



PREVALENCE OF FAMILY BURDEN IN CAREGIVERS OF SCHIZOPHRENIA

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ABSTRACT

Background: Schizophrenia is a long standing and debilitating illness affecting almost 1 to 1.5 % of the world population. The present study is done to look into the prevalence of care giver burden and it's socio-demographic correlates. Aim: To determine the prevalence of care giver burden in patients of Schizophrenia and to look into the socio-demographic correlates. Study Population: 30 care givers of schizophrenia patients attending the Psychiatry OPD in a tertiary care hospital in June 2109. Study Design: Longitudinal cross sectional Non interventional study. Inclusion Criteria: Primary care givers of the schizophrenia patients within the age of 18 to 65 years. Exclusion Criteria: Subjects having any known psychiatric illness and subjects having any chronic physical illness. Scales Administered: Semi structured Pro forma for socio demographic and illness related information. GHQ-12 SCALE, Yoruba Version of Family Burden Interview Scale (Y-FBIS) Results: In 60% of cases spouses were effected. 90% patients had illness for more than 3 years. More than 13 hours per day were spent on 80% cases.

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INTRODUCTION

Schizophrenia is a disabling, chronic psychiatric disorder that poses numerous challenges in its management and consequences.¹

The World Federation of Mental Health ² has assessed the burden of those providing care to patients with chronic diseases as a global problem and has announced that caring for these patients requires continuous energy, knowledge, empathy, economic power and influences daily living to a large extent. While attempting to establish a balance between their jobs, families, and patient care, caregivers usually neglect their own physical and mental health¹.

The caregiver burden caused by schizophrenia³ is evaluated in a multidimensional way.⁴ The negative effects of persons with a serious mental illness on their family members have been explored since the 1950s, and the term “caregiver burden” began to be used in the 1970s.

The scope of this concept was broadened after the 1980s. The “caregiver burden” concept that is widely accepted includes all of the physical, mental, social, and economic problems experienced by the relatives of an individual with a chronic mental disease. The present study aimed at assessing how caregiver burden relates to the patient families’ knowledge about schizophrenia, the financial burden, disruption of family activities, disruption of family leisure?

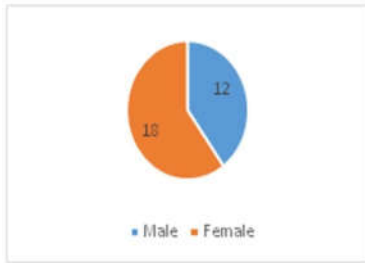
There is a dearth of knowledge regarding the caregiver burden of schizophrenia house-holds which may have an impact on the outcome. A careful evaluation of the same can contribute to the betterment of the care giver and the patient care to a significant extent. To determine the prevalence of care giver burden in patients of Schizophrenia and to look into the socio-demographic correlates.

MATERIALS AND METHODS

Longitudinal study non-interventional study done in care-givers of 30 Schizophrenic patients attending the Out-patient department of Psychiatry at GSL Medical College, Rajahmundry during June of 2019. The Y-FBIS measures both objective burden and subjective burden. Objective burden is determined using 24 items grouped under 6 categories: (A) financial burden, (B) disruption of routine family activities, (C) disruption of family leisure, (D) disruption of family interaction, (E) effect on physical health of others, and (F) effect on mental health of others.⁵ Each item of objective burden is rated on a 3-point scale (0 = no burden, 1 = moderate burden, 2 = severe burden). The total objective burden score is obtained by adding the rating for each of the 24 items that ranges from 0 to 48. The General Health Questionnaire (GHQ) is a self-administered instrument used for screening for psychiatric morbidity. It has a good internal consistency (Cronbach alpha 0.82 to 0.93).

RESULTS

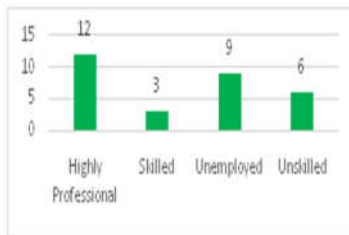
The male to female ratio in the study is 40:60 (n = 30)



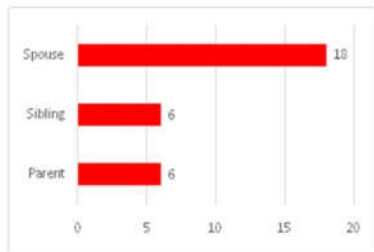
The educational qualification of the caregiver in the study is given in the table where 50% were above class 12.

Education	Distribution	Percentage
Illiterate	12	40
07 – 12	03	10
More than 12	15	50

Occupation of the caregivers in the study is given in the chart where Highly professionals are 40% followed by unemployed accounting up to 30%.



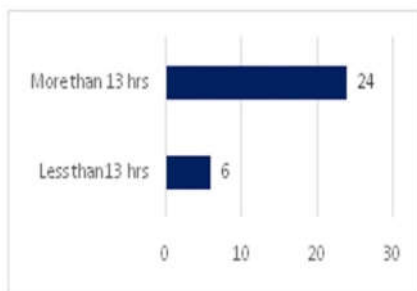
Relation statuses of the caregiver to the patient give in the chart below showing 60% caregivers were spouse.



