six of the subjects died during the follow-up period, two committed suicide. The study supports most of the accepted ideas about female alcoholism but emphasises the problems of suicide, prescribed drug abuse and marital separation. The relevant literature is reviewed.

There is a relative paucity of information about alcoholism in females in the literature despite the increased incidence (1,2). Follow-up studies of alcoholics, as with other chronic disorders, help to add to knowledge about the natural history of the disorder and give information about associated problems. A 10 year literature search failed to find a follow-up study of Irish Female Alcoholics.

This study is concerned with various aspects of the outcome of a group of Irish female alcoholics over a 9 to 10 year period. Of particular interest was whether sedative abuse was as common as it is generally thought to be (3). Information about mortality was of interest especially because of the higher expected incidence of suicide and deaths from liver disease. Changes in marital situation, morbidity and attitudes to the various agencies that provide help for alcoholics were also of interest.

Method

St. John of God Hospital is a private psychiatric hospital on the south-side of Dublin city. The study group comprised all the first admission females to the hospital in 1975 with a diagnosis of alcoholism. There were 34 in the study group and they were mostly from socio-economic groups 2 and 3. The average age of the group was 41.5 years with a range of 24 to 66. Of the 34 in the group, 27 were married, 1 separated, 2 widowed and 4 single at the time of admission. The average length of history of problem drinking was 3.9 years with a range of 6 months to 10 years.

Letters were sent to all the subjects introducing the project and inviting their participation. Interviews were then arranged either in the hospital or in the subjects' homes.

Attempts were then made to contact those not already traced by contacting relations or friends whose addresses or telephone numbers were recorded in our files. House-calls to interview current occupants of the original address or neighbours about subjects' whereabouts were sometimes useful.

The interview involved a discussion about outcome using a 6 item questionnaire (4) as a guide. Blood samples were taken for liver function estimation. Information about outcome and cause of death of subjects who had died during the follow-up period was obtained, where possible, from relations and from death certificates.

Results

Of the 34 in the study group, 29 (85.3%) were successfully traced. 19 were interviewed, 9 in their own homes. Two subjects answered the questionnaire by post. Information was obtained on two subjects, from hospital records, up to 1982, and on one up to 1981. Up to date but partial information was obtained on one other subject. Six subjects were dead at the time of the follow-up and information about mortality is given later. This means that some information was obtained for 31 (94.7%) of the 34 subjects.

Drinking Behaviour

Drinking outcome is summarised in Table 1. Five subjects described themselves as social drinkers but 1 of these had an abnormal GGT and the daughter of another said she still drank in a problem way.

TABLE 1

DRINKING PATTERN AT TIME OF FOLLOW-UP (based on patients' self-report)			
			(N=25)
"Social Drinking"			5
Problem Drinking			4
Abstinent	10 years	4	} 16
	9 years	2	
	8 years	3	
	≤ 7 years	7	

Psychiatric Admissions

Seven subjects claimed to have had no psychiatric treatment during the follow-up period. There were 75 psychiatric admissions in the remaining 17 which gives an average admission rate, for this group, of 4.4. Most of the admissions were for alcoholism but three people had admissions for anxiety, one person for alcohol and prescribed drug abuse and one for anxiety and prescribed drug abuse. One person was hospitalized for paranoid schizophrenia and alcohol abuse was thought to act as a precipitant. The largest number of admissions by any one patient was 17 during the follow-up period, all for alcoholism.

Morbidity

There were no cases of tuberculosis or stroke. Two subjects suffered from peptic ulceration, two from hypertension and one had an episode of alcohol related peripheral neuropathy.

Convictions

Only 2 subjects admitted to having a conviction during the follow-up period and both of these were for drunken driving.

Marital Status

There was up to date information on 25 subjects concerning this question and this is summarised in Table 2. Divorce is not available in Ireland.

TABLE 2

CHANGES IN MARITAL STATUS FROM TIME OF ADMISSION (1975) TO TIME OF FOLLOW-UP (1985)	
(N = 25)	
1975	1985
22 Married	13 Married
	2 Widowed
	7 Separated
3 Single	2 Single
	1 Married, Separated

Aids to Recovery

This was answered by 24 subjects. Alcoholics Anonymous was thought to be useful by 15 and thought not useful by 9. Psychiatric admission and psychiatric advice was considered helpful by 13 of the subjects and not found helpful by 11. Twenty felt that the general practitioners were not helpful for reasons ranging from the GP not understanding them to the GP having alcohol problems himself. Four thought the GP very useful in their recovery.

