

# Assessment Of Caregivers' burden Of Patients With Schizophrenia And Bipolar Disorder

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## Abstract

**Background:** Caregivers also need the social support to prevent their exhaustion in caring and maintaining their own mental health. The present study was conducted to assess burden felt by the caregivers of patients with schizophrenia and bipolar disorder.

**Materials & Methods:** 74 patients of schizophrenia and bipolar disorder of both genders were assessed with Burden Assessment Schedule (BAS) scale and Psychopathology in schizophrenia patients was measured using Positive and Negative Syndrome Scale (PANSS).

**Results:** Out of 58 patients, males were 38 and females were 20. The mean duration of illness was 7.2 years and 8.9 years, duration of treatment was 5.4 years and 6 years and mean number of hospitalizations was 0.72 and 0.90 in group I and II respectively. The difference was significant ( $P < 0.05$ ). The mean score of BAS in group I and group II for spouse related was 4.1 and 5.7, physical and mental health was 12.5 and 12.3, external support was 8.3 and 8.2, caregiver routine was 8.7 and 7.5, patient support was 4.6 and 5.2, taking responsibility was 9.4 and 8.6, other relation was 6.7 and 5.3, patient behaviour was 9.0 and 8.6 and caregiver strategy was 8.4 and 7.2 respectively. The difference was significant ( $P < 0.05$ ).

**Conclusion:** The extent of burden among families of schizophrenic patients is more than those of bipolar disorder.

**Keywords:** Caregivers, Burden Assessment Schedule, Positive and Negative Syndrome Scale.

## Introduction

It is very demanding and challenging to take care of patients living with mental health issues. Caregivers also need the social support to prevent their exhaustion in caring and maintaining their own mental health.<sup>1</sup>Most of the studies in this area during the past 5 decades across the world have focused on the families of patients with schizophrenia and found that the families experience significant burden due to the illness.<sup>2</sup>Later studies on caregivers of depression showed that the relatives of patients with depressive illness also experience significant distress.<sup>3</sup>

Some studies have demonstrated that the caregivers of patients with psychiatry illness feel more burden than patients with other chronic medical illness. Furthermore, few pieces of research also pointed out that the caregivers feel more burden in caring patients with psychotic symptoms compared to the patients with only mood symptoms.<sup>4</sup> However, because of cultural and various other factors, burden becomes highly subjective and variable. For example, ethnic minorities such as Asians are more tolerant than the people from western parts to psychiatry patients in their families. Chadda et al<sup>5</sup> revealed that patients

with schizophrenia and bipolar disorder impose similar level of burden on their caregivers and they use similar types of coping methods to deal with the burden. The present study was conducted to assess burden felt by the caregivers of patients with schizophrenia and bipolar disorder.

### Materials & Methods

The present study comprised of 74 patients of schizophrenia and bipolar disorder of both genders. All gave their written consent for the participation in the study.

Data such as name, age, gender etc. was recorded. Burden Assessment Schedule (BAS) is a 40-item structured instrument in English, which assesses both the objective and

subjective burden experienced by the caregiver of chronic mentally ill patients. To measure global functional level, Global Assessment of Functioning scale, a 100-point single item scale with values ranging from 1 to 100 representing the hypothetically sickest person to the healthiest, was used. MINI International Neuropsychiatric Interview was used to confirm the diagnosis and detect any comorbid conditions. Psychopathology in schizophrenia patients measured using Positive and Negative Syndrome Scale (PANSS). Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

### Results

**Table I Distribution of patients**

Total- 58		
Gender	Males	Females
Number	38	20

Table I shows that out of 58 patients, males were 38 and females were 20.

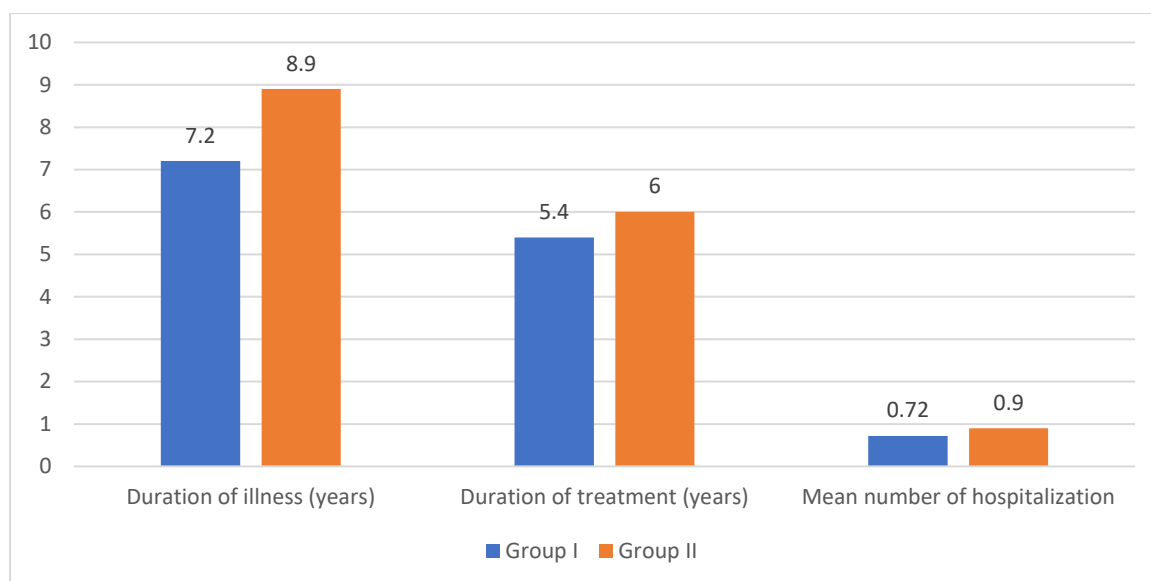
**Table II Baseline characteristics**

Parameters	Group I	Group II	P value
Duration of illness (years)	7.2	8.9	0.01
Duration of treatment (years)	5.4	6.0	0.03
Mean number of hospitalization	0.72	0.9	0.05

