

ANXIETY AND DEPRESSION AMONG CAREGIVERS OF PSYCHIATRIC PATIENTS IN A TERTIARY CARE HOSPITAL FROM PAKISTAN

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ABSTRACT

OBJECTIVE

To estimate the frequency of anxiety and depression among caregivers of psychiatric patients and explore its association with socio demographic factors at Pakistan Ordinance Factory (POF), Hospital, Wah Cant.

STUDY DESIGN

Cross sectional study

PLACE AND DURATION OF STUDY

Department of Psychiatry and Behavioural Sciences, POF Hospital, Wah Cantt from March to September, 2013.

METHODOLOGY

Three hundred and ten attendants of psychiatric patients were recruited through convenient method of sampling. A structured proforma was used to assess socio-demographic variables. The Aga Khan University Anxiety and Depression Scale (AKUADS) was used to assess depression and anxiety among the participants.

RESULTS

A total of 126 (40.6%) caregivers of psychiatric patients were found to have clinically significant level of anxiety and depression. Highest level of anxiety and depression was found among caregivers of schizophrenia (57%) and bipolar disorders' (50%) patients. More female caregivers had a clinically significant level of anxiety and depression as compared to male caregivers ($p < 0.01$).

CONCLUSION

Caregivers of psychiatric patients reported high level of anxiety and depression, with more females compared to male caregivers affected by anxiety and depression.

KEYWORDS

Psychiatric patients, caregiver, anxiety, depression.

INTRODUCTION

The emotional burden among caregivers of psychiatric patients was first acknowledged by Grad and Sainbury (1960s).¹ First degree relatives and other extended family members serve as formal caregivers of psychiatric patients. They experience a high level of psychological distress associated with their caregiving role. Caregivers' burden operates at multiple levels and it can possibly lead to stress and emotional burnout. It affects people regardless of their gender, age or profession. The issue has also been documented among professionals trained to deliver formal care.² Caregivers of psychiatric patients are at great risk to develop mental health problems like anxiety, depression, and stress. This burden of care giving tends to increase with the duration of illness. A high number of caregivers of patients with schizophrenia and bipolar disorder have reported moderate to severe level of subjective distress in terms of tension and worries. They also report significantly higher functional deterioration.³ Caregivers' burden is time invariant, in that compromised well-being and self-rated symptoms among caregivers of schizophrenia and depression remain prominent over the period of five years. Some additional variables such as expressed emotions, neuroticism, generalized stress response, and life stressors work as predictors of burden among caregivers.⁴

Some discrepancies have been observed between self-reported and observer rated burden or distress. Therefore, it is necessary to comprehensively assess the caregivers' burden by both clinicians and caregivers.⁵ Additionally, the reported burden depends on diversity among families with mentally ill relatives. The cognitive appraisal of situations and psychological resources vary from family to family. Interestingly, it has been observed that if clinicians are willing to provide information and support then it alleviates the associated burden.⁶ There are other variables which moderate the relationship between psychiatric patient and caregivers reported burden, i.e. if the provided care fails to enhance the patients' quality of life resulting in frustration, resignation, and other negative health effects then burden tends to be higher. In contrast, if the provided care brings about a positive change in psychiatric patients, it could lead to the positive outlook among care givers.⁷

The issue of care givers burden has been studied in the context of Pakistan. The studies report that caregivers of mentally ill patients have significantly higher lever of depression and anxiety. A younger age of the patients was found to be associated with a higher mental burden.⁸ Another study, conducted in Lahore, Pakistan, found that a large majority of care givers were female, with higher level of anxiety and depression, and a lower standard of life than their male counterparts. The effects of mental illness was limited not only to the primary caregivers, but the entire family was found to experience burden in terms of financial constraints and disturbances in their routine activities.⁹

The objective of this study is to estimate the frequency of anxiety and depression among caregivers of psychiatric patients and explore the association with socio-demographic variables.

METHODOLOGY

This is a cross sectional survey conducted at the Department of Psychiatry, Pakistan Ordinance Factory (POF) Hospital, Wah Cant. The study was carried out from March to September 2013, in compliance with the Helsinki Declaration on human subject research. Approval was obtained from the Hospital Ethics Committee. After taking informed consent, 310 caregivers of various psychiatric patients were enrolled on the basis of non-probability sampling technique. Psychiatric illnesses were diagnosed according to ICD-10 diagnostic criteria.

Individuals who fulfilled the criteria of being a family member responsible for the day-to-day care of patients were administered the research questionnaire. The questionnaire included a proforma containing information on socio demographic characteristics like age, gender, employment status, and socioeconomic status etc. Aga Khan University Anxiety and Depression Scale (AKUADS), which is a validated screening tool, developed indigenously for use in population which understands Urdu, was used. The scores of 19 or greater on AKUADS were considered as cut-off for anxiety and depression. At a cut off score of 19 points, AKUADS has specificity of 81%, sensitivity of 74%, a positive predictive value of 63%, and negative predictive value of 88%, which is higher than other available scales (like Self Reporting Questionnaire -SRQ).¹⁰

Statistical analysis was carried out by using Statistical Package for Social Sciences (SPSS, version 19). Descriptive statistics like mean, standard deviation, and frequencies were calculated for the analysis of collected data. For the test of significance, Chi-square test was applied to compare the frequencies of male and female caregivers. One way analysis of variance (ANOVA) was also used to compare the means of anxiety and depression among caregivers in terms of their socioeconomic status. The level of significance was considered to be $p < 0.01$.

