# Psychiatric Morbidity among Caregivers of Persons with Alcohol Use Disorder: A Systematic Review

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**Abstract**: *Background: Alcohol use disorder (AUD) is a major public health concern whose consequences extend beyond the affected individual to spouses, children, and other family members. Caregivers of persons with AUD experience prolonged psychological, social, financial, and interpersonal stress that increases vulnerability to psychiatric morbidity.*

*Aim and Objectives: The present systematic review aimed to identify psychiatric morbidities among caregivers of persons with AUD.*

*Methodology: A qualitative and integrative review was conducted using literature published between year 2011 and 2025 on caregivers of persons with AUD. The scientific platforms like PubMed, Google Scholar, PsycINFO, ResearchGate, and JSTOR were searched using terms related to AUD, caregivers, family members, psychiatric morbidity, depression, anxiety, and caregiver burden. Eligible studies examining psychiatric or psychological outcomes among caregivers or family members of persons with AUD were narratively synthesized.*

*Results: The reviewed studies demonstrated a substantial psychiatric morbidity among caregivers, particularly spouses. Reported psychiatric morbidity approximately 70.9%. Depression, anxiety, stress, adjustment disorders, and dysthymia were the most frequently reported conditions. Psychiatric morbidity was associated with greater severity and duration of alcohol dependence, caregiver burden, domestic violence, poor marital satisfaction, limited family support, and poorer quality of life.*

*Conclusion: Psychiatric morbidity among caregivers of persons with AUD is substantial but remains under-recognized. Routine assessment of caregiver mental health and burden, together with family counseling, psychological interventions, and appropriate psychiatric referrals, should be integrated into AUD treatment. A family-centered approach may improve caregiver well-being and support recovery of the person with AUD*

**Keywords:** Alcohol Use Disorder, Caregivers, Psychiatric Morbidity, Depression, Anxiety

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## Introduction

Alcohol use disorder (AUD) is a major public health concern characterized by problematic alcohol use that results in clinically significant impairment or distress and is associated with substantial medical, psychological, social, and economic consequences (Cohen et al., 2022; Russo & Elixhauser, 2011). Alcohol is a psychoactive and toxic substance with dependence-producing properties, and its harmful use contributes considerably to global morbidity, mortality, and disability. The global burden of alcohol-related harm is substantial. The global burden of alcohol-related harm is substantial. The World Health Organization (2024) reported that harmful alcohol use was responsible for approximately 3 million deaths, accounting for 5.3% of all deaths globally, and approximately 132.6 million disability-adjusted life years (DALYs), representing 5.1% of the global disease burden, in 2016 (Glantz et al., 2020; Lui et al., 2023). The burden of alcohol use is also considerable in India. The National Mental Health Survey (NMHS) of India (2015–2016) estimated that approximately 17% of the population had a history of alcohol use, while an estimated 10.6 million individuals were in need of treatment for alcohol dependence (Gautham et al., 2020).

The consequences of AUD extend beyond the individual and can adversely affect family relationships, financial stability, social functioning, and emotional well-being. Family members may experience interpersonal conflict, disrupted family roles, stigma, domestic violence, and stress related to intoxication, withdrawal, and relapse (Chinnusamy et al., 2021). Caregivers often assume significant emotional, social, and practical responsibilities, making AUD not only an individual disorder but also a significant family health concern (Vadher et al., 2020).

Psychiatric morbidity among caregivers of persons with AUD is an important but relatively under-recognized consequence of living with or caring for an affected individual. Indian studies have consistently demonstrated a substantial psychiatric burden among spouses and other family members. Kishor et al. (2013) reported psychiatric disorders in 65% of spouses, with mood and anxiety disorders being predominant and major depressive disorder present in 43%. More recent evidence from Singh et al. (2022) demonstrated psychiatric morbidity in 68% of spouses, including major depressive episodes in 34%; psychiatric morbidity was also observed among their children, suggesting that the psychological consequences of alcohol dependence may extend across family members and generations. Furthermore, Tilwani (2021) reported psychiatric disorders in 75% of wives of individuals with alcohol dependence, with dysthymia (45%) being the most common disorder, followed by depressive and anxiety-related disorders. Collectively, these findings highlight the substantial psychiatric burden associated with AUD among caregivers and family members. Similarly, Dandu et al. (2017) found that spouses of individuals with alcohol-related disorders were vulnerable to adjustment, mood, and anxiety disorders, with psychiatric morbidity associated with factors such as duration of alcohol use, marital satisfaction, family support, and socioeconomic status.

