

ORIGINAL RESEARCH

Assessment of burden of care among caregivers of patients with schizophrenia and bipolar disorder

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ABSTRACT

Background: It has been determined that providing care is a fundamental aspect of human nature and a foundational aspect of close relationships. The present study was conducted to assess burden of care among caregivers of patients with schizophrenia and bipolar disorder. **Materials & Methods:** 50 patients of schizophrenia and bipolar disorders of both genders were selected and parameters such as duration of illness, duration of treatment, number of hospitalization, duration of caregiving etc. was recorded. **Results:** Out of 50 patients, males were 32 and females were 18. Duration of illness was 7.1 years in group I and 9.4 years in group II, duration of treatment was 5.4 years in group I and 7.6 years in group II, number of hospitalization was 0.8 and 0.9 and duration of care giving was 7.5 and 8.3 in group I and II respectively. The difference was significant ($P < 0.05$). BAS total score was 69.8 in group I and 69.1 in group II. The difference was significant ($P < 0.05$). **Conclusion:** Families of people with schizophrenia experience a greater strain than those of individuals with bipolar illness. Families of bipolar disorder suffer from a significant burden as well.

Key words: caregiver, psychiatric illnesses, schizophrenia

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INTRODUCTION

It has been determined that providing care is a fundamental aspect of human nature and a foundational aspect of close relationships.¹ Due to a lack of skilled human resources and infrastructure in India, professional services in both the public and commercial sectors have not evolved to their full potential. As a result, the family support system is crucial in providing care for those with mental illnesses.² Most research on this topic over the past five decades has been done on relatives of schizophrenia patients and has found that these families bear a heavy burden as a result of the condition. Later research on depression carers showed that relatives of depressive patients also endure severe distress.³

In order to avoid burnout while providing care and maintaining their own mental health, caregivers also require social support. Therefore, in order to lessen the burden of care, we should be aware of its contributing aspects.⁴ Numerous research have been carried out worldwide, including in India, to

determine how the burden of care varies depending on the demographic type. Studies have shown that patients with psychiatric illnesses stress their caretakers more than those with other chronic medical conditions. A few studies have also shown that caring for patients with psychotic symptoms is more difficult for carers than caring for patients with merely mood disorders.^{5,6} The present study was conducted to assess burden of care among caregivers of patients with schizophrenia and bipolar disorder.

MATERIALS & METHODS

The present study consisted of 50 patients of schizophrenia and bipolar disorders of both genders. All gave their written consent to participate in the study. All patients fulfilled with Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV). Data such as name, age, gender etc. was recorded. Patients of schizophrenia were put on group I and bipolar disorders in group II. Parameters such as duration of illness, duration of treatment, number of hospitalization, duration of caregiving etc. was

recorded. Data thus obtained were subjected to significant statistical analysis. P value < 0.05 was considered

RESULTS

Table I Distribution of patients

Total- 50		
Gender	Male	Female
Number	32	18

Table I shows that out of 50 patients, males were 32 and females were 18.

Table II Assessment of parameters

Parameters	Group I	Group II	P value
Duration of illness (years)	7.1	9.4	0.02
Duration of treatment	5.4	7.6	0.01
Number of hospitalization	0.8	0.9	0.97
Duration of care giving	7.5	8.3	0.84

Table II, graph I shows that duration of illness was 7.1 years in group I and 9.4 years in group II, duration of treatment was 5.4 years in group I and 7.6 years in group II, number of hospitalization was 0.8 and 0.9 and duration of caregiving was 7.5 and 8.3 in group I and II respectively. The difference was significant (P< 0.05).