RESULTS

The mean age of the sample in this study was 39 (± 15.38) years. There were 149 (48%) males and 161 (52%) females, with 228 (73.5%) of them married. In our sample, 68 (21.9%) had not received standardized education, 151 (48.7%) studied up to matriculation, 42 (13.5%) had Intermediate education and 49 (15.8%) had graduate or above educational accomplishment. 103 (33.2%) of the surveyed individuals were employed, and 207 (66.8%) were unemployed. Majority of them-237 (76.5%)-belonged to an urban background. A total of 126 (40.6%) individuals were found to suffer from anxiety and depression.

The gender distribution of participants according to the status of anxiety and depression is shown in graph 1. Around 94 (30.3%) female and 32 (10.3%) male caregivers reported clinically significant anxiety and depression. Chi-square test result revealed a significant gender differences in the level of anxiety and depression ($p < 0.01$). The

other socio economic factors failed to show any significant association with anxiety and depression. The distribution of primary psychiatric illness among the patients against the screen positive cases of anxiety and depression is shown in Table 1. Highest level of anxiety and depression was reported among the caregivers of schizophrenia (57%) and bipolar affective disorders (50%).

Graph1: Gender distribution in reported level of anxiety and depression among caregivers

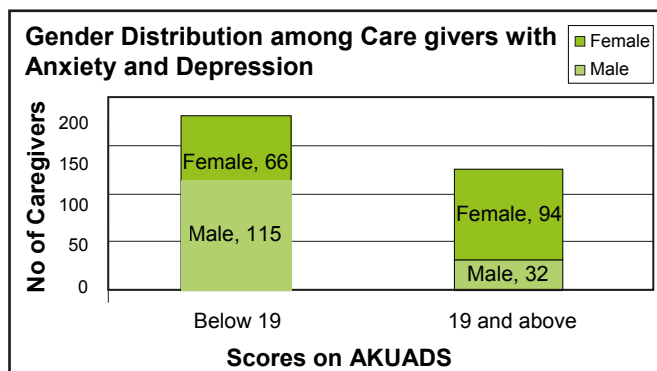


Table1: The distribution of anxiety and depression among caregivers of patients with different types of psychiatric illnesses

Diagnosis of Patient (ICD 10 Diagnostic Criteria for Research)	Number of Patients	Caregivers Anxiety & Depression
		19 and above
Recurrent Depressive Disorder	174 (56.1%)	67 (39.2%)
Dissociative Disorder	20 (6.5%)	3 (15.8%)
Dementia	9 (2.9%)	3 (33.3%)
Schizophrenia	28 (9%)	15 (57.7%)
Bipolar Affective Disorder	24 (7.7%)	12 (50%)
Mixed Anxiety and Depressive disorder	17 (5.5%)	6 (35.3%)
Mental & Behavioural Disorder Due to substance use	1 (0.3%)	1 (0.8%)
Anxiety Disorder	12 (3.9%)	2 (1.6%)
Mental Disorder due to brain damage	11 (3.5%)	1 (0.8%)
Mental Retardation	5 (1.6%)	1 (0.8%)
Miscellaneous	5 (1.6%)	4 (%)

DISCUSSION

In our study 40% of caregivers had clinically significant anxiety and depression. The estimated burden of anxiety and depression is not much different from earlier work, with rates varying from 27% to 66%. In the present study caregivers of schizophrenia and bipolar disorders reported high level of anxiety and depression. These findings are also consistent with the research by Ak, Yavuz, Lepsekili, and Turkcapar in Turkey where high level of burden was found in the caregivers of bipolar and schizophrenia disorders.¹¹ Most of the individuals in their sample reported depression, with some reporting mixed anxiety-depression. Another study claims that caregivers of bipolar disorders had more perceived stigma, which may negatively affect their mental health leading to development of depressive symptoms. Some reports have suggested that caregivers' psychiatric symptoms largely depend on the nature of caregivers' relationships with the patients.¹²

On the basis of our findings it can be concluded that

psychiatric disorders inflict not only the patients but subject their family members to various kinds of psychological distress ranging from stress to anxiety and depression. This conclusion brings to light the importance of designing psycho-educational programs to reduce burden experienced by the caregivers of psychiatric patients.

CONCLUSION

Our study revealed that a significant proportion (40%) of caregivers of patients with various psychiatric disorder have anxiety and depression. Female gender was associated with higher anxiety and depression. The highest degree of anxiety and depression was present in caregivers of schizophrenia and bipolar disorders as compared to the caregivers of other psychiatric patients.

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