Despite growing evidence, psychiatric morbidity among caregivers of persons with AUD remains under-investigated, with Indian research focusing predominantly on spouses and limited attention to other family members. Differences in caregiver definitions, assessment methods, diagnostic criteria, and study populations further limit comparison across studies.

Therefore, a comprehensive review is warranted to synthesize evidence on the prevalence and types of psychiatric morbidity, associated clinical and psychosocial factors, and the relationship between caregiver burden and mental health.

## Methodology

This systematic review adopts a qualitative and integrative approach to synthesize findings from existing empirical and theoretical research on psychiatric morbidity among caregivers of persons with AUD. The objective was to identify and summarize the prevalence and patterns of psychiatric morbidity, associated clinical and psychosocial factors, caregiver burden, and other factors influencing the mental health of caregivers, and to provide a comprehensive understanding of the current evidence.

### Literature Search Strategy

A comprehensive literature search was conducted using electronic databases and search platforms, including PubMed, Google Scholar, PsycINFO, ResearchGate, and JSTOR. The search was limited to studies published between 2011 and 2025 to capture contemporary evidence while including relevant earlier research. The search terms included combinations of keywords such as: “alcohol use disorder,” “alcohol dependence,” “caregivers of persons with alcohol use disorder,” “family members of alcohol-dependent individuals,” “psychiatric morbidity,” “mental health,” “depression,” “anxiety,” “caregiver burden,” “spouses of alcohol-dependent individuals,” “family functioning,” and “psychological distress.

### Eligibility Criteria

Research articles, review articles, observational studies, qualitative studies, systematic reviews, meta-analyses, dissertations, and relevant reports addressing psychiatric morbidity among caregivers or family members of persons with AUD were considered for inclusion. Studies were considered eligible if they: (1) focused on caregivers or family members of persons with AUD or alcohol dependence; (2) examined psychiatric morbidity, psychological distress, mental health, caregiver burden, or related psychosocial outcomes in caregivers or family members of persons with AUD; (3) studies on clinical and psychosocial factors associated with prevalence and patterns of psychiatric morbidities among caregivers; (4) studies published in English language; (5) studies published in peer-reviewed journals or recognized academic or institutional sources; and (6) provided sufficient empirical or theoretical information relevant to the objectives of the review.

Studies were excluded if they focused exclusively on individuals with AUD without assessing their caregivers or family members; examined alcohol use in the general population without addressing caregiver or family outcomes; lacked empirical or theoretical relevance to psychiatric morbidity; or were editorials, opinion pieces, letters, conference abstracts, or articles for which the relevant full text was unavailable.

**Study Selection and Data Synthesis**

The identified literature was screened initially by reviewing titles and abstracts, followed by examination of the full texts of potentially relevant studies. Duplicate records and studies with overlapping or insufficiently relevant information were excluded. The findings from eligible studies were organized thematically according to prevalence and types of psychiatric morbidity, caregiver burden, associated clinical and psychosocial factors, family functioning, coping, social support, and implications for clinical practice. Due to substantial variation in study populations, assessment instruments, diagnostic criteria, and study designs, the findings were synthesized narratively rather than through statistical meta-analysis.

**Studies selected for systematic review**

A total of 45 numbers of research studies including original articles, research reviews (systematic review, metanalysis), case studies, project reports, etc. were pulled from scientific platforms. The scrutiny was done based on inclusion criteria and objectives of the review 15 number of studies were excluded as they did not fulfill inclusion criteria, another 11 number of studies were excluded due to non-availability of the full text, copyright issues, poor methodological clarity. At final stage 19 number of studies were reviewed for the present analysis

**Results**

The reviewed literature consistently demonstrated a substantial burden of psychiatric morbidity among caregivers and family members of persons with alcohol use disorder (AUD). Depression, anxiety, stress, adjustment disorders, and dysthymia were the most frequently reported psychiatric conditions. The reported prevalence varied considerably across studies, reflecting differences in sample characteristics, assessment methods, diagnostic criteria, and caregiver populations.

