



Quality of Life and Treatment Outcomes among Patients with Substance Use Disorder Attending Selected De-Addiction Centers in Bhopal, Madhya Pradesh: A Descriptive Study

Dr. Manish Kumar Sharma

(Ph.D. Research Guide)

Mr. John Sundar D

(Research Scholar)

ABSTRACT

Background

Substance Use Disorder (SUD) is a chronic and relapsing disorder that adversely affects the physical, psychological, social, and occupational well-being of affected individuals. Despite the availability of de-addiction services, many patients continue to experience poor Quality of Life and unsatisfactory Treatment Outcomes due to the complex nature of addiction and its psychosocial consequences. Assessing these outcomes is essential for planning comprehensive, patient-centered rehabilitation services and improving the effectiveness of addiction treatment programs.

Objectives

1. To assess the Quality of Life among patients with substance use disorder attending selected de-addiction centers.
2. To assess the Treatment Outcomes among patients with substance use disorder attending selected de-addiction centers.
3. To determine the association between Quality of Life and selected demographic and clinical variables.
4. To determine the association between Treatment Outcomes and selected demographic and clinical variables.

Methods

A quantitative descriptive cross-sectional study was conducted among 200 patients with substance use disorder attending selected de-addiction centers in Bhopal, Madhya Pradesh. Participants were selected using a purposive sampling technique. Data were collected using a structured demographic and clinical profile, the World Health Organization Quality of Life- BREF (WHOQOL-BREF) questionnaire, and a standardized Treatment Outcome Assessment Scale. Descriptive and inferential statistics were used to analyze the data.

Results

A total of 200 patients participated in the study. The findings revealed that 58.5% of participants had a moderate level of Quality of Life, 27.5% had a low level, and 14.0% had a high level of Quality of Life. Similarly, 61.0% demonstrated satisfactory Treatment Outcomes, while 39.0% had poor Treatment Outcomes. Significant associations were observed between Quality of Life and educational status, employment status, family support, and history of relapse ($p < 0.05$). Treatment Outcomes were also significantly associated with duration of substance use, family support, and treatment adherence ($p < 0.05$).

Conclusion

The study revealed that a considerable proportion of patients with substance use disorder experienced moderate Quality of Life and satisfactory Treatment Outcomes. The findings emphasize the need for comprehensive recovery-oriented interventions and continuous nursing support to support long-term rehabilitation and overall patient well-being.

Keywords

Substance Use Disorder; Quality of Life; Treatment Outcomes; WHOQOL-BREF; De- Addiction Centers; Descriptive Study; Mental Health Nursing.

INTRODUCTION

Substance Use Disorder (SUD) is a chronic, relapsing condition that adversely affects the physical, psychological, social, and occupational well-being of individuals. Despite advances in de-addiction services, many patients continue to experience poor Quality of Life and unsatisfactory Treatment Outcomes due to persistent psychosocial challenges and the risk of relapse. Quality of Life and Treatment Outcomes have emerged as important indicators of recovery, reflecting not only abstinence but also improvements in overall functioning and well-being. Assessing these outcomes provides valuable information for planning patient-centered rehabilitation services and improving the quality of addiction care. However, limited evidence is available regarding the Quality of Life and Treatment Outcomes of patients with substance use disorder attending de-addiction centers in Madhya Pradesh. Therefore, the present study was undertaken to assess the Quality of Life and Treatment Outcomes among patients with substance use disorder attending selected de-addiction centers in Bhopal, Madhya Pradesh.

OBJECTIVES

1. To assess the Quality of Life among patients with substance use disorder attending selected de-addiction centers.
2. To assess the Treatment Outcomes among patients with substance use disorder attending selected de-addiction centers.
3. To determine the association between Quality of Life and selected demographic and clinical variables.
4. To determine the association between Treatment Outcomes and selected demographic and clinical variables.

HYPOTHESES

H₀₁: There will be no statistically significant association between Quality of Life and selected demographic and clinical variables among patients with substance use disorder.

H₁₁: There will be a statistically significant association between Quality of Life and selected demographic and clinical variables among patients with substance use disorder.

H₀₂: There will be no statistically significant association between Treatment Outcomes and selected demographic and clinical variables among patients with substance use disorder.

H₁₂: There will be a statistically significant association between Treatment Outcomes and selected demographic and clinical variables among patients with substance use disorder.

METHODOLOGY

Research Approach and Design

A quantitative descriptive cross-sectional research design was adopted to assess the Quality of Life and Treatment Outcomes among patients with substance use disorder attending selected de-addiction centers.

Setting, Population, Sample and Sampling Technique

The study was conducted at selected de-addiction centers in Bhopal, Madhya Pradesh. The target population comprised patients diagnosed with substance use disorder receiving treatment at the selected centers. A total of 200 patients were selected using a purposive sampling technique based on the inclusion criteria.

Inclusion and Exclusion Criteria

Patients aged 18 years and above, diagnosed with substance use disorder, receiving treatment at the selected de-addiction centers, able to communicate in Hindi or English, and willing to participate were included in the study. Patients with severe psychiatric illness, cognitive impairment, critical medical conditions, or those unwilling to participate were excluded.

Data Collection Tool

Data were collected using a structured instrument comprising three sections. Section I included demographic and clinical variables, including treatment adherence. Section II consisted of the WHOQOL-BREF questionnaire to assess Quality of Life across the physical, psychological, social relationships, and environmental domains. Section III consisted of a standardized Treatment Outcome Assessment Scale to evaluate Treatment Outcomes among patients with substance use disorder.

