

Empty Nest Syndrome - An Obstacle for Alcohol Abstinence

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ABSTRACT

Empty nest syndrome is a general feeling of loneliness, sadness, and/ or grief that parents/ other guardian relatives may feel when their children leave home. This condition, more prevalent in women, is more common in modern times probably because extended family is becoming uncommon and the elderly are more left living by themselves. Current day Nepal is no more exception.

We report a case of 'alcohol dependence' with 'empty nest syndrome' of a 49-year-old lady presented with 4-year-history of episodic depression and increased drinking. She had been drinking for 10 years and more for last 4 years. This case report highlights importance of family support and of addressing co-morbid psychiatric disorder for effective management of alcohol problem.

Key words: alcohol, alcohol dependence, depression, empty nest syndrome, psychiatric co-morbidity.

INTRODUCTION

Empty nest syndrome is a general feeling of loneliness, sadness, and/ or grief that parents/ other guardian relatives may feel when their children leave home.¹ ² This condition, more prevalent in women, is more common in modern times probably because extended family is becoming uncommon and the elderly are more left living by themselves.¹ Current day Nepal is no more exception.

The experience of facing 'empty nest' has been found individualistic for each woman due to her own biographical and actual factors of life context and the feelings range from loss and sadness to relief and freedom,³ unhealthy coping may result in various adverse situations. Indulging oneself into substance is one of them.⁴ Vicious cycles of loneliness and substance taking behavior lead many of them to complex and serious conditions.⁵ Here is a case of 'empty nest syndrome' succumbing into 'alcohol

dependence syndrome' and 'recurrent depressive disorder' according to the ICD-10.⁶

CASE REPORT

A 49 year old female patient was brought to psychiatry outpatient department (OPD) of BP Koirala Institute of Health Sciences by her neighbors after referral from general OPD. She had 10 year history of drinking and the episodes of recurrent depressive disorder, currently for three months.

Although she was illiterate and since her husband was educated and service holder, they decided to send their son to capital city of Nepal, for higher and better studies as some of their relatives' children were also studying there. She used to feel low and alone after her son left for Kathmandu. As the husband used to be in office of a nearby town and her daughter was also busy with her study; she was alone in home most of the time. Though

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she knew that study was essential and it would help their children make progress in life, she could not stop crying while alone. Though slowly, she stopped crying; her loneliness did not improve with time. One day, one of the neighbor-relatives advised her to drink alcohol beverage so that she could forget the worry and feel better. With a drink, she could sleep at that night after many weeks of her son's departure.

Initially, she used to drink in social gatherings, in limited amount; not known to her husband and daughter. After about two years of her first drink, family members became aware about her problematic drinking when she was found intoxicated in her daughter's marriage party. Due to socially acceptable behavior, the family members did not make it an issue, thinking that she was in tension about the proceedings. But, to their surprise, she was found to be drunk in many occasions, quite obvious to others. She used to drink in bouts for about 2-3 weeks a time. During such binges; she would drink most of the time, subsequently would drink even from morning, in uncontrolled amount and would be care free about household chores. After her daughter's marriage; she was even more depressed: crying more often, expressing sad things about her and family and worrying about children. She could not sleep well and it would not be refreshing. She lost weight more. She could not console her with drink too and she stopped enjoying it after about 3 weeks of her heavy drinking binge. These symptoms lasted almost six months and in between, she was bed ridden for about 10 days. A local health worker had given her IV fluids, vitamin supplementation and ranitidine for acid peptic disease. Gradually, she improved.

About four years back, her son left the country for abroad. She had similar depressive episode lasting about nine months which also improved without psychiatric intervention. Though, she was relatively better and started taking care of home, she could not enjoy the things forever. For her, everything was just to do or happen without interest and jest. In between, she used to drink alcohol in binges. The frequency and duration of these bouts were gradually increasing. As her husband was expecting for pension soon, he had to go to office in nearby city. He would return home in weekends. Many a time, he had to take her to emergency-room for different physical illnesses. She would try to quit drinking when her husband and relatives used to point her problem drinking, her only daughter used to cry in front of her and the doctors advised against drinking. But, finding herself alone in her large building most of the time, she could not stop from drinking intoxicated.