Several studies reported high rates of depression and anxiety disorders among caregivers. Kumar et al. (2021) reported dysthymia in 28.8%, major depression in 29%, social anxiety disorder in 6.7%, and generalized anxiety disorder in 13.3% of caregivers. Alcohol abuse and non-alcohol substance abuse were also reported in 12.2% and 15.5%, respectively, although 27% of caregivers had no diagnosed psychiatric morbidity. Gohil et al. (2016), among 110 caregivers of alcohol-dependent patients, reported dysthymia in 36%, major depression in 22%, unspecified anxiety disorder in 8%, and generalized anxiety disorder in 4.5%.

Among spouses, psychiatric morbidity was consistently high. Dandu et al. (2017), in a study of 104 spouses of men with alcohol dependence, reported psychiatric morbidity in 66.3% of participants. Depressive disorders were the most common, occurring in 44.6%, followed by adjustment disorder in 18.8%, with other anxiety and psychosocial problems also identified. Similarly, Singh et al. (2025) reported that 94.2% of 120 spouses had at least one psychiatric disorder. Major depressive disorder was the most common diagnosis (64.2%), followed by generalized anxiety disorder (35.0%) and suicidal behaviour disorder (24.2%). Psychiatric morbidity was higher among spouses living in nuclear families and among those whose husbands had severe or longer-duration alcohol dependence.

Earlier comparative evidence also demonstrated greater psychiatric morbidity among spouses of alcohol-dependent men than among controls. Shah et al. (2017) reported depression in 36% and anxiety in 16% of spouses in the alcohol-dependence group compared with lower levels among controls. Mild and severe suicidal risk were reported in 6% and 2% of spouses, respectively, whereas no suicidal risk was reported in the control group.

Recent studies have similarly reported substantial psychological distress. Vivekanandan et al. (2024) found considerable levels of perceived stress, anxiety, and depression among spouses of persons with AUD, with mean scores of 24.2, 19.2, and 16.4, respectively. Stress was positively associated with both anxiety and depression, while employed spouses reported lower anxiety and depression scores than unemployed spouses. Ignat et al. (2025) reported particularly high levels of psychological distress among 83 caregivers, with 86.7% experiencing moderate-to-severe depression, 98.8% anxiety, and 86.8% stress. Female caregivers showed greater emotional vulnerability, higher perceived burden, and lower coping capacity than male caregivers.

**Table 1. Studies Reporting Psychiatric Morbidity Among Caregivers of Persons With AUD**

| Author and year | Sample | Major findings |
|---|---|---|
| Bagul et al. (2015) | 60 spouses | Psychiatric morbidity: 63.33%. Major Depressive Disorder was the most prominent diagnosis |
| Begam et al. (2015) | 50 spouses | Psychiatric morbidity: 65% |
| Gohil et al. (2016) | 110 caregivers | Dysthymia: 36%; major depression: 22%; unspecified anxiety disorder: 8%; generalized anxiety disorder: 4.5%. |
| Dandu et al. (2017) | 104 spouses | Psychiatric morbidity: 66.3%; depressive disorders: 44.6%; adjustment disorder: 18.8%; anxiety and psychosocial problems were also reported. |
| Ghosh et al. (2017) | 123 caregivers | Psychiatric morbidity: 60.86% (Depressive disorder-30.43%, Persistent mood disorder-17.39%, anxiety disorder- 7.24%, Recurrent depressive disorder- 5.70%). |
| Shah et al. (2017) | 50 spouses | Depression: 36%; anxiety: 16%; stress: 6%. Mild suicidal risk: 6%; severe suicidal risk: 2%. |
| Indu et al. (2018) | 60 spouses | Psychiatric morbidity: 85%; adjustment disorder: 53.3%; major depressive disorder: 25%; anxiety disorders: 10%. Domestic violence was reported by 68.3%. |
| Kumar et al. (2021) | 90 caregivers | Dysthymia: 28.8%; major depression: 29%; social anxiety disorder: 6.7%; generalized anxiety disorder: 13.3%; alcohol abuse: 12.2%; non-alcohol substance abuse: 15.5%. |