Duration of Illness in patients in which 90% patients were ill for more than 03 years are shown in the table below

Duration of Illness	No of Patients	Percentage
Less than 03 years	03	10%
More than 03 years	27	90%

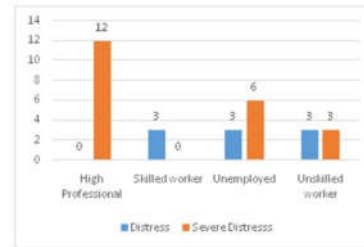
Hours spent by Caregivers on patients are shown in the chart below where 80% caregivers spend more than 13 hours a day



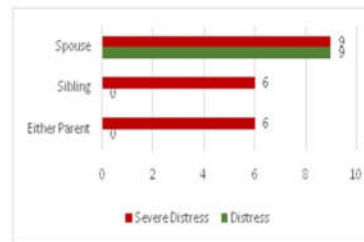
Distress in caregivers in correlation to Educational qualifications in the study obtained by GHQ questionnaire (P value = 0.001) is given in the table shows 50% of qualification more than 12 experience severe distress.

Educational Qualifications	Distress	Severe Distress	Total
0	06 (66.7%)	06 (28.6%)	12 (40%)
07 – 12	03 (33.3%)	0	03 (10%)
More than 12	0	15 (71.4%)	15 (50%)
Total	09 (100%)	21 (100%)	30 (100%)

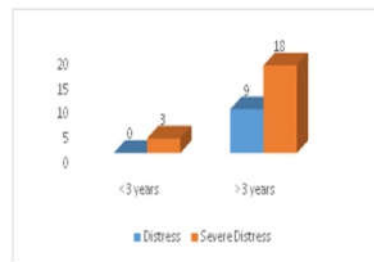
Correlation of Occupation versus Distress in caregivers in the study (P value = 0.004) is shown in the chart below where highly professionals experience severe distress.



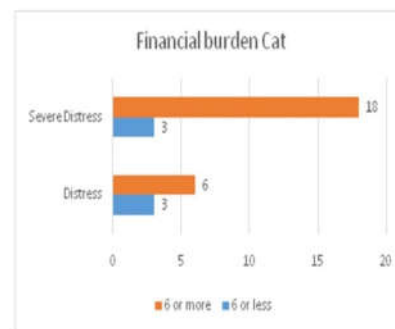
Correlation of caregiver distress with relation to the patient (P value = 0.01)



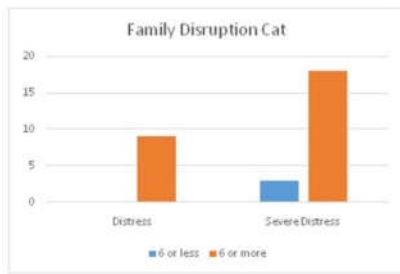
Correlation of caregiver distress with duration of Illness (P value = 0.5)



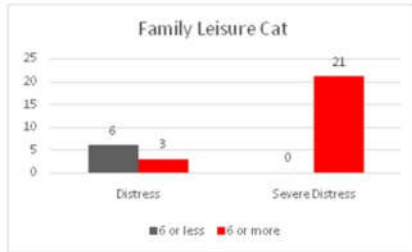
Correlation between GHQ and financial burden (Y – FBIS scale) (P value = 0.2)



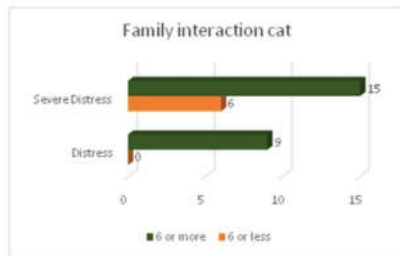
Correlation between GHQ and disruption routine family activities (Y-BIS scale) (P value = 0.2)



Correlation between GHQ and disruption of family leisure (Y-BIS scale) (P value = 0.0001)



Correlation between GHQ and Disruption of family interaction (Y-BIS Scale) (P value = 0.005)



DISCUSSION

Earlier study by Victor et al 2013 on Family Burden in Caregivers of Schizophrenia Patients: Prevalence and Socio-demographic Correlates shows that 85.3% of caregivers of schizophrenia patients experienced at least some amount of objective burden; 84.2% experienced at least some subjective burden.⁶

In support of Montero's finding that over 55% of caregivers of schizophrenia had high GHQ score. The present study found that 51.1% of caregivers scored above the GHQ cut off point indicating psychological distress.

However, this finding suggests that caregivers are potential "high risk group" for mental disorders. Thus, they constitute a group of individuals who require medical, psychological, and social intervention in order to reduce the growing incidence of chronic non-communicable diseases including mental health problems.

The findings of the present study show that care takers of patients having illness more than 3 years have severe distress and the results were found to be significant.

Other variables like financial burden, disruption of routine family activities were compared but results were not found to be significant.

All the socio-demographic variables in the present study have been found to be have some positive correlation with care

giver burden, though the results were found statistically insignificant.

Among the patients who reported severe distress in general health questionnaire, significant proportion of them reported severe distress in the family leisure (85%) and family interaction (62.5%) and P values of 0.0001 and 0.05 respectively.

CONCLUSION

From the study we conclude that majority of the caregivers reported of severe distress and among them a significant proportion of them reported in family leisure and family interaction. Hence forth, at multifaceted level improvement can definitely bring in schizophrenia patients.

Limitations

The current study being an observational study. The impact of the caregiver burden on the prognosis of the schizophrenia patients has not to be looked in to.

The current study is done in tertiary hospital the findings cannot be generalized to.

Future Implications

A prospective longitudinal study looking in to the impact of the caregiver burden in to the prognosis of schizophrenia patients can be done.

An intervention for the caregivers like any relaxation technique, Yoga, mindfulness can also be a part of future studies.

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