Effectiveness of Neuro Linguistic Programme on Level of Craving Among Patients with Alcohol Dependence Syndrome

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ABSTRACT
Consuming alcohol has become a part of sedentary life style. Alcoholism is characterized by craving for alcohol and inability to stop drinking. It is accompanied by a physical dependence and an increased tolerance for alcohol.

OBJECTIVES: The aim of the present study is to assess the effectiveness of Neuro linguistic programme on level of craving among patients with alcohol dependence syndrome.

MATERIALS & METHODS: Quantitative research approach with one group Pre test post test research design was adopted for the study which was conducted in Narayana Medical College Hospital. 60 patients were recruited in the study by non probability convenience sampling technique. WHO -AUDIT scale and observational checklist was used to collect the data. Data was analysed by using descriptive and inferential statistics. Percentages of categorical variables were computed.

RESULTS: In pre test, 60 (100%) patients had moderate level of craving. In post test 40 (66.67%) patients had mild level of craving and 20 (33.33%) patients had moderate level of craving. The pre test mean is 6.4 and standard deviation is 0.5 where as the post test mean is 4.2 and standard deviation is 0.89 with a value of z test 14.47 (1.96)*. There is a significant association between the effectiveness of Neuro linguistic programme on level of craving among patients with alcohol dependence with socio demographic variables like monthly family income and has no significant association with age, religion, education, occupation, place of residence, marital status, type of family, habit of consuming alcohol influenced by, monthly family income

CONCLUSION: Neuro linguistic programme is an effective intervention in decreasing the level of craving among patients with alcohol dependence.

KEY WORDS: Craving, Neuro linguistic programme, Alcohol dependence syndrome
INTRODUCTION

Now a day the habit of consuming alcohol has become a part of sedentary life style. The habit of alcoholism is developed due to peer pressure, societal influence, to lose ones in habit on; stress relief, financial loss and consuming alcohol may lead to both physical and psychological problems. Alcoholism is a chronic, often progressive disease. A person with alcoholism typically craves for alcohol and has repeated alcohol related problems such as extra marital affairs, drinking and driving may prone to get accidents, a violations, and loss of job or relationship problems.

Alcoholism is characterized by craving for alcohol and an inability to stop drinking. It is accompanied by a physical dependence and an increased tolerance for alcohol. Before entering recovery, most alcoholics will deny they have a problem. People who abuse alcohol may not be dependent on it but gradually they develop craving to drink and finally become addict to it.

People, who fall prey to alcoholism, have very strong and intense cravings that they are unable to suppress or control. These arise as a result of its regular consumption beyond certain limit, as the body starts becoming dependent. Consumption becomes a habit and this inadvertently leads to a breakdown in various functions of society, as people who are dependent on alcohol slowly start to lose touch with reality.

Strong craving for alcohol is widely agreed upon that this problem is completely psychological in nature. For some people addiction is an escape route from the drudgery of their everyday lives and they feel comforted only when they are intoxicated. The body starts relating the feeling of satisfaction with alcohol presence in the body and even though the person may wake up with a splitting headache.

After getting treatment for the alcohol dependence the person get discharge from hospital and goes home and after some days when he used to see the alcohol he develops craving and it may develop the relapse symptoms of alcoholism.

Neuro-Linguistic Programme is an alternative therapy that can be engaged to change emotional behaviour and achieve self-awareness and effective communication. Neuro linguistic programme is one of the therapy which is used to change the behaviour in the form of using the way of senses, behaviour and communicate to find the things what is happening around environment. Anchoring, emotion freedom technique, mind fullness, transforming, reframing are some of techniques used in Neuro-Linguistic Programme which help people to achieve an outcomes in life they desire.

The Neuro-Linguistic Programme techniques are used for bringing about significant change in a person’s life. These techniques use a representation either internal or external to trigger a feeling, behavior, or memory. Using these techniques, can trigger certain behaviors, thought patterns or emotions and change aspects of lives.

OBJECTIVES:

1. To determine the level of craving among patients with alcohol dependence syndrome.
2. To evaluate the effectiveness of Neuro linguistic programme on level of craving among patients with alcohol dependence syndrome

3. To associate the effectiveness of Neuro linguistic programme on level of craving on alcohol dependence syndrome with selected socio demographic variable.

