



## IMPACT OF PSYCHOEDUCATION ON QUALITY OF LIFE OF CAREGIVERS OF SCHIZOPHRENIA PATIENTS

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### ABSTRACT

**Background:-** Schizophrenia is one of the most common and severe forms of mental illness. Considering the nature of the illness, family psychoeducation approach has proved its effectiveness in improving the drug compliance of patients and increasing the knowledge about schizophrenia in the caregivers, thereby improving the prognosis of illness in patients as well as quality of life in caregivers.

**Objectives:-** To assess the efficacy of psychoeducation on caregivers of schizophrenia patients with respect to their quality of life.

**Materials And Methods:-** This was a hospital based longitudinal follow-up study, conducted in the outpatient department of psychiatry, N.S.C.B. Medical College, Jabalpur. A total of 150 cases fulfilling the criteria of schizophrenia as per ICD-10 were selected and quality of life of their caregivers was assessed using WHO-QOL BREF scale on first visit and by the end of 6th month.

**Results:-** Majority of the caregivers were of 35-44 years of age group, married and male. There was a significant improvement in the quality of life of caregivers after monthly psychoeducation for 6 months.

**Conclusion:-** Family Psychoeducation is feasible and effective in improving the prognosis of illness thereby improving the perceived quality of life of caregivers of schizophrenia patients.

### KEYWORDS : Family psychoeducation; Quality of life; Schizophrenia.

#### INTRODUCTION

Schizophrenia is one of the most common and severe forms of mental illness which is often chronic , recurrent , disabling and debilitating and affects general health , functioning , autonomy , subjective well-being and life satisfaction of those who suffer from it.<sup>[1,2]</sup>

It has been estimated from previous studies that schizophrenia affects around 1.1% of adult population worldwide, which is equal to around 51 million people<sup>[3]</sup>. Worldwide, in the age group of 15-44 years, Schizophrenia is listed as the fifth leading cause of loss of DALYs.

Schizophrenia causes disability leading to restrictions on many domains of daily life<sup>[3,4]</sup>. In schizophrenia proven results have been seen that delay in treatment leads to increase in chronicity of the disease.

Caring for patients with schizophrenia is a significant burden on the families and caregivers<sup>[5,6]</sup>.

The impact of care-giving on caregiver's quality of life (QOL) is substantial, especially when experiencing a significant burden, restricted roles and activities and increased psychosomatic, anxious or depressive symptoms<sup>[5,7]</sup>. Moreover, caregiver's negative experience may affect their ability to care for the patients<sup>[5,8]</sup>.

In view of this, psycho-educational approaches have been developed to empower the patients and their caregivers with adequate knowledge about the illness.

Psychoeducation is one of the most effective interventions in the treatment of schizophrenia patients and not only it enhances the social and global functions of the patients but also improves the quality of life (QOL) of their caregivers<sup>[5,9]</sup>.

#### METHODOLOGY AND PROCEDURE

**Site:-** Department of Psychiatry , N.S.C.B Medical College, Jabalpur.

**Sample:-** Purposive sampling technique was used to select 150 Schizophrenia patients and their caregivers.

**Design:-** Longitudinal Follow-up study.

**Duration:-** 1 year

#### Criteria For Selection Of Caregivers:-

##### Inclusion Criteria:

Caregivers whose patients were diagnosed with Schizophrenia

according to ICD-10 by consultant psychiatrist in OPD.

Caregivers of the patients who gave written informed consent before assessment and were cooperative for the interview.

Caregivers between the age group of 18 to 60 years of either sex were included in the study.

To be Eligible as a caregiver of the patient, caregiver must fulfill the following criteria:

Contact:- at-least 1 year with the patient

Closeness:- relation with the patient.

Consistency:- of VERBATIMS of the caregiver.

Caregiver with good cognitive functioning.

Caregivers of patients with Poor Drug Compliance and irregular follow-up.

Caregivers who could read/write in Hindi/English language.

##### Exclusion Criteria:

Caregivers with other co morbid psychiatric conditions and organic mental conditions.

Caregivers not giving consent.

Caregivers whose patients were already on regular treatment and follow up.