Table II, graph I shows that mean duration of illness was 7.2 years and 8.9 years, duration of treatment was 5.4 years and 6 years and mean number of hospitalization was 0.72 and 0.90 in

group I and II respectively. The difference was significant ( $P < 0.05$ ).

### Graph I Baseline characteristics



**Table III Comparison of burden between caregivers of both groups**

BAS	Group I	Group II	P value
Spouse related	4.1	5.7	0.14
Physical and mental health	12.5	12.3	0.21
External support	8.3	8.2	0.38
Caregiver routine	8.7	7.5	0.04
Patient support	4.6	5.2	0.05
Taking responsibility	9.4	8.6	0.05
Other relation	6.7	5.3	0.02
Patient behaviour	9.0	8.6	0.17
Caregiver strategy	8.4	7.2	0.02

Table III shows that mean score of BAS in group I and group II for spouse related was 4.1 and 5.7, physical and mental health was 12.5 and 12.3, external support was 8.3 and 8.2, caregiver routine was 8.7 and 7.5, patient support was 4.6 and 5.2, taking responsibility was 9.4 and 8.6, other relation was 6.7 and 5.3, patient behaviour was 9.0 and 8.6 and caregiver strategy was 8.4 and 7.2 respectively. The difference was significant ( $P < 0.05$ ).

### Discussion

Serious mental illnesses (SMI), such as schizophrenia spectrum disorders and bipolar disorder, incur significant functional impairments, increase the likelihood of disability and shorten life expectancies.<sup>6</sup> The severity and chronicity of SMI results in associated care costs of \$56.7 billion to the

Australian healthcare system.<sup>7</sup> Personal costs associated with supporting individuals with SMI are often experienced by informal primary caregivers (hereafter referred to as 'caregivers'), who are family members, spouses, friends, or close others who provide primary support. Caregivers assist with emotional support, daily living, finances, behavioural management, liaising with professionals, and functional recovery.<sup>8</sup> The present study was conducted to assess burden felt by the caregivers of patients with schizophrenia and bipolar disorder.

We found that out of 58 patients, males were 38 and females were 20. The mean duration of illness was 7.2 years and 8.9 years, duration of treatment was 5.4 years and 6 years and mean number of hospitalizations was 0.72 and 0.90 in group I and II respectively. Vasudeva et

al<sup>9</sup> assessed the extent and pattern of burden felt by the caregivers of patients with schizophrenia in comparison with bipolar disorder. Fifty-two patients with schizophrenia and fifty-one patients with bipolar disorder attending the outpatient department were assessed in the study. The burden among the caregivers was assessed using Burden Assessment Schedule. The caregivers of schizophrenia group had significantly higher total burden score as compared to caregivers of bipolar disorder. Caregivers of schizophrenia experienced significantly higher burden in area of external support, caregiver routine, and other relations.

We found that the mean score of BAS in group I and group II for spouse related was 4.1 and 5.7, physical and mental health was 12.5 and 12.3, external support was 8.3 and 8.2, caregiver routine was 8.7 and 7.5, patient support was 4.6 and 5.2, taking responsibility was 9.4 and 8.6, other relation was 6.7 and 5.3, patient behaviour was 9.0 and 8.6 and caregiver strategy was 8.4 and 7.2 respectively. Tanna et al<sup>10</sup> assessed the of burden of care that caregivers feel while giving care to the patients of schizophrenia and bipolar disorder and to compare the difference in burden between these two conditions. The study also evaluated the factors affecting the caregiver's burden. Each caregiver was given the Zarit-Burden Interview scale in vernacular language and asked to rate each statement from 0 to 4 where 0: never, 1: rarely, 2: sometimes, 3: quite frequently, and 4: nearly always. The final score was calculated and interpreted as: 0–21 – little or no burden, 41–60 – moderate to severe burden, and 61–88 – severe burden. A total of 210 caregivers reported the interview scale completely, of which 105 caregivers belonged to schizophrenia group and 105 were related to bipolar disorder. Average of burden score was  $64.89 \pm 15.7$  and  $59.11 \pm 17.8$  (maximum score: 88) in schizophrenia and bipolar group, respectively, and difference between the group was statistically significant. In both the groups, it was found that, with increase in the age of patients, caregiver's burden significantly

increased. Eloia et al<sup>11</sup> found that burden score was more in taking care of male patients than female patients. This may be because male patients are generally more demanding and because of the male dominance in society may be enjoying undue privileges. Kuchhal et al<sup>12</sup> noted less educated had more burden compared with caregivers with high education. Educated caregivers are able to understand the disease better and also can add to the compliance of the patient to treatment. Educated caregivers may also be better at communicating with others regarding the perceived stress and so may feel relief in their burden.

The limitation the study is small sample size.

### Conclusion

Authors found that the extent of burden among families of schizophrenic patients is more than those of bipolar disorder.

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