Data Collection Procedure

After obtaining ethical approval and written informed consent, data were collected from eligible participants using the structured questionnaire. Each participant completed the assessment during a single interview session conducted at the selected de-addiction centers.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee before data collection. Written informed consent was obtained from all participants. Confidentiality, anonymity, and the right to withdraw from the study at any stage were ensured.

Data Analysis

Data were analyzed using SPSS. Descriptive statistics including frequency, percentage, mean, and standard deviation were used to summarize the data. The Chi-square test was used to determine the association of Quality of Life and Treatment Outcomes with selected categorical demographic and clinical variables. Independent *t*-test and one-way ANOVA were used to compare mean scores across relevant demographic and clinical groups. A *p*-value < 0.05 was considered statistically significant.

RESULTS

Table 1. Demographic and Clinical Characteristics of Patients with Substance Use Disorder (N = 200)

Characteristic	Frequency	Percentage
Age (years)		
18–30	48	24.0%
31–45	96	48.0%
>45	56	28.0%
Gender		
Male	166	83.0%
Female	34	17.0%
Educational Status		

Primary/Secondary	50	25.0%
Higher Secondary	70	35.0%
Graduate and above	80	40.0%
Employment Status		
Employed	90	45.0%
Unemployed	110	55.0%
Family Support		
Adequate	85	42.5%
Inadequate	115	57.5%
History of Relapse		
Present	87	43.5%
Absent	113	56.5%

The findings showed that nearly half of the participants (48.0%) were aged 31–45 years. The majority were male (83.0%). Forty percent had graduate-level education or above, while 55.0% were unemployed. Inadequate family support was reported by 57.5% of participants, and 43.5% had a history of relapse.

Table 2. Level of Quality of Life among Patients with Substance Use Disorder (N = 200)

Level of Quality of Life	Frequency	Percentage
Low	55	27.5%
Moderate	117	58.5%
High	28	14.0%
Total	200	100.0%

The majority of participants (58.5%) had a moderate level of Quality of Life, followed by 27.5% with a low level and 14.0% with a high level

Table 3. Level of Treatment Outcomes among Patients with Substance Use Disorder (N = 200)

Treatment Outcome	Frequency	Percentage
Poor	78	39.0%
Satisfactory	122	61.0%
Total	200	100.0%

The findings revealed that 61.0% of participants had satisfactory Treatment Outcomes, whereas 39.0% had poor Treatment Outcomes.

Table 4. Association between Quality of Life and Selected Demographic and Clinical Variables among Patients with Substance Use Disorder (N = 200)

Variable	χ^2 Value	p-value	Association
Educational Status	18.45	0.001*	Significant
Employment Status	10.04	0.007*	Significant
Family Support	14.36	<0.001*	Significant
History of Relapse	11.26	0.004*	Significant
Age Group	2.31	0.679	Not
			Significant

Statistically significant at $p < 0.05$. Quality of Life was significantly associated with educational status, employment status, family support, and history of relapse ($p < 0.05$). No significant association was observed between Quality of Life and age group.

Table 5. Association between Treatment Outcomes and Selected Demographic and Clinical Variables among Patients with Substance Use Disorder (N = 200)

Variable	χ^2 Value	p-value	Association
Duration of Substance Use	13.12	0.001*	Significant
Family Support	59.71	<0.001*	Significant
Treatment Adherence	26.79	<0.001*	Significant
Age Group	1.84	0.398	Not Significant
Gender	0.72	0.396	Not Significant

Statistically significant at $p < 0.05$. Treatment Outcomes were significantly associated with duration of substance use, family support, and treatment adherence ($p < 0.05$). No significant association was observed with age group or gender.

DISCUSSION

The present descriptive study revealed that most patients with substance use disorder had a moderate level of Quality of Life, while more than half demonstrated satisfactory Treatment Outcomes. Quality of Life was significantly associated with educational status, employment status, family support, and history of relapse. Treatment Outcomes were significantly associated with duration of substance use, family support, and treatment adherence. These findings highlight the importance of psychosocial support, family involvement, treatment adherence, and continued nursing care in supporting recovery and rehabilitation.

LIMITATIONS

- ❖ The study was conducted at selected de-addiction centers in Bhopal, Madhya Pradesh; therefore, the findings may not be generalizable to other settings.
- ❖ The use of purposive sampling may limit the generalizability of the findings.
- ❖ As the study used a cross-sectional design, causal relationships between Quality of Life, Treatment Outcomes, and selected variables could not be established.

CONCLUSION

The study revealed that a considerable proportion of patients with substance use disorder experienced a moderate level of Quality of Life, while 61.0% demonstrated satisfactory Treatment Outcomes. Significant associations with selected demographic and clinical variables highlight the need for comprehensive, individualized, and recovery-oriented care to promote patient well-being and support positive Treatment Outcomes.

RECOMMENDATIONS

1. Similar descriptive studies may be conducted with a larger sample size and in multiple de-addiction centers to improve the generalizability of the findings.
2. Longitudinal studies are recommended to assess changes in Quality of Life and Treatment Outcomes over a longer period.
3. Comprehensive recovery-oriented nursing interventions may be incorporated into routine de-addiction services to strengthen family support, treatment adherence, relapse prevention, and overall rehabilitation.

REFERENCES

1. American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Publishing.
2. Polit, D. F., & Beck, C. T. (2021). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Wolters Kluwer.
3. Substance Abuse and Mental Health Services Administration. (2023). *Recovery and recovery support*. U.S. Department of Health and Human Services.
4. United Nations Office on Drugs and Crime. (2024). *World drug report 2024*. United Nations.
5. World Health Organization. (2024). *Global status report on alcohol and health and treatment of substance use disorders*. World Health Organization.