##### Assessment Tools

- ICD-10 criteria used for diagnosis of Schizophrenia.
- Written Informed Consent Form.
- Socio demographic and clinical data sheet.
- WHO-QOL BREF scale for Quality of life assessment.

##### TOOL FOR PSYCHOEDUCATION :-

- What is Schizophrenia.
- Nature, Course and Outcome of the disease.
- Impact of Regular Treatment and Follow-up on course and Outcome of illness.

##### Procedure:-

Caregivers fulfilling the inclusion criteria were selected and psychoeducated about the illness.

Socio-demographic details of the caregiver were assessed on the socio-demographic and clinical data sheet.

Further, their Quality of life was assessed using WHO-QOL BREF

scale at baseline and 6<sup>th</sup> month.

**RESULTS:-**

**Table No.1 Table Showing Socio-demographic Distribution:-**

Caregivers Variables		Total
Marital Status	Married	126
	Unmarried	15
	Widowed	9
Education	Primary school (Till 5th std.)	42
	Middle school (6th - 8th std.)	36
	High School (9th- 10th std.)	23
	Higher Secondary (11th-12th std.)	24
	Undergraduate	14
	Postgraduate	11
Occupation	Skilled	24
	Semi-skilled	36
	Unskilled	21
	Professional	3
	Farmer/Labour/ Housemaker	66

Caregiver's Age Group	Frequency	Percentage
15-24 YEARS	19	12.6
25-34 YEARS	28	18.6
35-44 YEARS	49	32.7
45-54 YEARS	40	26.7
55-64 YEARS	14	9.4
Caregiver's Sex	Frequency	Percentage
Male	93	62.0
Female	57	38.0

**Table No.2 Quality Of Life In Caregivers Of Schizophrenia Patients At Baseline And Sixth Month**

WHOQOL-BREF Domains	Mean±SD	t value	p value	
Physical Health	Baseline	60.41±8.24	-15.858	<b>0.001</b>
	6 <sup>th</sup> Month	72.71±7.89		
Psychological Health	Baseline	50.95±10.72	-1.411	0.160
	6 <sup>th</sup> Month	52.01±12.87		
Social Relationships	Baseline	61.65±13.12	-4.184	<b>0.001</b>
	6 <sup>th</sup> Month	63.87±13.50		
Environmental Quality of Life	Baseline	47.08±9.36	-1.959	0.052
	6 <sup>th</sup> Month	47.83±9.54		
Total Score	Baseline	73.13±7.38	-18.714	<b>0.001</b>
	6 <sup>th</sup> Month	81.73±8.12		

**DISCUSSION:-**

We have seen that out of 150 caregivers in our study, majority of caregivers belonged to 35 + years with mean age of 38.87±10.70, were male 93(62.0%), hailing from rural areas of Jabalpur 77 (51.3%).

Most of them were married 126(84%), educated up to primary school 42(28%) and were farmer/labour /housemaker 66 (44%) by occupation. All of them were first-degree relatives.

These findings were in concordance with findings of study by Verma PK et al.,2019<sup>[10]</sup> in which it was observed that a large number of caregivers belonged to 51+ years, were males from rural areas, were married, educated up to under matric and were first degree relatives.

We applied WHOQOL BREF scale both at baseline and six months post intervention to see the improvement in quality of life of caregivers by means of psycho-education.

It was observed that there was highly significant rise in total mean score of WHOQOL BREF from 73.13±7.38 to 81.73±8.12 after six months of regular follow-ups which was proportionally attached to enhanced quality of life.

Similar findings were observed by Verma PK et al.,2019<sup>[10]</sup> and Soliman ES et al.,2018<sup>[5]</sup> in their studies showing the efficacy of psycho-educational intervention both in improving the caregiver's quality of life.

**CONCLUSION:-**

- Schizophrenia not only affects the patient's life but also affects the quality of life of the caregivers equally. So there is a need of social

support for such vulnerable groups who are at high risk to develop emotional problems.

- This study establishes the feasibility and effectiveness of the family psycho-education in improving the perceived quality of life of caregivers.
- The results suggest that even a short term of psycho-education can lead to better outcome both for the patient as well as for the family.

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