

FREQUENCY OF ANXIETY AND DEPRESSION AMONG CAREGIVERS OF PATIENTS OF SCHIZOPHRENIA REPORTING IN A TERTIARY CARE HOSPITAL

Zarrar Akbar, Asif Azeem Bajwa, Sara Saif*

Combined Military Hospital Panu Aqil/ National University of Medical Sciences (NUMS) Pakistan,*Combined Military Hospital Peshawar/ National University of Medical Sciences (NUMS) Pakistan

ABSTRACT

Objective: To determine the frequency of depression and anxiety among caregivers of patients of schizophrenia.

Study Design: Cross sectional descriptive study.

Place and Duration of Study: The study was carried out at the department of Psychiatry, Combined Military Hospital Peshawar, from Oct 2013 to Oct 2014.

Material and Methods: Convenience non-probability sampling technique was used for the selection of the subjects. The sample size consisted of one hundred diagnosed patients of schizophrenia along with one caregiver (parent/spouse) of each patient. Urdu version GHQ 12 with cut off score of 4 was administered to screen for the presence and absence of psychiatric morbidity. HAM-D (Hamilton rating scale for depression) and HAM-A (Hamilton anxiety rating scale) were used to assess frequencies of depression and anxiety. All the data collected in the study were analyzed using statistical package for social studies (SPSS) version 14.

Results: Out of a total of 92 caregivers of 100 schizophrenic patients who continued with study, 83 scored more than GHQ 12 cut off score. Out GHQ positive, 27 (29.34%) caregivers were found to have depression while 17 (18.47%) caregivers had anxiety.

Conclusion: Anxiety and depression were indentified in the caregivers of schizophrenia patients.

Keywords: Anxiety, Caregivers, Depression, Schizophrenia.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Schizophrenia, literally meaning, split mind is considered to be one of the most disabling psychiatric illnesses, which usually runs a chronic course. With the recent advances in psychiatric treatment and the introduction of biopsychosocial model, there has been a trend towards community and outpatient management. Active involvement of family members and the role of informal caregivers is getting more important than ever before^{1,2}.

Families of patients of schizophrenia are, usually, adversely affected by the illness of the patient³. They have to constantly provide practical help and personal care in addition to emotional support in the often inevitable change in the nature of the underlying emotional relationship. Taking on a caring role may reduce

the time, energy and finances required for other demands of life and this can affect their work, social life and other relationships. Further more being a carer often raises difficult personal issues about duty and responsibility, adequacy and guilt etc. and because of this the caregivers often need help of others to share or take over responsibilities^{4,5}. The burden carried by the caregivers of severely affected patients of schizophrenia, increases their risk of becoming ill which leads to an unnecessary and greater use of medical resources⁶. The caregivers of patients with the diagnosis of schizophrenia have higher levels of depression as compared to caregivers of patients of depression and anxiety^{7,8}. Among the caregivers, parents and spouses are usually the most intimately related and carrying out most of the care giving. Feelings of psychological distress in the form of anxiety and depression are common among caregivers, more so in parents and spouses. In one recent study, anxiety was found in 32% and depression in 22% of the

Correspondence: Dr Zarrar Akbar, Dept of Psychiatry CMH Panu Aqil Pakistan (Email: zarrar.akbar72@gmail.com)
Received: 18 May 2016; revised received: 18 May 2016; accepted: 19 May 2016

caregivers and the risk of these disorders increases with the patient's degree of physical dependence, mental deterioration, lack of social support and longer periods devoted to care giving⁹.

Keeping this in view, this study on the frequency of depression and anxiety disorders in parents/spouses of schizophrenic patients along with the effects of educational level and socio-economic status of the patients was carried out in

technique. Caregivers (parents / spouses), having looked after the patient of schizophrenia for minimum of six months were included in the study. Written informed consent was obtained from those willing to participate in the study. Caregivers having history of stressful life events such as any major catastrophe or bereavement etc, in the family in last one year or any serious medical and surgical illness were excluded.

Socio demographic details including age,

Table-I: Tendency of psychiatric disorders based on GHQ 12 screening in caregivers (n=92).

Tendency of Psychiatric disorders	Caregivers	
	Frequency	Percentage
Present (GHQ12, 4 or more)	83	90.22%
Absent (GHQ 12, <4)	9	9,78%
Total	100	100.0%

Table-II: Frequency of anxiety among caregivers of patients of schizophrenia (n=83).

S. No.	Anxiety	Frequency	Percentage
1	No anxiety	66	79.6
2	Anxiety	17	20.48
3	Mild anxiety	12	14.45
4	Moderate anxiety	4	4.9
5	Severe anxiety	1	1.20
	Total	83	100

Table-III: Frequency of depression among caregivers of patients of schizophrenia (n=83).

