

DRINKING PROBLEMS

E H Kua, C S Tian, S M Ko, B K L Yeo

ABSTRACT

This is a study of 54 patients referred for treatment of drinking problems. They were from two age groups - 20 to 39 years and 40 to 59 years. More of the younger patients were referred by their families and older patients by their doctors or other health professionals. The younger patients had a mean duration of 8.2 years of drinking and were more severely dependent on alcohol (higher mean SADQ score). The older patients' mean duration of drinking was 14.1 years and had a lower mean SADQ score. More younger patients had work and family problems, but did not differ significantly from the older patients in alcohol-related physical or mental disabilities.

Keywords: Alcohol, Drinking, Singapore

SINGAPORE MED J 1990; Vol 31: 247 - 249

INTRODUCTION

The problem of drug addiction in Singapore has been reported since the early colonial days when opium was freely traded (1). The popular drugs are the opiates (eg. opium, morphine and heroin), marijuana or ganja and volatile solvent (eg. glue). The other types of addiction like amphetamine, cocaine or lysergic acid diethylamine (LSD) are relatively uncommon.

Alcohol is still not perceived as a major problem in Singapore although there are recent press reports indicating an increase in consumption. It is difficult to ascertain the prevalence of 'alcoholism' in a given population but it is generally accepted that a rise in the national per capita alcohol consumption is often followed by a proportional rise in the rate of 'alcoholism'. This notion originates from the work of the French demographer Ledermann(2), who proposed that the distribution of consumption within a population follows a logarithmic normal curve, and therefore an increase in the average consumption must inevitably be accompanied by an increase in the number of people who drink a quantity that is harmful.

The concept of 'alcoholism' is ambiguous and a more precise term 'alcohol dependence syndrome'(3), has gained wide acceptance. A scale to measure the extent of dependence, called the Severity of Alcohol Dependence Questionnaire (SADQ) has been constructed by Stockwell et al(4,5).

It has been observed in our clinical practice that there are two groups of patients who are referred for alcohol treatment - young adults between 20 to 39 years and those in middle age between 40-59 years. The aim of this paper is to describe the characteristics of these two groups of patients.

MATERIAL AND METHOD

This prospective study includes only patients who were referred for treatment in the Singapore General Hospital and the National University Hospital. Patients admitted with alcohol-related problems but refused treatment were excluded.

The examination and assessment of all the patients were done by the main author (EH Kua). As described in a previous paper (6), besides a physical examination, investigations (as when necessary) included a full blood count, liver function test, blood glucose, electrolytes, chest x-ray and skull x-ray. The social history focused on problems in the family, marriage, employment and legal problems eg. driving offences, theft, accidents and disorderly behaviour. In the drinking history the following questions were also asked: years of drinking and types of alcohol consumed. In addition, they were requested to fill in the Severity of Alcohol Dependence Questionnaire (SADQ). This instrument consists of 20 questions in five sections, namely: physical symptoms of withdrawal, affective symptoms of withdrawal, craving and withdrawal-relief drinking, daily consumption and rapidity of reinstatement of symptoms after a period of abstinence. Each item has a four-point frequency scale, ranging from "almost never" to "nearly always" and the maximum total score is 60.

RESULTS

In 3 years, 54 patients were referred for treatment - 21 Chinese and 33 Indians. The age and ethnic distribution

Department of Psychological Medicine
National University Hospital
Lower Kent Ridge Road
Singapore 0511

E H Kua, MBBS, MRCPsych, AM
Senior Lecturer and Consultant Psychiatrist

C S Tian, MBBS
Resident

S M Ko, MBBS
Senior Tutor

B K L Yeo, MBBS
Resident

Correspondence to : Dr E H Kua

is shown in Table I. More of the patients (59%) were in the age group 20 to 39 years, but there is no significant difference in age between the two ethnic groups. There were more males than females - ratio 8: 1.

