



ASSESSMENT OF DEPRESSION AND ANXIETY AMONG CAREGIVERS OF PSYCHIATRIC PATIENTS.

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ABSTRACT **Background-** Patients with psychiatric illnesses require support from family, peers, and care-givers to overcome the difficulties and manage their health. Caregivers are hence at a risk themselves to develop anxiety and depression, or related symptoms, due to the emotionally challenging and draining experience. **Aim** – To evaluate and assess anxiety and depression of caregivers to the patients admitted to the Psychiatry department of a tertiary care centre located in Rajasthan. **Materials and Methods-** Our assessment relied on data collection that followed cross-sectional observational analysis. We performed the study post approval of the ethical clearance by the respective committee at the university and an informed decision was consented to in written by 50 caregivers taking part in the study. These included caregivers to 25 patients with disorders due to substance use (Group A) and 25 patients with other psychiatric diagnosis (Group B). We also filled in socio-demographic details and performed scoring as administered by the HAM-D and HAM-A scales. **Results-** Group A comprised of more females (64%) than males in contrast to Group B participants. HAM-D score analysis showed that depression was present in Group A (52%) as compared to Group B participants (40%). HAM-A analysis of score showed anxiety in 34% of caregivers and was higher among Group A participants and among female caregivers. **Conclusions-** The results of the study can be used to plan for early interventions, to reduce stress among caregivers of patients with psychiatric illness.

KEYWORDS : Caregivers, Depression, Anxiety

INTRODUCTION

Successful management of patients with psychiatric illness mainly relies on care-givers and family, who act as a major support system. In addition to the existing role of caregiving, the stigma related to psychiatric diseases, lower financial status due to loss of jobs, higher expenditure for long term treatment and lack of community support in urban areas, adds on to the stress among the caregivers.[1] Thus, caregiving is an emotionally draining experience. The difficulty faced in balancing employment and care giving role, require work schedules to be rearranged, for instance missing working days and changing routines which exposes the caregivers to increased risk of depression and anxiety. [2]

So, in order to maximize and effectively prolong caregiving in the community, a better understanding and addressing of consequences relating to caregiving is a must. [3] Thus, this study was conducted to assess depression and anxiety among caregivers to understand the extent to which it prevails in the community.

AIMS AND OBJECTIVES

- To assess and compare depression and anxiety among caregivers of patients with substance use disorder (Group A) and those with other psychiatric disorders (Group B) admitted at Psychiatry department of a tertiary care centre in North-Western Rajasthan.
- To explore the effect of different variables such as gender of caretaker, type of family, place of residence on scoring of HAM-D and HAM-A scales.

MATERIAL AND METHODS

Our assessment relied on data collection that followed cross-sectional observational analysis. We performed the study post approval of the ethical clearance by the respective committee at the University and an informed decision was consented to in written by 50 caregivers taking part in the study. These included caregivers to 25 patients with disorders due to substance use (Group A) and 25 patients with other psychiatric diagnosis (Group B). We also filled in socio-demographic details and performed scoring as administered by the HAM-D and HAM-A scales.

RESULTS

1. Sociodemographic Details Of Group A And Group B Participants

VARIABLES (SAMPLE SIZE = 50)		Group A	Group B
GENDER	MALE	9 (36%)	14 (56%)
	FEMALE	16 (64%)	11 (44%)
EDUCATION	ILLITERATE	10 (40%)	9 (36%)

	PRIMARY	3(12%)	1 (4%)
	SECONDARY	4 (16%)	3 (12%)
	HIGHER SECONDARY	6 (24%)	5 (20%)
	GRADUATE AND ABOVE	2 (8%)	7 (28%)
RESIDENCE	RURAL	19 (76%)	19 (76%)
	URBAN	6 (24%)	6 (24%)
TYPE OF FAMILY	JOINT	16 (64%)	16 (64%)
	NUCLEAR	9 (36%)	9 (36%)

Group A participants comprised more females (64% of total) in contrast to Group B participants which comprised larger number of males.