About six months back, there was news from her son that they had got permanent residency abroad. She had similar break down as before with increased crying-spells,

insomnia, anorexia, weight loss and increased binges since three months. As she was not eating properly and had pain abdomen, she was taken to general OPD from where she was referred to psychiatry OPD this time. She wept while she was talking about her son. She expressed that the son would not return and the old parents would have to live by themselves. Though not frankly suicidal, she said that it would be a relief if the God take her to death. She was not concerned about the adverse effects of alcohol drinking. But, she said that she would not drink if there was somebody with her. She could not stop her drinking while she would be alone in home. There was no history of fever, loss of consciousness, seizure, delusions, hallucinations, obsessions and disorientation. They did not report any significant illness in her blood relatives. No prominent personality traits could be made pre-morbidly. With the diagnosis of 'alcohol dependence syndrome with recurrent depressive disorder, currently severe depression without psychotic symptom', she was put on fluoxetine, lorazepam and thiamine supplementation along with psychological interventions addressing her 'empty nest syndrome'. She was also advised for investigations: stool for occult blood, random blood sugar, electrolytes, creatinine, liver function tests with GGT, ultrasound of abdomen and blood counts with MCV and platelets. Unfortunately, she never turned up for follow ups probably because of lack of family support and or of her own depressive thoughts like hopelessness, helplessness and worthlessness.

DISCUSSION

In many cultures, including those from South East Asian Regions, elderly parents used to be held in high esteem and it was considered almost a duty of offspring to care for and respect them. And, extended families were common. With westernization and industrialization of cities in these countries too, values are steadily changing. Many a time, it is inconvenient or impractical for adult offspring to live with or care extensively for parents in a modern setting. 'Empty Nest Syndrome' has started to surface in some of these countries as well.¹ And, Nepal will have to face this situation.

Current world is witnessing an exceptional migration rate in the pretext of the search for better education, employment, opportunities and many other adverse compelling situations.⁷ Nepal is not exception in both internal and external migration. This circumstance would pose a new situation where both migrating people and the family and society of the migrating persons will need to adjust.⁸ Especially when the traditional social systems are changing, for example extended families are becoming less common; people are in unique situation of short social network. In context of Nepal too, social systems are in the verge of transition and disintegration

in one hand and on the other, globalization and exposure to the rest world are deeply affecting Nepalese life. Young Nepalese have dreams for better education, employment and opportunities that to be fulfilled in abroad. In such a situation, their old parents and family may have been a matter of less priority, leading to adverse consequences. Here, an attempt has been made to draw attention towards this situation through this case. Home, i.e. nest has been empty for many Nepalese mothers. In absence of proper preparation and support, many such women may have been in similar situation and, it warrants a systematic study.

Women with a limited role like that of family care, losing their role like that of mother role after the marriage or the departure of a child and narrow social network have been described to more suffer from empty nest syndrome, depressive illness and substance related disorders. Losses and changes may lead to lack of meaning and connection to life, and life can become terrible when self medicating with alcohol becomes addiction.⁹

Especially in transition period of development of a society, many mothers may not be prepared for separation from their children. Psychologically less sophisticated and less educated mothers may have narrow repertoire of coping strategies in such periods. These mothers will be vulnerable to complicated empty nest syndrome. In absence of adequate family support, the suffering parents will not get proper attention, care and treatment. Ultimately, the parent especially mother of the people struggling or progressing in developed/ advanced countries may be a sad story as in the reference case. Though financially sound, our case is suffering from a vicious cycle of psychiatric and substance related problems. Because of poor family support, she could not get appropriate care and treatment. Though brought once, she was never brought again for follow up. Family

support, social network and treatment of co-morbid axis I problem will help them even if the integration of family may not be possible for many of these mothers.

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