S. No.	Depression	Frequency	Percentage
1	No Depression	56	67.5
2	Depression	27	32.53
3	Mild Depression	14	16.9
4	Moderate Depression	11	13.25
5	Severe Depression	2	2,40
	Total	83	100

Department of Psychiatry, Combined Military Hospital Peshawar.

PATIENTS AND METHODS

This cross sectional descriptive study was carried out at Department of Psychiatry Combined Military Hospital Peshawar. The duration of the study was twelve months after approval from ethical committee. The sample size consisted of one hundred diagnosed patients of schizophrenia and one caregiver (parents/spouses) of each patient. The data was collected by using non probability convenience sampling

sex, education, employment status, marital history and earnings per year were obtained on a semi structured performa. GHQ 12 urdu version was used to assess the presence of any psychiatric disability in caregivers with a cutoff score of 410. All those care givers having GHQ 12 score of 4 or more were administered Hamilton Rating Scale for Depression (HAM-D) and Hamilton Rating Scale for Anxiety (HAM-A) to assess the presence/ severity of depression and anxiety. HAM-D, is a multiple item questionnaire used to provide an indication of depression and as a

guide to evaluate recovery. The questionnaire is designed for adults and is used to rate the severity of their depression. The Hamilton Anxiety Rating Scale (HAM-A) is a psychological questionnaire used by clinicians to rate the severity of a patient's anxiety. Results were analyzed using Statistical Package for Social Sciences (SPSS 14), qualitative data like frequency of disease is mentioned through percentages including variables like, age, sex, employment status, education are also calculated in percentage. Mean and range was calculated for quantitative variable like age.

RESULTS

A total of the 100 patients of schizophrenia along with their caregivers were included in study. Mean age of the patients was 37.37 (range 18-65 years). Seventy two percent of the patients were male and 28 % of the patients were female.

Among the 100 caregivers included in the study, 8 dropped out due to their social reasons. Mean age of the caregivers was found to be 46.56 (range 21-65 yrs) SD 11. Out of 92 available caregivers 14 of the caregivers were male (15.3%), and 78 (84.7%) were female as shown in fig. Caregiver's education status revealed 11 (12%) were illiterate; 10 (10.9%) were educated till primary level; 19 (20.7%) were middle passed; 21 (23%) were matriculate; 19 (20.7%) were undergraduates and 12 (13.1%) were graduates. Their employment status showed that 14 (15.3%) caregivers were self employed, 13 (14.2%) employed, 8 (8.7%) were jobless and 57 (62%) were supported. While their income status showed 11 (12%) not earning, 13 (14.2%) earning less than Rs 5000, 14 (15.3%) earning between Rs 5000-10000, 12 (13%) earning between 10-15000 and 42 (45.7%) had income more than 15000. Out of 92 caregivers 83 (90%) had GHQ 12 score more than cutoff level as shown in table-I. A total of 17 (21%) caregivers had anxiety; 12 (14.5%) were found to have mild anxiety, 4 (5%) had moderate anxiety and 1 (1%) had severe anxiety (as shown in table-II) while 27 (33%) caregivers were found to have depression; out of these 14 (15.7%) had

mild depression, 11 (13%) were moderately depression and 2 (2%) had severe depression as shown in table-III.

DISCUSSION

The management of schizophrenia entails a huge financial burden. Involvement of the families can result in better rehabilitation and would help reduce burden on caregivers. The purpose of our study was to assess the frequency of anxiety and depression in caregivers (parents / spouses) of schizophrenic patients in our society, as limited work has been done in this aspect of psychiatric problem, in Pakistan. In a recent study published in Pakistan it was concluded that psychological distress among caregivers of patients of schizophrenia is significant^{10,11}.

The mean age of caregivers in our study was

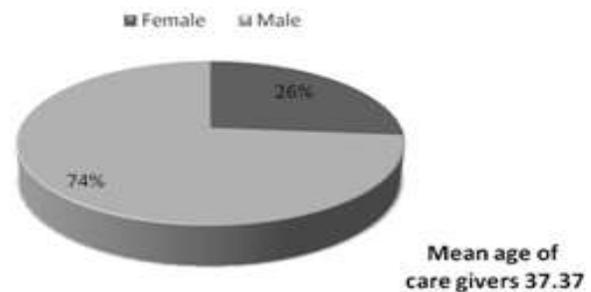


Figure: Percentage distribution of caregivers according to sex (n=92).

46.56 ± (14.73) years' older than many studies conducted outside Pakistan. This could probably due to design of our study as the caregivers were restricted to the spectrum of spouses and parents only. For caregivers of patients of schizophrenia patients severity of symptom, duration of illness, number of needs, disability extent, decreased social interaction, being older intensifies the burden and presence of conditions like anxiety and depression¹². While no previous research to authors knowledge, has assessed presence of anxiety and depression among caregivers of these patients, domain care giving burden such as stress and tension are associated with maladaptive coping strategies which further

increase the presence of anxiety and depressive symptoms¹³.