| | | |
|---|---|---|
| Patkar et al. (2021) | 50 wives and | 22% depressive symptoms 10% anxiety. Suicidal ideation and suicide attempts were more common than among controls. |
| Lalitha et al. (2021) | 56 caregivers | Moderate to severe psychological distress: 89.3% (nervous, tired, hopeless, depressed, worthless & sad) |
| Singh et al. (2022) | 50 spouses & 67 children | Psychiatric morbidity among spouses: 68%; major depressive episode: 34%. 56.25% Psychiatric morbidity was also observed among children. |
| Vivekanandan et al. (2024) | 100 spouses | Mean perceived stress: 24.2; anxiety: 19.2; depression: 16.4. Stress was positively associated with anxiety and depression. |
| Kausar et al. (2024) | 30 wives | Psychiatric illness: 33.3%; major depressive disorder: 13.3%; dysthymia: 10%; generalized anxiety disorder: 6.7%; suicidality: 6.7%. |
| Sharada et al. (2024) | 54 spouses | Mild-to-moderate psychiatric morbidity: 46% and 36% had severe psychiatric morbidity |
| Patel et al. (2025) | 105 spouses | Psychiatric disorder: 82.86%; depressive disorders: 65.51%; anxiety disorders: 34.48%; MDD: 47.12%; dysthymia: 18.39%; GAD: 20.68%. |
| Singh et al. (2025) | 120 spouses | Psychiatric disorder: 94.2%; MDD: 64.2%; GAD: 35%; suicidal behaviour disorder: 24.2%. Higher morbidity was associated with severe and longer-duration alcohol dependence. |
| Ignat et al. (2025) | 83 caregivers | Moderate-to-severe depression: 86.7%; anxiety: 98.8%; stress: 86.8%. Female caregivers showed greater psychological vulnerability. |

Indu et al. (2018) reported psychiatric morbidity in 85% of 60 spouses of alcohol-dependent men. Adjustment disorder was the most common diagnosis (53.3%), followed by major depressive disorder (25%) and anxiety disorders (10%). Domestic violence was reported by 68.3% of spouses, and its severity was associated with the duration of marriage and the number of stressful life events. Similarly, Sharada et al. (2024) and Patel et al. (2025) reported that 82-82.86% wives of men with alcohol dependence had at least one psychiatric disorder. Depressive disorders were more common than anxiety disorders (65.51% vs. 34.48%), with major depressive disorder (47.12%) and dysthymia (18.39%) being the predominant depressive conditions. Generalized anxiety disorder was the most common anxiety disorder (20.68%).

Psychiatric morbidity has also been documented among children of persons with alcohol dependence. Singh et al. (2022) found that 68% of spouses had at least one psychiatric disorder, with major depressive episodes present in 34%. Among children older than 18 years, 56.25% had psychiatric morbidity, while 31.37% of children aged 6-18 years had psychiatric disorders, with generalized anxiety disorder being the most common diagnosis in the younger group.

**Discussion**

The findings of the present review indicate that psychiatric morbidity among caregivers of persons with alcohol use disorder (AUD) is substantial. Across the reviewed studies, psychiatric morbidity among caregivers/spouses of persons with AUD ranged from 33.3% to 94.2%, with an estimated weighted prevalence of approximately 70.9% among studies reporting overall psychiatric morbidity. Previous studies have similarly reported high levels of psychiatric morbidity, with approximately 60% to 95% of caregivers of persons with AUD experiencing some form of psychiatric morbidity (Dandu et al., 2017; Ghosh et al., 2017; Singh et al., 2022; Sharada et al., 2024; Patel et al., 2025; Singh et al., 2025). These findings highlight that the impact of AUD extends beyond the affected individual and substantially influences the psychological well-being of family members who provide care and remain exposed to alcohol-related family and social difficulties.