HYPOTHESIS

H$_0$-There is no statistically significant effectiveness of Neuro linguistic programme on level of craving among patients with alcohol dependence syndrome.

H$_1$-There is a statistically significant effectiveness of Neuro linguistic programme on level of craving among patients with alcohol dependence syndrome.

H$_2$-There is a statistically significant association between the effectiveness of Neuro linguistic programme on level of craving with their socio demographic variable among patients with alcohol dependence syndrome

MATERIALS & METHODS

The present study was conducted among 60 patients with alcohol dependence syndrome admitted in Psychiatric ward at Narayana Medical College Hospital, Nellore by adopting one group pre test post test design. Patients were selected by non probability convenience sampling technique. Patients with Alcohol dependence who have craving symptoms, who are willing to participate in study and who can read and write Telugu or English were included in the study where patients suffering from other psychiatric disorders like depression, schizophrenia and with any sensory impairment were excluded from the study.

DESCRIPTION OF THE TOOL

Alcohol dependence was assessed by WHO AUDIT (alcohol used dependence identification test) which has 10 items with a scoring key of 0=never, 1 = less than monthly , 2 = monthly, 3 = weekly, 4 = daily or almost daily. The scores were interpreted 0-8 as no alcohol dependence, 9-25 as mild alcohol dependence and 26-40 as severe alcohol dependence.

Level of craving was assessed by alcohol craving scale which has 10 items and the scores are interpreted as 1-4 mild craving, 5-8 moderate craving and >8 severe craving.

Observational checklist on alcohol craving symptoms was used which has 30 items and the scores are interpreted as 1-10 mild craving, 11-20 moderate craving and 21-30 severe craving.

DATA COLLECTION PROCEDURE

The data collection was carried out from December 2013 to May 2014. The permission was obtained to conduct the study from Institutional ethical committee, Medical superintendent, H.O.D of Psychiatry department. Patients were informed about nature and purpose of study and informed consent was obtained. Data was collected by using AUDIT, Alcohol craving scale and observational checklist. It took 30-40 minutes to collect the data from each patient with Alcohol dependence syndrome. Patients who fulfilled the inclusion criteria were recruited for the study.
linguistic programme was administered for 20 – 30 minutes for 21 days, i.e. 30-40 sessions with 2 sessions per day, one in the morning and second in the evening was conducted. Post test was conducted on 28th day.

DATA ANALYSIS
The data was analyzed by using Descriptive statistics that includes mean, standard deviation and inferential statistics namely Z test and Chi square.

RESULTS
Table 1: Distribution of level of craving among patient with alcohol dependence syndrome (N=60)

<table>
<thead>
<tr>
<th>S.no</th>
<th>Level of craving</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mild</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td>Moderate</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Fig 1: Percentage distribution of effectiveness of Neuro linguistic programme on level of craving among patient with alcohol dependence syndrome (N=60)

Table 2: Mean & S.D of effectiveness of Neuro linguistic programme on level of craving among patient with alcohol dependence syndrome (N=60)

<table>
<thead>
<tr>
<th>S.No</th>
<th>Test</th>
<th>Mean</th>
<th>S.D</th>
<th>Z test P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pretest</td>
<td>6.4</td>
<td>0.5</td>
<td>14.47</td>
</tr>
<tr>
<td>2</td>
<td>Post test</td>
<td>4.2</td>
<td>0.89</td>
<td>1.9*</td>
</tr>
</tbody>
</table>
Table 3: Association between the effectiveness of Neuro linguistic programme on level of craving among patients with alcohol dependence syndrome with their selected socio demographic variables (N=60)