Classification of social class is according to occupations - social class I and II are professionals and semi-professionals, III, IV and V are skilled, semi-skilled and unskilled respectively. Nineteen patients (35%) were in social class I or II - managers/executives 12, engineers 3, teachers 2, nurse 1 and film producer 1. There is no significant difference in social class between the two age groups.

Table I
Characteristics of Sample

Age Group (in years)	Social Class			
	Chinese	Indian	I, II	III, IV, V
20 - 39 (n=32)	10	22	11	21
40 - 59 (n=22)	11	11	8	14
Total	21	33	19	35
	$\chi^2 = 1.93$ df = 1 p = ns		$\chi^2 = 2.26$ df = 1 p = ns	

Comparing the source of referral, more of the younger patients were brought by family members to seek treatment, in contrast to older patients who were usually referred by the general practitioners, physicians, nurses or social workers (Table II). The older patients had often sought medical treatment first for gastric pain or poor health due to excessive alcohol consumption, and were subsequently referred for alcohol treatment. Families of the younger patients had to coerce or cajole them to go for treatment because of their behavioural problems, ie drunkenness, aggression, etc. Twenty-seven younger patients and 19 older patients needed inpatient treatment.

Table II
Source of Referral

Age Group (in years)	Health		
	Family	Professional	Total
20 - 39	22	10	32
40 - 59	7	15	22
Total	29	25	54
	$\chi^2 = 7.15$ df = 1 p = <0.01		

The drinking history of the patients is shown in Table III. The mean duration of consumption of the younger group was 8.2 years and the older group 14.1 years. Comparing the severity of drinking on the Severity of Alcohol Dependence Questionnaire (SADQ), the younger

patients had a significantly higher mean score of 20.5 than the older patients' score of 16.2.

Table III
Drinking History

Age Group (in years)	Duration of drinking (mean \pm sd)	Severity - SADQ score (mean \pm sd)
20 - 39	8.2 years \pm 3.2	20.5 \pm 4.2
40 - 59	14.1 years \pm 3.5	16.2 \pm 3.5
	t = 11.57 p < 0.001	t = 7.76 p < 0.001

The alcohol-related disabilities of the two groups were also compared (Table IV). More of the younger group had work problems, e.g. frequent absenteeism and unemployment, and family problems, e.g. child abuse and wife battering. There is no significant difference between the two groups in physical or mental disabilities. The types of physical and mental disabilities had been described in a previous paper (6).

Table IV
Alcohol-related Disabilities

Age Group (in years)	Physical		Mental		Social	
	Present	Absent	Present	Absent	Present	Absent
20 - 39	20	12	10	22	26	6
40 - 59	15	7	8	14	9	13
	$\chi^2 = 0.18$ df = 1 ns		$\chi^2 = 0.15$ df = 1 ns		$\chi^2 = 9.30$ df = 1 p < 0.01	

DISCUSSION

The ethnic difference in drinking problems in Singapore has shown consistently a higher proportion of Indians to Chinese(6,7). The preponderance of males in this study is not unexpected. Most investigators have similar findings. Moss and Davis(8) reported a ratio of 4:1, and Edwards et al(9) estimated a ratio of 7:1.

Comparing the two age groups, the younger patients were found to be more dependent on alcohol although they had a shorter mean duration of drinking. The severity of dependence as measured by the SADQ score was higher in the younger group who tended to drink a mixture of alcohol like beer, Chinese wine and whisky. They drank more heavily an equivalent of about 4-6 bottles of beer or half a bottle of whisky per day, and were more prone to drunken and disorderly behaviour causing conflicts at home and work. Because of these social problems they were often referred for treatment by family members. It has also been observed in Britain that heavy drinking and drunkenness are more common in men in their late teens or early twenties(10).

The older patients had a lower SADQ score and tended to drink beer or stout only, usually about 2 bottles daily. They had less family or work problems and often

consulted their doctors for physical problems like gastric pain or lethargy. They had fewer social problems and because their drinking problem was less severe the period

of hospitalization was generally shorter, usually less than 2 weeks, whereas for the younger patients, hospitalization was often between 2 to 4 weeks.

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