

Factors affecting depression in caregivers of patients with schizophrenia

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Abstract

Background: Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and sense of well-being. Caregivers of patients with schizophrenia experience high levels of psychological distress and depression. **Aim and Objective:** To study the various factors that affect depression in caregivers of patients with schizophrenia. **Methodology:** Total 45 caregivers were selected after applying inclusion criteria. Sociodemographic data was collected by interviewing them. Depression score was calculated by using HAM-D scale. **Result and Discussion:** 60% of caregivers were suffering from some kind of depression. Gender, duration of illness in the patients and number of hospitalizations were found to be significantly associated with depression in caregivers.

Key Words:

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domestic routine, social activities and leisure, social isolation, financial difficulties and employment difficulties. Subjective burdens comprise emotional strain on caregivers, e.g. fear, sadness, anger, guilt, loss, stigma and rejection. Caregiving are often variable, constant and on-going for long periods and the role of the caregiver is stressful. Caregiving in patients with schizophrenia is an enormous task and most caregivers seem to be unprepared for the longitudinal course and duration of an illness like schizophrenia. The diagnosis of schizophrenia in a family member can lead to mixed emotions like shock, anger, depression, confusion and denial amongst caregivers so the study was undertaken to find out various factors affecting depression in these caregivers.

MATERIALS AND METHODS

Present cross sectional study was conducted in the department of Psychiatry, Bharati Vidyapeeth Deemed University Medical College and Hospital, Sangli, Maharashtra, over a period of 3 months. Study subjects were caregiver of schizophrenia patients. The patients have been diagnosed as schizophrenia using the ICD 10 criteria persistent symptoms for a period of at least 1 year. **Inclusion Criteria:** A caregiver must be 1. Immediate relatives who lived with and provided care to their family

INTRODUCTION

Schizophrenia is a severe mental disorder, characterized by fundamental disturbances in thinking, perception and emotions. It is among the most burdensome illnesses worldwide. In addition to the direct burden, there is considerable burden on the relatives who care for the sufferers. Caregivers of patients with neurological illnesses experience high levels of psychological distress and depression; increased rates of physical illnesses and personal, financial, family, and other social problems¹. Caregiver burden in mental illness can either be objective or subjective. Objective burdens are defined as readily verifiable behavioral phenomena, e.g. negative patient symptoms; caregivers' lives disrupted in terms of

member suffering from schizophrenia². Performed at least two of the following activities:a) prepare meals for the patientb) do the washing and laundry for the patientc) would remind the patient to take his/her medicationd) would accompany the patient for psychiatric consultations and follow ups. The caregivers of either gender, aged between 18-55 years, not suffering from mental retardation or any medical illness as per clinical interview were selected for inclusion in the study. It was also ensured that they should not be away from home for a period of one month or more for any reason during the last 3 months.

Exclusion Criteria:1).Patient's caregivers who have not given consent for participation.2).other mental illness than depression.3).caregivers suffering from chronic illness. Caregivers who met the study criteria were recruited after taking an informed valid consent. Data was collected by using a semi-structured interview in one sitting (data like income, family support, nuclear or joint family, urban or rural, educational status of caregiver) and caregivers were assessed for depressive symptoms by using Hamilton Depression Rating Scale[HAM-D] The version has 21 items. Items are scored from 0 to 2 or from 0 to 4. Score 0 - 7 = normal, 8 – 13 = mild depression, 14 – 18 = moderate depression, 19-22 = severe depression, ≥23 = very severe depression.

RESULTS

Out of total 88 caregivers of the schizophrenia patients 45 caregivers satisfied inclusion criteria. More than half 26 (57.78%) of the caregivers were females. Majority of them are parents 20 (44.45%). Children also have a great contribution 14(31.11%) as a caregiver. Mean age of the caregivers was 35.56 ± 5.78 years. Youngest caregiver was of 23 years and eldest was 55 years. Out of 45 caregivers 30 (66.67%) were married. Out of 45, 24 (53.33%) caregivers were employed, remaining were housewives or not employed because of need to attend the patients. Majority (66.67%) of them were literate.

Table 1: Distribution of study subjects according to depression score

Sr. No	Depression score (HAM-D)	Frequency
1	Normal (0-7)	18 (40%)
2	Mild (8-13)	16 (35.56%)
3	Moderate (14-18)	10 (22.22%)
4	Severe(19-22)	01 (2.22%)
5	Very severe (≥ 23)	00 (0%)

Out of the total 45 caregivers, 16(35.56%), 10(22.22%) and 1(2.22%) have mild moderate and severe depression respectively. 18(40%) caregivers were normal without any signs of depression. The prevalence of depression among female care givers was 51.85% (14). A larger

number of younger caregivers had higher depression scores than older caregivers. It was noted that children of the patients (sons + daughters) had higher depression scores than the parents of the patient (mothers + fathers). The caregivers who had been giving care for more than four years were found to have depression. The prevalence of depression among caregivers of patients who had more than two hospital admissions was more as compared to caregivers of patients who had no history of hospital admission (28% vs 15%). Multiple regression analysis was used in order to determine the factors affecting depression level among caregivers. All the variables stated earlier have been used to build a regression model, as shown in Table 2. Only three variables i.e. gender, duration of illness in the patients and number of hospitalizations were found to be significant.

DISCUSSION

The prevalence of depression found in our study (60%) was comparable to the findings of the study by singh *et al* (65%)⁽²⁾. The prevalence of depression in our study was higher than the prevalence in studies from Sri Lanka (37.5%)^[3], California USA (40%)^[4], The prevalence of depression in Heru *et al* (75%)^[5]. This may be due to difference in the characteristics of study subjects and scales used for calculating depression score. It was observed that depression amongst younger caregivers was greater than older caregivers, it was similar to study by singh *et al*², Magliano L *et al*⁶. Younger caregivers of patients with schizophrenia may have a greater burden due to lack of experience, relatively poor life skills and additional responsibilities and social roles, such as work and raising children and caring for aging parents. While older caregivers have more life experience in handling stressful situations.^{7,8} In our study, the prevalence of depression among female primary caregivers was higher than that of male primary caregivers it was higher than the findings of previous study (34%)⁹ females are expected to spend more of their time in care giving at home. the double burden of household chores and caring for the patients might have put women at more risk of developing depression. In addition, as housewives spend most of their time at home, they have prolonged contact with the patients. In this study, parents reported lower depression scores than children of the patients. A previous study found a high level of emotional distress among parents of mentally-ill individuals and mothers manifested significantly higher degrees of anxiety, depression, fear, and emotional drain¹⁰. The duration of illness was a significant factor for depression in caregivers. Similar findings were seen in Birchwood M *et al*¹¹. Social support and proper knowledge gained over a period of time can reduce the level of burden amongst

caregivers of patients with schizophrenia¹² If patients with schizophrenia are hospitalized multiple times, it is likely to increase the financial and other burden on the caregivers. The study findings also support this as the recurrent hospitalizations were found to be a significant predictor of depression scores. In our study gender, duration of illness in the patients and number of hospitalizations were found to be significantly associated with depression in caregivers, similar findings were observed in singh *et al*² Derajew *et al*¹³

CONCLUSION

It is important to provide appropriate psycho-educational interventions and psychotherapy to the families of patients with newly diagnosed schizophrenia in order to enhance the effective caregiving.

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