<table>
<thead>
<tr>
<th>S.No</th>
<th>Socio demographic variables</th>
<th>Mild level of craving</th>
<th>Moderate level of craving</th>
<th>Chi-Square value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) 20-30</td>
<td>6</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>b) 31-40</td>
<td>10</td>
<td>16.6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>c) 41-50</td>
<td>14</td>
<td>23.3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>d) 51-60</td>
<td>10</td>
<td>16.6</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Hindu</td>
<td>30</td>
<td>50</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>b) Muslim</td>
<td>3</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>c) Christian</td>
<td>7</td>
<td>11.7</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Illiterate</td>
<td>19</td>
<td>31.7</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>b) Primary</td>
<td>4</td>
<td>6.6</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>c) High school</td>
<td>2</td>
<td>3.4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>d) Secondary</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>e) Graduate</td>
<td>7</td>
<td>11.7</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>f) Post Graduate</td>
<td>5</td>
<td>8.4</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Un employed</td>
<td>4</td>
<td>6.6</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>b) Coolie</td>
<td>20</td>
<td>33.7</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>c) Private employee</td>
<td>5</td>
<td>8.4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>d) Government employee</td>
<td>7</td>
<td>11.7</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>e) Business</td>
<td>4</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Place of residence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Rural</td>
<td>30</td>
<td>50</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>b) urban</td>
<td>10</td>
<td>16.7</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Unmarried</td>
<td>29</td>
<td>48.3</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>b) Married</td>
<td>11</td>
<td>18.4</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Type of family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Nuclear family</td>
<td>16</td>
<td>26.6</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>b) Joint family</td>
<td>24</td>
<td>40</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>c) Extended family</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Monthly family income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Rs1501-4000</td>
<td>9</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>b) Rs4001-6500</td>
<td>22</td>
<td>36.6</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>c) Rs6501-9000</td>
<td>9</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Habit of consuming alcohol influenced by</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Friends</td>
<td>28</td>
<td>46.7</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>b) Self</td>
<td>12</td>
<td>20</td>
<td>14</td>
</tr>
</tbody>
</table>

*P < 0.05 level of significance, C: calculated value, t: tabulated value, NS: No Significant, S*: Significant
DISCUSSION

Findings related to level of craving among alcohol dependence patients
The result indicates that the level of craving among alcohol dependence patients were 60 (100%) patients had moderate level of craving.

Findings related to effectiveness of Neuro linguistic programme on level of craving among alcohol dependence patients
The result indicates that in pretest, 60 (100%) patients had moderate level of craving. In post test 40 (66.67%) patients had mild level of craving and 20 (33.33%) patients had moderate level of craving which is similar to the study conducted by Stinson CK, Kirk E (2011) where the results showed that decreased level of craving was found significantly in month after the intervention which showed a statistically significant difference on craving scores by comparing pre and post interventions p<0.022-p<0.014.

The result indicates that in pretest the mean for alcohol craving scale is 6.4 with standard deviation of 0.5 where as in post test mean is 4.2 with standard deviation of 0.89. The calculated value of z test is 14.47 and the tabulated value is 0.4989. The calculated value is greater than tabulated value. So, the null hypothesis (H0) is rejected and research hypothesis (H1) is accepted.

Findings related to association between the effectiveness of Neuro linguistic programme on level of craving among alcohol dependence patients with their selected socio demographic variables
The results indicates that there is a significant association between the effectiveness of Neuro Linguistic Programme on level of craving among patients with alcohol dependence with socio demographic variables like monthly family income and has no significant association with age, religion, education, occupation, place of residence, marital status, habit of consuming alcohol influenced by, type of family which is similar to the study conducted by Duncan-RC (2011), results shows that the post test score of an effectiveness of NLP on association with level of craving with the demographic variables like monthly income, occupation and no significant association on age, religion p<0.005-p<0.012. The research hypothesis (H2) is accepted.

RECOMMENDATIONS FOR FURTHER RESEARCH
- A similar study can be replicated on large sample size, in different settings with different population as longitudinal study.
- A similar study can be done by using experimental and control group

CONCLUSION
From this study it is found that Neuro Linguistic Programme is effective in decreasing the level of craving among patients with alcohol dependence syndrome. Neuro Linguistic Programme is an excellent therapy which can really bring change for individual who are suffering with alcohol dependence syndrome.

LIMITATIONS
The study is limited to
1. A sample size of 60 patients with alcohol dependence.
2. Confined to the patients with alcohol dependence admitted in Narayana Medical College Hospital Nellore.
3. Patients available for a period of 6 months of data collection.

ACKNOWLEDGEMENT

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