



Research Article

ASSESSMENT OF FACTORS ASSOCIATED WITH BURDEN IN CAREGIVERS OF PATIENTS WITH CHRONIC PSYCHIATRIC ILLNESS AND MALIGNANCY

Nava Komali Kanaparthy^{1*}, Vamsi Narayana Tanniru¹, Harika Puvvada¹, Uma Maheswari Posam¹, Venkateswara Rao J², Lokeshwara Reddy P³, Sravani. Yangalasetty⁴, Venkata Rama Rao. Nallani⁵ and Rama Rao Nadendla⁶

^{1,2,4,5}Department of Pharmacy Practice, Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur

³Department of Psychiatry, Government General Hospital, Guntur

⁶Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur

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ABSTRACT

Background: Caregivers of individuals suffering from psychiatric illness and malignancy are at risk of being subjected to mental health consequences such as depression, anxiety and burnout. Community based studies indicated that family and economical burden is higher in patients with chronic psychiatric illness. The term “caregiver burden” is used to describe the physical, emotional and financial toll of providing care. As the disease progresses, it carries with it a tremendous increase of burden on the caregiver who does the care giving

Method: The present study was undertaken at department of psychiatry and oncology, Government General Hospital, Guntur. Total of 150 caregivers were included in the study. 100 caregivers from psychiatry department and 50 caregivers from oncology department were enrolled in the study and data was compared by using BAS score.

Results: There was a significant association of caregiver burden with that of age, gender, socioeconomic status of the caregiver.

Conclusion: From our study we conclude that the care giver burden was high in males as compared to females. Age group of 30-40 are more prone to take care to the patients in both psychiatry and oncology compared to other age groups.

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INTRODUCTION

The burden perceived by caregivers of patients with psychiatric illness is a fundamental prognostic aspect.^[1] In fact, patients and their families are constantly affected by the changes resulting from the disease and its treatment. These changes gradually reduce the levels of performance and the ability of family members, destruction of emotional system and communication structures of family, in effective relationships among members, emergence of financial and economic problems, reduced social interactions of the family, changes in roles, reduced life expectancy, and emergence of symptoms such as anger, feeling guilty, grief, and even denial.^[2] Studies have shown that caring for a mentally ill patient affects various aspects of caregivers life, including their quality of life and socio-economic status.^[3] Family caregivers, for instance, are usually required to provide financial support, and endure the burden of economic difficulties. They also provide physical and emotional support to the patient and bear emotional and physical stress resulting from patients disturbing behaviours that consequently affect daily routines and ability to undertake usual social activities^[4].

Caregiver responsibilities can include bathing, transportation, medication management and monitoring for and managing treatment side effects^[5]. Caring for a loved one can be rewarding, but can also be associated with significant caregiver burden. Caregiver burden is a “subjective experience that is perceived as stressful” and occurs when an imbalance exists between care giving demands and caregiver resources to cope with those demands.^[6] Caregivers are at higher risk of depressive symptoms, more likely to experience difficulties with sleep and fatigue and are less likely to practice preventive health than non-caregivers.

Care giving and care receiving can occur at any point in the life-course, and is typically associated with chronic illnesses or disabilities, which result in losses of independence and functioning. Caregiver burden refers to the negative feelings and subsequent strain experienced as a result of caring for a chronically sick person.^[7]

Thus, family caregivers of patients suffer great pressure physically, mentally, and socially in the course of care and control of the sick members of the family.^[8]

*Corresponding author: **Nava Komali Kanaparthy**

Department of Pharmacy Practice, Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur

Living situation, material status, employment status, and involvement in social activities all these are some of the factors effecting quality of life. The study aims to look at the burden of care giver and different coping style used by the family members to cope with patient with chronic psychiatric illness and malignancy.^[9]

METHODOLOGY

A cross sectional study was conducted in Government General Hospital from October 2020to march 2021 for a period of 6 months among 150 subjects. The study was conducted after obtaining approval from Institutional Ethics Committee and Informed Consent from patients and caregivers. Descriptive data were expressed as frequencies, mean and standard deviation and for continuous data chi-square test was used. The level of significance was set at p<0.05with95% confidence interval. The patients were screened based on inclusion and exclusion criteria. The inclusion and exclusion criteria were mentioned below:

Inclusion Criteria

1. The caregiver aged more than 20yrs and who are staying with the patient since onset of illness.
2. Irrespective of blood-relation, spouses were included in the study.
3. Caregivers of cancer patients those who are taking care since 2 years.

