



Relación entre nivel de consumo de alcohol, salud mental y síntomas somáticos en un grupo de trabajadores de la industria gastronómica y hotelera de la ciudad de México

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MEXICO

El trabajo en el sector gastronómico y hotelero presenta condiciones que pueden afectar la salud física y mental de quienes laboran en él. Así, se ha encontrado que quienes trabajan en este sector están en riesgo de presentar problemas de abuso de alcohol, de salud mental y de trastornos somáticos. En México, los estudios dedicados a este sector se han concentrado en aspectos operativos y de atención al cliente, y se ha descuidado lo referente a la salud física y mental de los trabajadores.

El consumo excesivo de alcohol y los problemas de salud mental y física propician accidentes y problemas laborales, sociales y familiares, además de elevados gastos y pérdidas económicas, lo cual genera por su lado mayores problemáticas para la población trabajadora.

En vista de lo anterior, el objetivo de la presente investigación fue establecer si existe una relación entre el nivel de consumo de alcohol, el número de síntomas de problemas de salud mental y el nivel de malestar ocasionado por los síntomas somáticos en una muestra de trabajadores de la industria gastronómica y hotelera de la Ciudad de México.

Para ello se realizó un muestreo de tipo intencional, no probabilístico, por cuota. Se entrevistó a 194 hombres, predominantemente adultos jóvenes (18 a 30 años), quienes en su mayoría eran meseros, con estudios de secundaria, antigüedad en el ramo de tres a cinco años y poco más de la mitad de ellos eran solteros.

No se realizaron técnicas invasivas ni ningún tipo de intervención. El cuestionario fue aplicado de manera grupal en un aula de capacitación por entrevistadores previamente capacitados. La participación fue totalmente voluntaria y se solicitó la autorización verbal de los sujetos para responder al cuestionario. No se pidió el nombre a los empleados, los representantes sindicales y otras autoridades no tuvieron acceso a los cuestionarios individuales, con lo que se garantizaba la confidencialidad de las respuestas. A quienes solicitaron conocer sus resultados, los recibieron de manera personal.

Para determinar los niveles de consumo de alcohol se empleó la versión breve de la prueba AUDIT (las tres primeras preguntas), prueba previamente validada en México. Para conocer el estado de salud mental se aplicó el Inventario de Salud Mental de cinco reactivos (Mental Health Inventory, MHI-5) y la escala de somatización del SCL-90 (Symptoms Check List-90) para determinar el malestar psicológico derivado de los síntomas somáticos.

Se encontró una relación significativa entre el nivel de consumo de alcohol y el nivel de malestar ocasionado por los síntomas somáticos ($rp=.404$ $p<.01$); entre el número de síntomas por problemas de salud mental con el nivel de malestar ocasionado por los síntomas somáticos ($rp=.339$ $p<.01$); y entre el nivel de consumo de alcohol y los síntomas de problemas de salud mental ($rp=.260$ $p<.01$).

Es posible que la relación entre los síntomas de problemas de salud mental y el nivel de malestar ocasionado por los síntomas somáticos refleje diferentes expresiones de una misma conflictiva personal, que tiene salida de una u otra forma, y que en ocasiones se presenta de manera conjunta.

En cuanto a los síntomas somáticos experimentados, existe la posibilidad de que algunos de ellos, más que indicar síntomas de somatización, reflejen alguna enfermedad o padecimiento derivado de la actividad laboral.

La relación entre el consumo de alcohol y los problemas de salud mental puede deberse al uso de alcohol como una manera de hacer frente a los problemas emocionales.

Por otro lado, la relación entre el consumo de alcohol y los síntomas somáticos puede derivar de las problemáticas de salud relacionadas con el consumo excesivo o con el uso del alcohol para aliviar los malestares ocasionados por el cansancio y la carga de trabajo.

La relación entre estos tres aspectos muestra la necesidad de diseñar e implantar programas integrales de protección a la salud de los trabajadores de este sector.

Summary

In facilitating the presence of risk behaviors for health, some conditions inherent to the gastronomical and hotel industry may significantly affect the people working in this market. Among them are non-regular working days, temporary employment, low salaries, problems at work, low professional prestige, minimum development opportunities, bad relationships with managers, and unsafe conditions in the job environment.

In comparison with other work areas, this is one of the sectors with higher risk of problems related to alcohol use, mainly due to the availability of the substance in the work place, to the social pressure, to the working schedules, and to the way people cope with stress at work.

Due to movements, rhythm, and techniques used in the activities performed in this kind of job, it is possible to develop bones and muscles alterations, and because of constant changes in labor shifts circadian cycles suffer disruptions that lead to different somatic symptomatology.

Studies in workers have shown that problematic alcohol consumption is present in 33-44% of this population.

Other studies have found prevalences up to 24% of mental disorders in workers. The Department of Labor has reported that, as part of work diseases, mental and behavioral disorders increased its prevalence of 0.3% in 1999 to 1.9% in 2003. On the other hand, some studies report an association between mental disorders somatization, and alcohol use in general population.

