

Quality of life, enjoyment and satisfaction in caregivers of patients with schizophrenia

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Abstract

Background: It has been shown that schizophrenia patients' family caregivers have lower scores on measures of quality of life comparing to caregivers of the patients with other psychiatric diagnoses. **Aims and Objectives:** To study Quality of life, enjoyment and satisfaction in caregivers of patients with Schizophrenia. **Methods:** This cross sectional study was carried out in the caregivers of schizophrenic patients with written consent. Care givers of persons suffering from schizophrenia were enrolled in the Group S -50 persons and Group NS- 50 includes the relatives of Patients with other psychiatric disorders, attending the outpatient department of a psychiatry in Bharati Hospital, were assessed on Quality of Life, Enjoyment And Satisfaction Questionnaire (QLESQ-SF), Global Assessment Of Functioning and data were collected for the study. The statistical analysis was done by SPSS 19 version software. **Result:** In our study we have seen that the mean age in both the group was 39 ± 3.45 and 38 ± 5.1 , comparable with each other ($t=1.1484$, $df = 98, p>0.05$). The male to female composition in each group was comparable with each other ($\chi^2 = 0.04040$, $df=1$, $p>0.05$). The 42% of the subject in the Group S were having disturbed Physical health where as only 22% of the subjects in Group NS this difference was statistically significant ($\chi^2 = 4.59$, $df=1$, $p<0.03$). The 38% of the subject in the Group S were having disturbed social relationship where as only 18% of the subjects in Group NS this difference was statistically significant ($\chi^2 = 4.96$, $df=1$, $p<0.02$). The mean QLESQ-SF Score in Group S was 43.8 ± 3.21 and Group NS was 49.21 ± 2.95 this observed difference was statistically significant ($t=8.7747$, $df = 98$, $p<0.0001$). **Conclusions:** The findings from this study suggest that caregivers need social support and family intervention programmes to cope with the burden of care-giving and enhance better quality of life. Decreased quality of life may be associated with caregivers burden, lack of social support, course of the disease and family relationships problems. In addition in developing countries, quality of life is affected by caregivers economic burden. High quality research is needed in order to identify factors associated with quality of life over time and testing the efficacy of interventions aiming to improve quality of life in caregivers of patients with schizophrenia.

Key Words: Caregivers, Schizophrenia, Quality of Life, Enjoyment and Satisfaction Questionnaire (QLESQ-SF)

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INTRODUCTION

Family can play a very important role for care taking in the schizophrenic patients. The impact of caring for a relative with a mental disorder on the quality of life (QOL) of family caregivers has been highlighted in previous studies¹⁻³. It has been shown that schizophrenia patients' family caregivers have lower scores on measures of quality of life comparing to caregivers of the patients with other psychiatric diagnoses^{4,5}. Their low QOL derives from emotional reactions to the illness, the stress of coping with relatives' disturbed behaviour, the disruption of household routine, stigma they are also confronted with, restriction in social and leisure activities,

and economic difficulties⁶. A couple of decades ago, hospitals or psychiatric institutions were in charge of caring for patients with schizophrenia. However nowadays this role is performed by one or more patient’s relatives. Evidence shows that informal caregivers experience negative changes in their quality of life. The current study examined perceived burden and its influence on the Quality of Life in caregivers of persons suffering from schizophrenia.

MATERIAL AND METHODS

After institutional ethical committee approval this cross sectional study was carried out in the caregivers of schizophrenic patients with written consent Care givers of persons suffering from schizophrenia were enrolled in the Group S -50 persons and Group NS- 50 includes the relatives of Patients with other psychiatric disorders, attending the outpatient department of a psychiatry in Bharati Hospital, were assessed on Quality of Life, Enjoyment And Satisfaction Questionnaire(QLESQ-SF), Global Assessment Of Functioning and data were collected for the study. All details like in the domains of domains of physical health, social relationships and environment of the caregivers of both the groups were assessed. The statistical analysis was done by SPSS 19 version software.