Exclusion criteria

1. Caregivers with disturbances in cognitive functioning/ memory, patients on end of life support system and those of physically handicapped.
2. Caregivers of patients with other chronic illness like heart diseases, liver diseases.
3. Unwilling to participate in the study.

RESULTS

Table 1 Age wise frequency distribution of psychiatric and oncology caregivers

Age in years	Psychiatric Caregivers	Oncology Caregivers
<30	30	5
30-40	30	13
40-50	26	22
>50	14	10

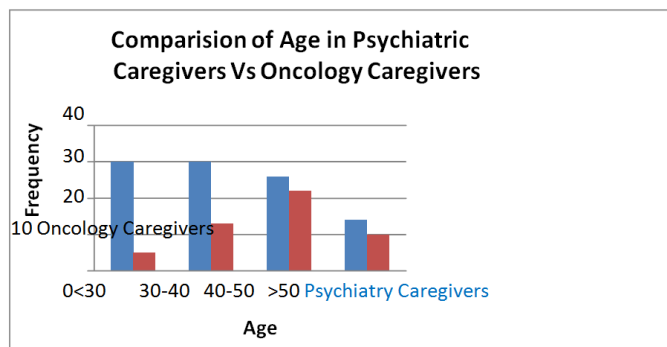


Fig 1 Comparison of Age in psychiatric and oncology caregivers

From the above table1 and figure 1 shows that majority of psychiatric caregivers are in the age group of less than 30 and 30-40 and majority of oncology caregivers are in the agegroupof40-50.

Table 2 Gender wise frequency distribution of psychiatric and oncology caregivers

S.No	Sex	Psychiatric Caregivers	Oncology Caregivers
1	Female	45	16
2	Male	55	34

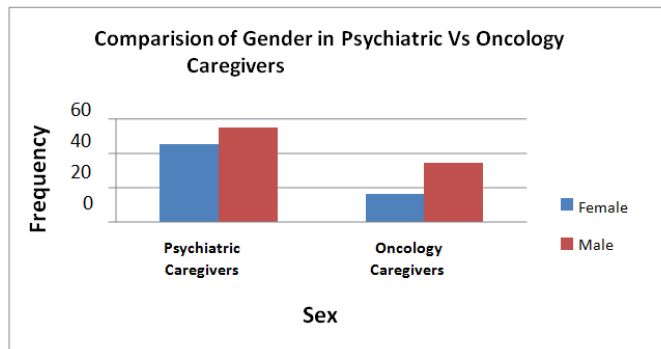


Fig 2 Comparison of Gender in Psychiatric Vs Oncology Caregivers

From the above table 2 and figure 2 shows that majority of caregivers are male in both psychiatry and oncology

Table 3 Frequency distribution of psychiatric and oncology care givers with respect to Education

Education	Psychiatric Caregivers	Oncology Caregivers
illiterate	35	15
Upto10 th	53	26
Intermediate	12	6
Graduate	0	3