Prescribed Drug Abuse

Of the 24 who answered this question, 11 had problems with sedatives. Two people still abused Benzodiazepines and alcohol. One person is on a steady dose of Diazepam for many years, never abused them, but gets withdrawal symptoms if she tries to cut them down. Two people abused sedatives intermittently in the past but both needed admission because of overdoses.

Two people had problems with Benzodiazepine addiction in the year after their first admission to hospital for alcoholism, one needing admission because of an overdose, but both have been drug free since. The remaining 4 subjects have been drug free for 2, 3, 6 and 13 years respectively.

Liver Function Tests

Of the 24 subjects only 18 blood samples were obtained. One person refused to take part in the survey, three refused to give a blood sample and two were living too far away at the time of the follow-up.

The liver function tests (LFT) comprised: gamma-glutamyl transferase (GOT), serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), bilirubin and alkaline phosphatase.

Of the 18 subjects who gave a blood sample eleven had normal LFTs in 1975 and in 1985. Two subjects had abnormal GGT estimations in 1975 and in 1985 their levels were still abnormal. One claimed to be a social drinker and the other said she was abstinent for 9 years. Two subjects' tests were normal in 1975 but in 1985 their tests were abnormal. One claimed to be a social drinker and the other admitted to continuous problem drinking.

Mortality

Six of the subjects died during the follow-up period. Two committed suicide, one by gassing herself at home in 1976, aged 67. She was treated for depression subsequent to her hospitalization for alcoholism. The other person died from an overdose of alcohol and barbiturates in 1978, aged 37. The remaining 4 subjects died from myocardial infarction (2) and acute left ventricular failure (2), all in their 50's (average 52.8 years).

Discussion

It is generally accepted that the incidence of alcoholism among women is increasing and that the difference between male and female incidence figures is decreasing (2,5,6, 7). In Ireland the situation is similar (8). This "convergence hypothesis" is disputed by Ferrence (23).

Authors have drawn attention to the later age onset (9), the large proportion of hidden drinking, the role of stress (6) and the poor prognosis (2). Ferrence (23) disputes the idea that hidden drinking is typical of the female alcoholic. Aetiological factors such as sex role conflict have been discussed by various authors (6,10,11).

Psychiatric illness is thought to be commoner among female alcoholics (7,9,12). In our study one person was as diagnosed schizophrenic and alcohol was thought to act as a precipitant.

Liver disease is also thought to be commoner in female alcoholics as is peripheral neuropathy (12) but the information from different studies can be conflicting concerning this (13). In this study no positive diagnosis of cirrhosis was made although 2 have continuing LFT abnormalities and none of the death certificates recorded liver disease as either cause or contributor to deaths. Of the 6 deaths, there were 4 postmortem examinations.

Suicide is a prominent cause of death among alcoholics. Lemere (14) in 1953 found that 11% of his study group of 500 male alcoholics committed suicide. Dahlgren (1. in 1977 found suicides among female alcoholics were greatly increased in her follow-up study with 2 of 18 deaths being suicides. Hill (22) reviewing various studies suggests alcoholic women's risk of completed suicide is at least equal to that of alcoholic men. Two of the six deaths in the present study were suicides, one an overdose of barbiturates and one a gassing. Both had been treated for depression. The association between alcoholism in females and suicide is discussed by Beckman (6), and also by Homiller (2), who stresses the high incidence of affective disorders in these patients. Berglund (16) found an association between suicide in female alcoholics, peptic ulcer and affective symptoms and suggests that a history of peptic ulcer, and to a lesser extent affective symptoms may have predictive value.

Prescribed drug abuse in alcoholics has been recognised for some time, especially among females (3,17). It has been suggested that the higher incidence of affective symptoms among female alcoholics may in part explain this (2). Busto *et al* (18) suggests that people more readily admit to prescribed drug abuse than is generally thought and so this should be enquired about. What information is available suggests that there is little opiate or other illicit drug use by problem drinking women (21). 46% of the present study group had problems with prescribed drugs and this is in keeping with other studies (11,19).

Female alcoholics seem to suffer more marital difficulties than their male counterparts (6,17). Dahlgren (20) suggests that the divorce rate of male and female alcoholics is similar but the females have more disturbance in their marriages. In this study 8 of 23 marriages ended in separation but only three marriages did in a study of 94 male alcoholics over a 20 year period (4).

This study of Irish female alcoholics tends to support most of the accepted ideas about female alcoholism but emphasises the problems of suicide, prescribed drug abuse and marital separation.

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