The findings of the present review indicate that depression is one of the most prominent psychiatric problems among caregivers of persons with alcohol use disorder (AUD). According to the reviewed studies, the reported prevalence of depressive disorders and depressive symptoms ranged from 13.3% to 86.7%, with considerable variation across studies depending on the diagnostic criteria and assessment instruments used. Previous studies have similarly reported a high prevalence of depression among caregivers, including 44.6% depressive disorders among spouses (Dandu et al., 2017), 36% dysthymia and 22% major depression (Gohil et al., 2016), 36% depression (Shah et al., 2017), and 34% major depressive episode (Singh et al., 2022). More recent studies reported substantially higher rates, with 65.51% depressive disorders among spouses in Patel et al. (2025), 64.2% major depressive disorder in Singh et al. (2025), and 86.7% moderate-to-severe depression among caregivers in Ignat et al. (2025). These findings suggest that prolonged exposure to alcohol-related family problems, including marital conflict, financial difficulties, disrupted family roles, uncertainty, and caregiver burden, may contribute to persistent depressive symptoms and clinically significant depressive disorders among caregivers.

The findings of the present review indicate that anxiety is also a significant psychological concern among caregivers of people with AUD. Across the reviewed studies, reported anxiety ranged from 6.7% to 98.8%, although considerable variation was observed according to the type of anxiety disorder, assessment method, and diagnostic criteria employed. Previous studies reported unspecified anxiety disorder in 8% and generalized anxiety disorder in 4.5% of caregivers (Gohil et al., 2016), anxiety disorder in 7.24% (Ghosh et al., 2017), and anxiety in 16% of spouses (Shah et al., 2017). Similarly, Indu et al. (2018) reported anxiety disorders in 10%, while Kumar et al. (2021) reported social anxiety disorder in 6.7% and generalized anxiety disorder in 13.3% of caregivers. Higher prevalence was reported in recent studies, with anxiety disorders in 34.48% of spouses (Patel et al., 2025), generalized anxiety disorder in 35% (Singh et al., 2025), and anxiety in 98.8% of caregivers (Ignat et al., 2025). These findings indicate that caregivers may experience persistent worry, emotional tension, and psychological insecurity related to the unpredictable nature of alcohol use, relapse, interpersonal conflict, financial problems, and uncertainty about family functioning.

The findings of the present review indicate that suicidality is an important but comparatively less frequently assessed concern among caregivers of persons with AUD. Among the reviewed studies reporting specific prevalence estimates, suicidal risk or suicidality ranged from 6.7% to 24.2%. Shah et al. (2017) reported mild suicidal risk in 6% and severe suicidal risk in 2% of spouses, while Kausar et al. (2024) reported suicidality in 6.7% of wives. More recently, Singh et al. (2025) reported suicidal behaviour disorder in 24.2% of spouses, while Patkar et al. (2021) found that suicidal ideation and suicide attempts were more common among spouses of men with AUD than among controls. It is essential to assess risk of suicide and suicidal ideation in caregivers of persons with AUD experiencing depression and severe psychological distress.

The reviewed literature suggests that caregiver psychiatric morbidity is influenced by the pattern and duration of alcohol use, care burden, domestic violence (Indu et al., 2018; Singh et al., 2025). However, the caregiver's characteristics like coping strategies, socioeconomic circumstances, personality factors, and pre-existing psychological vulnerability may also influence psychiatric outcomes.

Children may also be affected by alcohol-related family problems. Singh et al. (2022) reported psychiatric morbidity among 56.25% of children above 18 years, while psychiatric morbidity among children aged 6 to 18 years was 31.37%. This suggests that the psychological consequences of AUD may extend across multiple members and generations of the family rather than being restricted to the spouse.

**Limitations of The Study**

The findings should be interpreted in light of methodological differences among the reviewed studies. The studies varied considerably in sample size, participant characteristics, clinical setting, diagnostic criteria, and assessment instruments. Some studies reported formal psychiatric diagnoses, whereas others reported symptoms or levels of psychological distress. Consequently, prevalence estimates for depression, anxiety, and suicidality are not directly comparable across all studies.

**Conclusion**

The psychiatric well-being of caregivers of people with alcohol use disorder is influenced by psychological stress, caregiver burden, family relationships, social support, and the severity of alcohol-related problems. Therefore, a holistic family-centered approach is required, including routine mental health assessment, psychological support, family counseling, stress management, and appropriate psychiatric intervention to address depression, anxiety, stress, and other mental health problems. Mental health professionals and addiction-care providers play a pivotal role in supporting caregivers and strengthening their coping abilities. A multidisciplinary approach involving psychiatrists, clinical psychologists, social workers, healthcare professionals, caregivers, and family members is essential to improve caregiver well-being, family functioning, and recovery outcomes for people with AUD.

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