Graph I Assessment of parameters

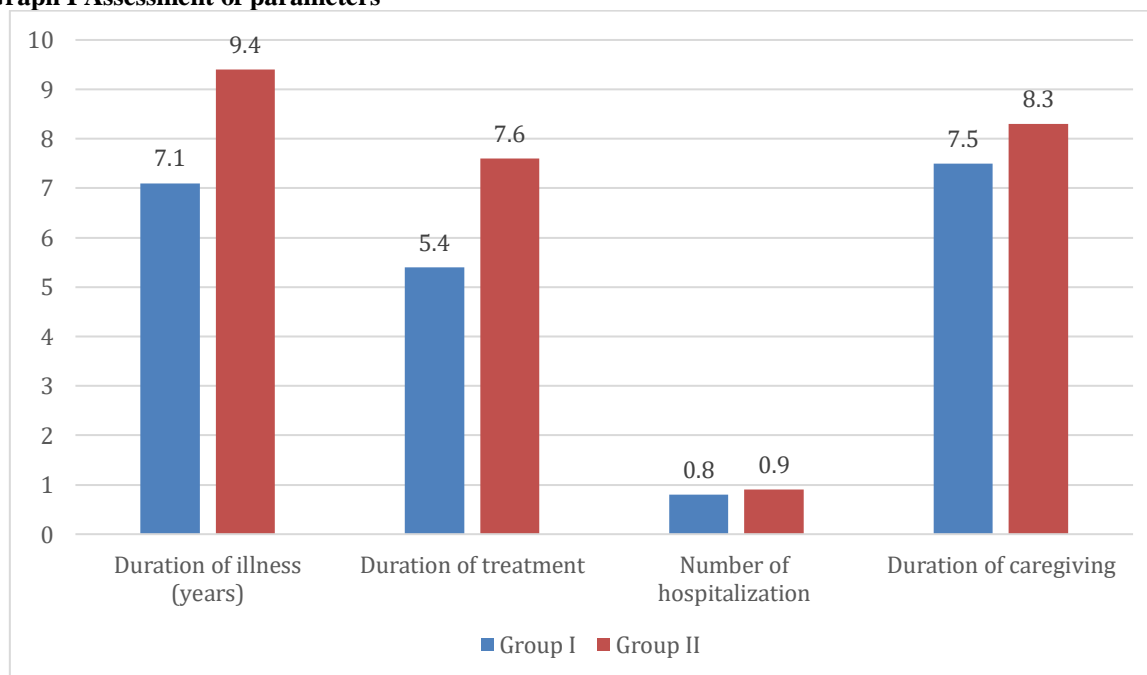


Table III Comparison of burden between caregivers of schizophrenia and bipolar disorder patients

Parameters	BAS total score	P value
Group I	69.8	0.04
Group II	69.1	

Table III shows that BAS total score was 69.8 in group I and 69.1 in group II. The difference was significant (P< 0.05).

DISCUSSION

Taking care of individuals with mental health concerns is incredibly demanding and difficult, especially in India where it is socially stigmatized to be called "Mentally ill" even for seeking out a psychiatrist.^{7,8} The present study was conducted to assess burden of care among caregivers of patients with schizophrenia and bipolar disorder.

We found that out of 50 patients, males were 32 and females were 18. Vasudeva et al⁹ assessed the extent and pattern of burden felt by the caregivers of patients with schizophrenia in comparison with bipolar disorder. Fifty-two patients with schizophrenia and fifty-one patients with bipolar disorder attending the outpatient department were assessed. The caregivers of schizophrenia group had significantly higher total burden score as compared to caregivers of bipolar

disorder. Caregivers of schizophrenia experienced significantly higher burden in area of external support, caregivers routine, and other relations.

We found that duration of illness was 7.1 years in group I and 9.4 years in group II, duration of treatment was 5.4 years in group I and 7.6 years in group II, number of hospitalization was 0.8 and 0.9 and duration of caregiving was 7.5 and 8.3 in group I and II respectively. Tanna et al¹⁰ assessed the of burden of care that caregivers feel while giving care to the patients of schizophrenia and bipolar disorder and to compare the difference in burden between these two conditions. Each caregiver was given the Zarit-Burden Interview scale in vernacular language and asked to rate each statement from 0 to 4 where 0: never, 1: rarely, 2: sometimes, 3: quite frequently, and 4: nearly always. The final score was calculated and interpreted as: 0–21 – little or no burden, 41–60 – moderate to severe burden, and 61–88 – severe burden. A total of 210 caregivers reported the interview scale completely, of which 105 caregivers belonged to schizophrenia group and 105 were related to bipolar disorder. Average of burden score was 64.89 ± 15.7 and 59.11 ± 17.8 (maximum score: 88) in schizophrenia and bipolar group, respectively, and difference between the group was statistically significant. In both the groups, it was found that, with increase in the age of patients, caregiver's burden significantly increased.

We found that BAS total score was 69.8 in group I and 69.1 in group II. Chadda et al¹¹ revealed that patients with schizophrenia and bipolar disorder impose similar level of burden on their caregivers and they use similar types of coping methods to deal with the burden. Fadden et al¹² reported that the spouses of affective disorder, especially bipolar disorder cope with the situation better possibly due to: The episodic nature of the illness, the ability of the spouse to identify the forthcoming episode early, and the expectations of near normal functioning between episodes. In schizophrenia, even when the more florid symptoms of illness have been controlled, caregivers continue to be concerned about the patient's ability to achieve the normal gratification of social life, work life, and leisure activities.

The limitation of the study is small sample size.

CONCLUSION

Authors found that families of people with schizophrenia experience a greater strain than those of individuals with bipolar illness. Families of bipolar disorder suffer from a significant burden as well.

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