RESULT

Table 1: Distribution of the Study subjects as per the demographic characteristics

Demographic characteristics	Group S (n=50)	Group NS (n=50)	Statistical analysis
Age (Mean SD)	39 ± 3.45	38 ± 5.1	t=1.1484 df = 98,p>0.05
Sex			$\chi^2 = 0.04040$, df=1, p>0.05
Male	23	22	
Female	27	28	

The mean age in both the group was 39 ± 3.45 and 38 ± 5.1, comparable with each other (t=1.1484, df = 98,p>0.05), The male to female composition in each group was comparable with each other ($\chi^2 = 0.04040$, df=1, p>0.05)

Table 2: Distribution of the study subjects as per the Disturbed physical health

Disturbed physical health	Group S	Group NS	Total
Present	21 (42%)	11 (22%)	32
Absent	29 (58%)	39 (78%)	68
Total	50 (100%)	50 (100%)	100

($\chi^2 = 4.59$, df=1, p<0.03)

The 42% of the subject in the Group S were having disturbed Physical health where as only 22% of the subjects in Group NS this difference was statistically significant ($\chi^2 = 4.59$, df=1, p<0.03)

Table 3: Distribution of the study subjects as per the Disturbed physical health

Disturbed social relationship	Group S	Group NS	Total
Present	19(38%)	9(18%)	31
Absent	31 (62%)	41 (82%)	69
Total	50 (100%)	50 (100%)	100

($\chi^2 = 4.96$, df=1, p<0.02)

The 38% of the subject in the Group S were having disturbed social relationship where as only 18% of the subjects in Group NS this difference was statistically significant ($\chi^2 = 4.96$, df=1, p<0.02)

Table 4: Distribution of the study subjects as per Mean QLESQ-SF Score

Subjects	Mean QLESQ-SF Score (Mean± SD)	Statistical analysis
Group S	43.8 ± 3.21	t=8.7747, df = 98,
Group NS	49.21 ± 2.95	p<0.0001

The mean QLESQ-SF Score in Group S was 43.8 ± 3.21 and Group NS was 49.21 ± 2.95 this observed difference was statistically significant (t=8.7747, df = 98, p<0.0001).

DISCUSSION

Schizophrenia is a disabling and severe psychiatric disorder which is a major cause of suffering for patients. Schizophrenia also affects functioning and health of family caregivers, mainly because the caregivers have assumed functions that were performed in the past by psychiatric institutions⁷⁻¹¹. Caregivers supply the patient with care and support^{7,8}. The impact of care giving on caregivers’ quality of life (QoL) is substantial⁹⁻¹³, especially when experiencing a significant burden^{14,15}, restricted roles and activities, and increased psychosomatic, anxious, or depressive symptoms^{7,16}. Moreover, caregivers’ negative experience may affect their ability to care for the patients^{17,18}. Research on caregivers’ QoL is thus of importance both for the caregivers themselves and indirectly for patients’ health. In our study we have seen that the mean age in both the group was 39 ± 3.45 and 38 ± 5.1, comparable with each other (t=1.1484, df = 98, p>0.05), The male to female composition in each group was comparable with each other ($\chi^2 = 0.04040$, df=1, p>0.05). The 42% of the subject in the Group S were having disturbed Physical health where as only 22% of the subjects in Group NS this difference was statistically significant ($\chi^2 = 4.59$, df=1, p<0.03). The 38% of the subject in the Group S were having disturbed social relationship where as only 18% of the subjects in Group NS this difference was statistically significant ($\chi^2 = 4.96$, df=1, p<0.02). The mean QLESQ-SF Score in Group S was 43.8 ± 3.21 and Group NS was 49.21 ± 2.95 this observed difference was statistically significant (t=8.7747, df = 98, p<0.0001). These studies are similar with studies they shown; Quality of life in caregivers is inversely related to their

burden. Alejandra Caqueo-Urizar *et al*¹⁹ reported decreased QOL to be associated with caregivers' burden. Selwyn Stanley *et al*²⁰ and Anniqa Foldemo *et al*²¹ obtained a significant negative correlation between the family burden and QOL scores of the caregiver indicating that these two dimensions mutually influence one another. Mean Q-LES-Q-SF score represents quality of life in caregivers. In our study we found quality of life to be moderately low. This is similar to the findings of Laurent Boyer *et al*²² and Lueboonthavatchai P *et al*²³ who found Schizophrenic caregivers' QoL levels to be either low or moderately low. Sally Wai-chi Chan²⁴

CONCLUSIONS

The findings from this study suggest that caregivers need social support and family intervention programmes to cope with the burden of care-giving and enhance better quality of life. Decreased quality of life may be associated with caregivers burden, lack of social support, course of the disease and family relationships problems. In addition in developing countries, quality of life is affected by caregivers economic burden. High quality research is needed in order to identify factors associated with quality of life over time and testing the efficacy of interventions aiming to improve quality of life in caregivers of patients with schizophrenia.

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