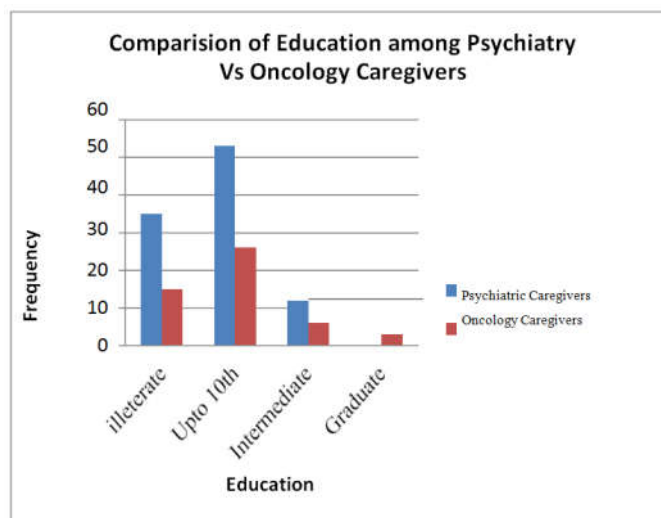


Fig 3 Comparison of Education among Psychiatry and Oncology Caregivers

From the above table 3 and figure 3 shows that majority of psychiatric and oncology care givers are from 10thstandard.

Table 4 Frequency distribution of psychiatric and oncology caregivers with respect to Income status

Income Status per month (in rupees)	Psychiatric Caregivers	Oncology Caregivers
<5000(low)	76	21
5000-10000(minimal)	23	27
>10000(high)	1	2

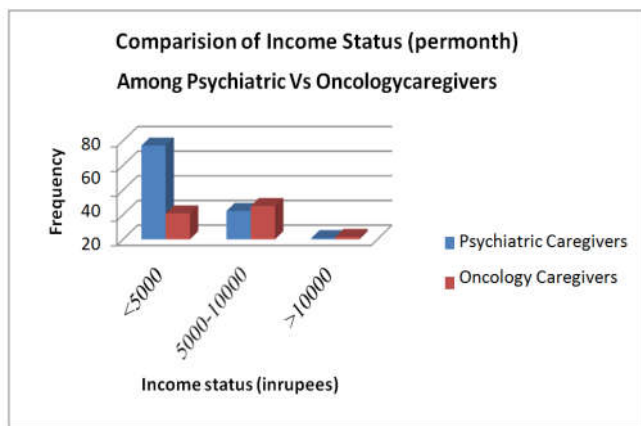


Fig 4 Comparison of Socioeconomic status among Psychiatry and Oncology caregivers

From the table 4 and figure 4 shows that majority of psychiatric caregivers are having low-socio economic status

DISCUSSION

- A study conducted by Ampalam *et al*^[10] found that duration increased caregiver burden, as did increasing age of the caregiver. But in our study, age does not associated with the caregiver burden which was statistically proven. Surprisingly, the levels of burden did not correlate with the age of caregiver.
- According to the study conducted by Anu KM *et al.*, stated that the burden was more in females as compared to other sex but whereas the present study results revealed that the female caregivers are 45 and 16, male caregivers are 55 and 34 in psychiatry and oncology group respectively. In this study males had greater burden compared to females and observations are statistically significant. Spouses seem to experienced major caregiver burden. According to the caregiver identity theory, the spousal care giver has both spousal and care giver roles. Because of the inconsistencies in the relationship caused by the disease, these caregivers experienced burden associated with changing spousal role and care giver role simultaneously.
- Present study concluded that majority of psychiatric and oncology caregivers are from 10th standard, whereas 35 and 15 illiterates from psychiatry and oncology respectively. 3 Graduates from oncology
- According to the study Sujata CW *et al.*, stated that low socio-economic group are at high risk when compared to higher socio-economic people and present study also concluded that majority of psychiatric caregivers are having low-socio economic status and majority of oncology caregivers are having minimal economic status.

CONCLUSION

From our study we conclude that the care giver burden was high in males as compared to females. Age group of 30-40 are more prone to take care to the patients in both psychiatry and oncology compared to other age groups. Factors like gender, were statistically signified that there was an association with care giver burden.

Limitations

- The study was limited for duration of six months only.
- As all people in the sample were not educated and there was no rating scale measuring care giver burden in vernacular language, the scale had to be translated into local language, which can be a confounding factor.
- The study was limited to the small sample because of covid-19 pandemic.

Future Prospectives

- This study can be extended by comparing the caregiver burden and quality of life of care givers.
- This study can be extended to assess the risk factors that are associated with caregiver.

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