People spend a considerable portion of their lives at their work places and working in gastronomic and hotel industry implies high risk for health. The objective of this paper is to know the association among alcohol use, the number of symptoms regarding mental health problems, and the level of discomfort caused by somatic symptoms in a sample of gastronomic and hotel industry workers from Mexico City.

Material and method

Population and sample

Sampling was non-random, on convenience, and by quota. The sample included 194 men, over 18 years old, who were working at companies from the gastronomic and hotel industry in Mexico City.

Most of the subjects were under 45 years old, over half of them studied until junior high school. The most frequent position among the subjects was waiter. Working days vary, depending on the day and time banquets and receptions are programmed. Over two thirds of the subjects mentioned having three or less years working in this kind of job.

Questionnaire

The short version of the AUDIT (first three questions) was used to establish the level of alcohol use. This version allows to rate subjects in three levels, according to the amount and frequency of consumption: low risk use, risk use, and dangerous use.

The five-item Mental Health Inventory (MHI-5) was used to determine the presence of mental health problems. The MHI-5 is a screening test that measures non-psychotic affective disorders, according to DSM-IV criteria, with no reference to specific disorders.

The Symptoms Check List-90 (SCL-90) was used to identify psychological stress derived from somatic symptoms. The three scales have good levels of reliability and validity.

The field team talked to the managers of the training department at the union, because all the subjects in the sample were affiliated, to get permission to collect the information.

No invasive techniques were used nor any other type of intervention. Subjects responded to the questionnaire gathered in groups inside a training room. The fieldwork involved trained interviewers, whose training was voluntary. All the workers accepted to participate and to respond the questionnaire through a verbal agreement. Participation was anonymous and neither the union representatives nor the managers had access to individual questionnaires, which granted confidentiality.

The union representatives acknowledged a global report that intended to make them aware of the magnitude of the alcohol use and mental health problems among their affiliates. SPSS 10 software was used to analyze data.

Results

A total of 44.2% of the subjects reported drinking four or more drinks per occasion; 60.9% of them mentioned they had drunk six or more drinks per occasion during the last year; 55.5% of the workers were located in a low risk consumption level; 43.1% had a risky consumption level, and 10.4% consumed at a dangerous level.

Results regarding mental health showed that a quarter of the subjects “have felt uneasy” (26.1%), 16.7% “have felt happy”, 9.7% “have felt sad and melancholic”, 8.4% “have felt down or as if nothing could cheer them up”, and 4.3% “have been very nervous”. A cut-off score of 16 or higher allowed identifying 11% of cases with symptoms of a possible mental health problem.

Most of the subjects (69.6%) mentioned having experienced at least one somatic symptom during the last month. The ones that caused more discomfort were muscular pain (17.6%), backaches (12%), headaches (9.7%), weakness in some part of the body (7.1%), and nausea (6.7%). A cut-off score of eight or higher allowed to identify 14.7% of cases with somatic symptomatology that caused psychological distress.

A Pearson correlation analysis was performed and the results showed a significant association between the level of alcohol consumption and the discomfort due to somatic symptoms ($r=.404$ $p <.01$). Significant associations were also found between the mental health state and the discomfort due to somatic symptoms ($r=.339$ $p <.01$), and between the level of alcohol consumption and the mental health state ($r=.260$ $p <.01$).

Discussion and conclusions

The percentage of alcohol consumers, the amount of alcohol consumed, the frequency of consumption, and the prevalence of problematic consumption were higher in this group of workers when compared to employees from other occupations. This can be the result of a mayor substance availability within gastronomic and hotel work environments.

The association between alcohol use and the number of symptoms of mental health problems may be an indicator of co-morbidity between both conditions. It is also possible that the association is related to excessive alcohol use as a way to cope with emotional problems.

The somatic symptoms with the highest prevalence were part of the somatization scale, but there is a possibility that they are indicators of an illness or disease derived from the labor activity instead of

indicators of somatic symptoms.

On the other hand, whether alcohol use increases frequency of mental and physical troubles or that consumption is present as a reaction to these troubles, more research is necessary to know more about these variables co-morbidity because these relate to the presence of accidents, problems at work, social and family problems, as well as economic burden.

The use of screening scales in working setting is important because it reduces costs and helps to identify related problems. In addition, they are easy to use at factories and businesses without interfering with the manufacturing processes.

Nevertheless, it is important to use more specific instruments with identified cases. This would permit a more precise diagnosis and, if necessary, to refer subjects to institutions that provide specialized health care. To have such a structure would reinforce protective factors for subjects to cope with the risks inherent to their professional activity.

Limitations and suggestions

Conclusions are valid only for the workers in this sample because of the sampling method and they cannot be applied to all the workers of the gastronomic and hotel industry.

So far, studies about substance use in working settings have focused on men population; however, women are an important segment that researchers should consider investigating to collect information that can sustain proper and necessary actions.

(El documento completo se encuentra disponible para su consulta en el Centro de Información de esta Fundación)

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