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A Study on Symptoms of Dementia among Chronic Alcoholics

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***Abstract*: Both developing and developed countries alcoholism and alcohol dependency is a major problem. Alcohol usage injured both mental and physical life of a human. It will destroy a person's professional and personal life. Chronic use of alcohol consumption may damage entire body parts. Chronic alcoholism also kills the brain cells that may lead into serious brain damage. Long-term and heavy alcohol consumption affects cognitive functions of humans. Chronic alcoholism may cause dementia. Destroyed brain cell may cause symptoms of dementia. This paper is a study about the symptoms of dementia among chronic alcoholics. This paper attempts to find whether the symptoms of dementia occur among chronic alcoholics or not. Questionnaire was used as the tool of data collection. In this study used data which collected from the by standers of the chronic alcoholics. The questionnaire was mostly focused on the major symptoms of the dementia. This paper attempts to study whether the symptoms of dementia occur among chronic alcoholics or not.**

***Keywords*: Alcoholism, Dementia, Chronic, Memory loss.**

1. Introduction

Dementia is a chronic organic mental disorder. The word dementia portrays as a set of symptoms that may comprise impairment of intellectual functions, memory loss, deterioration of personality, lack of personal care, difficulty in cognition, loss of problem solving skill and language difficulty. It will affect daily life of a person. Anyone with dementia may also occur changes in their mood and behavior. Mainly dementia is caused by when once brain harms or damaged by any serious injury or disease. Alzheimer's disease or a brain injury will affect the functioning of the brain. The most common causes of dementia are Alzheimer's disease, not the only one cause. Lot of factors is the reason of dementia. Someone with dementia they may experiences any kind of brain injury or a disease. It is a set of symptoms caused by damaged brain. Typically, it has a progressive and chronic nature. Dementia also makes disturbances in memory, cognition, orientation, thinking, calculation, comprehension, judgment, learning, language, capacity etc. but here the person's consciousness does not cloud.

Alcohol dependence was previously called as alcoholism. Alcoholism is the most severe form of alcohol abuse and involves the lack of ability to manage drinking habits. It is also generally referred to as alcohol use disorder. Alcohol use disorder is categorized into three categories: mild, moderate and severe. Each category has different symptoms and can cause harmful side effects. If alcohol use disorder is untreated, any type of alcohol abuse can spiral out of control. People are struggling with alcoholism often feel as though they cannot function normally without alcohol. This can lead to a wide range of problems and impact professional goal, personal responsibility, relationships and overall health. Over time, the serious side effects of alcohol abuse can worsen and produce damaging at same time physical and mental problems. Alcoholism is a treatable disease which also known as alcohol dependence or alcohol addiction. Harmful drinking process damages the entire body of an individual.

2. Review of literature

Ankur Sachdev et al. (2016) defined that the prolonged and excessive usage of alcohol may lead to functional and structural brain damage. Alcohol related dementia. The cognitive decline is most frequently observed in domains of visuospatial functions, memory and executive functions with potential of partial recovery if abstinence is maintained. However, there are doubts regarding the nosological status, etiopathogenesis, prevalence and diagnostic criteria for alcohol related dementia, due to difficulty in assessment and various confounding factors.

Dr. Jurgen Rehm (2018) defined that heavy drinking and alcohol use disorder are the most significant risk factor of dementia, and especially important for those types of dementia which start before age 65, and which leads to premature deaths; alcohol induced brain damage and dementia are preventable, and known- effective preventive and policy measures can make a dent into premature dementia death.

Caroline Marre et. al. (2016) defined dependence was significantly correlated with clinical variables including function QOL, cognition, and care givers burden. While the association between changes in dependence and QOL varied by study, caregiver burden was consistently shown to increase with patient dependence. Dependence was also significantly associated with direct, informal care and total care costs.

Cooper et. al. (2015) describe heavy alcohol use was associated with conversion from any type of mild cognitive impairment to dementia and inconsistent evidence of whether light to moderate use of alcoholism predicts the risk of dementia.

Xu et. al. (2015) defined alcohol use, especially use of 1 to 3 drinks per day (RR 0.61 95% CI 0.54- 0.68), but not heavier

drinking, and alcohol use disorder showed a protective association.

Alzheimer's disease international (2014) defined that moderate drinkers, that is 1- 14 for women and 1- 21 for men were at lower risk of Alzheimer's disease (Relative risk= 0.62, 95% CI 0.54- 0.69 or any dementia (Relative Risk = 0.54, 95% CI 0.42- 0.67 compared with abstainers. No significant difference between heavy drinkers and abstainers for either Alzheimer's disease or dementia

Pei et. al. (2014) defined that each mild to moderate alcohol use less than 20g pure alcohol per day for men and less than 16g for women was associated with a lower risk of dementia compared with those not drinking alcohol. Daily use of alcohol was associated with increased risk of Alzheimer's disease.