Many studies on caregivers of schizophrenia patients and caregivers for patients with other debilitating illness like schizophrenia have reported similar poor health related outcomes as are reported in this study. Those caregivers having similar demographic characteristics, a significantly greater proportion of caregivers of schizophrenia have reported symptoms like sleep difficulties, insomnia, depression and anxiety. Moreover a substantially greater proportion of schizophrenia caregivers reported taking prescribed medications and greater levels of depression¹⁴.

Previous studies published on the related topic have found out that this population is particularly vulnerable to deteriorating health especially with stress related problems anxiety and depression. The current study corroborated these findings as significantly higher proportion of caregivers scored more than the cutoff score for GHQ 12 urdu version, signifying suffering from psychiatric symptoms.

The World Health Organization (WHO) mental health planning guidelines advise that "The coping capacity and skills of families should be assessed regularly, and measures taken to ensure that families benefit from the necessary support, education and the provision of resource" However it is up to the public health system of each country to help identify and provide resources for such individuals¹⁵. It was in this context this study was carried out to have some baseline data of the suffering of these caregivers in our settings. This data might help in providing resources and support to caregivers of patients of schizophrenia and establish health care facilities and early identification of these sufferers.

Few of the limitations of this study were; firstly, this was a cross sectional descriptive survey of a limited population reporting to

tertiary care hospital. Secondly, keeping in view the specific entitlement privilege for services personals, results should be interpreted with some caution and should not be made a generalization.

CONCLUSION

Anxiety and depression were indentified in the caregivers of schizophrenia patients.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

REFERENCES

- Oyebode J. Assessment of carers' psychological needs. *Advan Psychiatr Treat* 2003; 9: 45-53.
- Aranda-Reneo I, Oliva-Moreno J, Vilaplana-Prieto C, Hidalgo-Vega A, Gonzalez-Dominguez A. Informal care of patients with schizophrenia. *J Ment Health Policy Econ* 2013; 16(3): 99-108.
- Moral Serrano MS, Juan Ortega J, Lopez Matoses MJ, Pellicer Magraner P. Profile and risk of mental illness in caregivers for home care patients. *Aten Primaria* 2003; 32: 77-83.
- Schulz R, Beach SR. Caregiving as a risk factor for mortality: the caregiver health effects study. *JAMA* 1999; 282: 2215-9.
- McCreadie RG. Effects of schizophrenia on patients' relatives. *Br J Psychiatry* 2001; 178: 575.
- Boyer L, Caqueo-Urizar A, Richieri R, Lancon C, Gutierrez-Maldonado J, Auquier P. Quality of life among caregivers of patients with schizophrenia: a cross-cultural comparison of Chilean and French families. *BMC Fam Pract* 2012; 13: 42.
- Honkonen T, koivisto AM. Satisfaction of caregivers of patients with schizophrenia in Finland Eija Stengård, Lic Sc Psychiatric Services 2000; 51: 1034-39.
- Wittmund B, Wilms HU, Mory C, Angermeyer MC. Depressive disorders in spouses of mentally ill patients. *Soc Psychiatry Psychiatric Epidemiol* 2002; 37: 177-182.
- Awad AG, Voruganti LN. The burden of schizophrenia on caregivers: a review. *Pharmacoeconomics* 2008; 26(2): 149-62.
- Tennakoon L, Fannon D. Experience of caregiving: relatives of people experiencing a first episode of psychosis. *Br J Psychiatry* 2000; 177: 529-53311.
- Shah TH, Sultan SM, Faisal M, Irfan M. Psychological distress, perceived stigma, and coping among caregivers of patients with schizophrenia. *J Ayub Med Coll Abbottabad* 2013; 25(3-4): 27-30.
- Fe Bravo-Ortiz M, Gutierrez-Casares JR, Rodriguez-Morales A, Garcia MA, Hidalgo-Borrajo R. Influence of type of treatment on the well-being of Spanish patients with schizophrenia and their caregivers. *Int J Psychiatry Clin Pract* 2011; 15(4): 286-95.
- Rabinowitz J, Berardo CG, Bugarski-Kirola D, Marder S. Association of prominent positive and prominent negative symptoms and functional health, well-being, healthcare-related quality of life and family burden: a CATIE analysis. *Schizophr Res* 2013; 150(2-3): 339-42.
- Adelman RD, Tmanova LL, Delgado D, Dion S, Lachs MS. Caregiver burden: a clinical review. *JAMA* 2014; 311(10): 1052-60.
- Zendjidjian X, Richieri R, Adida M, Limousin S, Gaubert N, Parola N, et al. Quality of life among caregivers of individuals with affective disorders. *J Affect Disord* 2012; 136(3): 660-5.