R. Brookmeyer et. al. (2011 October 7) defined as the US population ages, Alzheimer's will become a gigantic public health problem. Intervention that could delay disease onset even modestly would have a major public health impact.

Lee et. al. (2010) defined that moderate alcohol use was associated with a lower risk of cognitive decline and dementia compared with nondrinkers. But frequent and chronic alcohol use was associated with higher risks of cognitive impairment and dementia.

Robert and Dollard (2010) defined chronic level of alcohol consumption among adults with primary diagnosis of depression increased the chances of suicide among the individuals. Negative effects were also observed in the treatment of depression due to alcohol consumption.

Purnell et. al. (2009) conducted four out of five studies found no relationship between alcohol use and the incidence of alcoholic dementia. One study reported an association with a decreased risk of alcoholic dementia.

Peters, R., Peters et. al (2008). Conducted 23 studies, 20 are epidemiological cohort and 3 retrospective matched case-manages nested within a cohort. Meta-analysis advice a small amount of alcohol may be defensive against dementia and Alzheimer's disease, But not in the case of cognitive impairment and vascular dementia.

3. Research Methodology

The type of research design adopted for this paper is descriptive design, which is based on semi structured statements. A descriptive study is undertaken in many situations when the researcher is interested in knowing characteristics of certain group such as age, gender, marital status, current location, educational qualification, occupation etc. This study aims to understand the personal and socio demographic background of the alcohol addicts and the symptoms of dementia among chronic alcoholics. Universe of the study is chronic alcohol addicts in de addiction centers in Thiruvananthapuram district of Kerala. This study employed census method for collecting the data. 103 chronic alcohol addicts are selected as samples, all are males. Who were takes treatment in de addiction centers in Trivandrum district of Kerala. In Trivandrum district totality have 5 reputed De addiction centers and almost 142 patients are take treatment from there in the current situation. The researcher took chronic alcoholics from there. The sampling method used by the researcher was census method.

A. Tools of data collection

In this study questionnaire is a tool adopted to collect the data from the respondent. In this study bystanders are the respondents. Bystanders respond the researcher's questions. The questionnaire prepared by the investigator comprises the following details.

1) Personal Profile

The demographic data sheet was used in to the above inventories which seek personal details such as age, gender, marital status, occupation, area of living, educational qualification, nature of job, duration of addiction and duration of treatment.

2) Symptoms of Dementia

The scale consist 28 questions related to dementia symptoms.

B. Analysis of data collection

Data analysis plays an essential role in research process. After collecting information from the questionnaire using the census method, the data was coded and tabulated according to the purpose and objectivity of the study. The coded data was then entered into SPSS (statistical package for social science software version 22). The data was arranged in the tables and graphs for analysis and interpretation.

4. Results

After the completion of data analysis, the major findings are the following: In the target group, 30.1% belongs to the age group of 51- 60. The whole alcoholic addicts are males. Among target group 69.9% of patients are living in rural areas. The majority of them (31.1%) have basic School Education. 30.1% of targeted people are using alcohol for a period of 11 to 20 years. Among 71.8% of addicts repeat stories or questions in the same day. In the target group 51.5% misplace objects more frequently in a day. 45.6% addicts are having hallucination symptoms. 50.5% of alcoholics highly make trouble to knowing the day, month, year and time. 43.7% of addicts highly become disoriented in unfamiliar places. 40.8 % of addicts highly become more confused outside the home or when travelling. 43.7% of alcoholic's trouble remembering to take medications or tracking medications taken. 44.7% of the alcohol addicts have a decreased sense of direction at sometimes, and 39.8% of alcohol addicts make trouble finding words other than names. 36.9% of alcohol addicts have difficulty in recognizing people familiar to them at sometimes.

52.4 % have difficulty in expressing their own opinion regarding family issues highly. 54.4% of alcohol addicts become unable to understand the content of facts and 51.5% of alcohol addicts become indifferent about clothing and other personal concern. 78.6% of alcohol addicts become unable to

make a plan and 77.7% of alcohol addicts highly become less interested, willing and stopped in doing activities very highly.

81.6% of alcohol addicts become more irritable and aggressive and 45.6% of alcohol addicts have illusion and delusion. 56.3% of alcoholics have difficulty to concentrate even an hour and 76.7% of alcoholics getting troubles in making decisions highly. 68.0% of alcohol addicts have dementia symptoms.

Table 1
Distribution of the target group based on become disoriented in unfamiliar places

Become disoriented in unfamiliar places	Frequency	Percent
Low	23	22.3
Moderate	35	34.0
High	45	43.7
Total	103	100.0

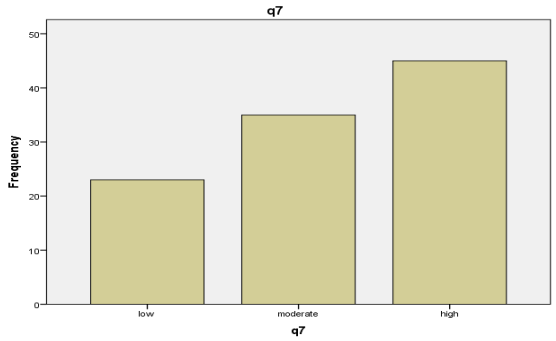

Fig. 1. Distribution of the target group based on become disoriented in unfamiliar places

It is the evident of 43.7% of alcoholics are become disoriented in unfamiliar places. And 34.0% of addicts are become disoriented in moderately. Rest of them, 22.3% is oriented in unfamiliar places

Table 2
Distribution of target groups based on unable to understand the content of facts

Unable to understand the content of facts	Frequency	Percent
No	15	14.6
Sometimes	56	54.4
Yes	32	31.1
Total	103	100.0

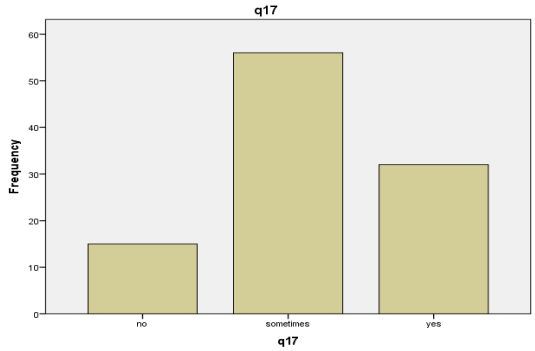

Fig. 2. Distribution of target groups based on unable to understand the content of facts

It is obvious that 54.4% of alcohol addicts become unable to understand the content of facts at sometimes. On that time 31.1% of addicts become unable to understand content of facts at all time. Rest of the 14.6% of addicts is able to understand the content of facts.

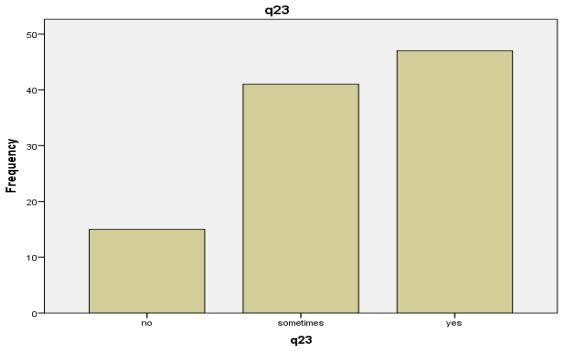

Fig. 3. Distribution of target groups based on having illusion or hallucination

The above table clearly proves that 45.6% of alcohol addicts have illusion and delusion. And the 39.8% of people have illusion and delusion at sometimes. But rests of the 14.6% of alcoholics not have illusion and hallucination.

Table 3
Distribution of target groups based on having illusion or hallucination

Having illusion or hallucination	Frequency	Percent
No	15	14.6
Sometimes	41	38.8
Yes	47	45.6
Total	103	100.0

Table 4
Symptoms of Dementia among chronic Alcoholics

Level of Dementia Symptoms		Frequency	Percent
High		17	16.5
Moderate		70	68.0
Low		16	15.5
Total		103	100.0

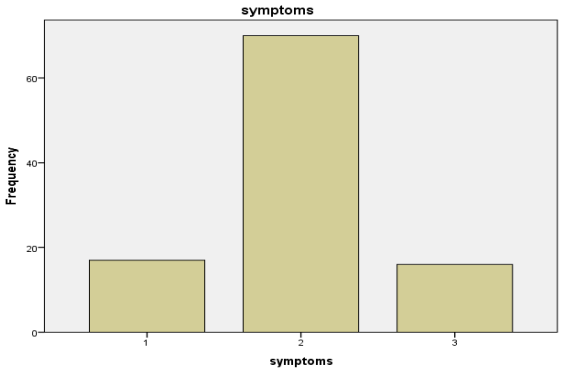

Fig. 4. Symptoms of Dementia among chronic Alcoholics

5. Conclusion

Alcoholism and its related disorders are very common.

Alcoholism affects both internal and external life of human beings. Patients as well as the bystanders suffer the consequences of alcoholism. Alcoholism destroys the personal and professional life of people. Chronic alcoholism also causes alcoholic hepatitis, liver cirrhosis, liver cancer, brain damage etc. Heavy drinking kill the personality of people it creates a negative impact in front of society.

Heavy use of alcohol consumption may lead dementia symptoms. Excess consumption of alcohol may kill the brain cells and alcohol has the capacity to damage the brain cells it causes dementia. This paper focuses to find the correlation between dementia and alcoholism. This paper concluded that dementia symptoms occur among chronic alcoholics.

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