2. Variables Studied In Group A And Group B Participants

VARIABLE (SAMPLE SIZE = 50)		Group A	Group B
HISTORY OF SUBSTANCE USE	YES	8 (32%)	7 (28%)
	NO	17 (68%)	18 (72%)
HISTORY OF LOSS OF JOB	YES	10 (40%)	16 (64%)
	NO	15 (60%)	9 (36%)
FINANCIAL DIFFICULTIES	YES	23 (92%)	21 (84%)
	NO	2 (8%)	4 (16%)
VISIT TO FAITH HEALER	YES	2 (8%)	16 (64%)
	NO	23 (92%)	9(36%)

Among Group B, 64% reported the reason of them leaving jobs was to take care of the patient. For Group A, 40% reported the same. More number of Group A participants reported a decrease in financial status. 64% of Group B participants reported a visit to faith healers whereas only 8% of Group A participants reported it.

3. HAM-D Score In Group A And Group B Participants

S.NO	HAM-D SCORE	Group A	Group B
1	0-7 NORMAL	11 (44%)	15 (60%)
2	8-13 MILD DEPRESSION	12 (48%)	8 (32%)
3	14-18 MODERATE DEPRESSION	2 (8%)	1 (4%)
4	19-22 SEVERE DEPRESSION	0	1 (4%)
5	>23 VERY SEVERE DEPRESSION	0	0

HAM-D score analysis showed depression was present in larger number of Group A participants 14 (56%) as compared to Group B participants 10 (40%).

4. HAM-A Score In Group And Group B Participants

S.NO	HAM-A SCORE (SAMPLE SIZE = 50)	Group A	Group B
1	0-7 NO ANXIETY	10 (40%)	16 (64%)
2	8-14 SUSPECTED ANXIETY	11 (44%)	9 (36%)
3	15-21 ANXIETY	4 (16%)	0
4	22-29 MODERATE ANXIETY	0	0
5	>30 SEVERE ANXIETY	0	0

HAM-A analysis of score revealed suspected depression and anxiety in 60% Group A participants compared to 36% in the other group.

5. Effect Of Various Variables On HAM-D Score

S. NO	HAM-D SCORE	GENDER		TYPE OF FAMILY		RESIDENCE	
		Male	Female	Joint	Nuclear	Rural	Urban
1	0-7 Normal	19 (82.6%)	7 (25.9%)	19 (61.2%)	7 (36.8%)	20 (55.5%)	5 (35.7%)
2	8-13 Mild Depression	4 (17.3%)	16 (59.2%)	9 (29%)	11 (57.8%)	12 (33.3%)	9 (64.28%)
3	14-18 Moderate Depression	0	3 (11.11%)	3 (9.6%)	0	3 (8.3%)	0
4	19-22 Severe Depression	0	1 (3%)	0	1 (5.2%)	1 (2.7%)	0
5	>23 Very Severe Depression	0	0	0	0	0	0

Effect of various variables on HAM-D score showed that among female caregivers 59.2% had mild depression, 11.11% showed moderate depression and 3% showed severe depression whereas in male caregivers only 17.3% showed mild depression with no one falling in range of moderate and severe depression.63% of caregivers living in nuclear families showed depression whereas this percentage was 39.6% for those living in joint families.64.2% of the caregivers living in urban areas showed depression whereas it was found to be 44% in those living in rural areas.

6. Effect Of Various Variables On HAM-A Score

S. NO	HAM-A SCORE	GENDER		TYPE OF FAMILY		RESIDENCE	
		Male	Female	Joint	Nuclear	Rural	Urban
1	0-7 NO Anxiety	22 (95.6%)	4 (14.8%)	18 (56.25%)	8 (44.44%)	20 (52.6%)	6 (50%)
2	8-14 Suspected Anxiety	1 (4.34%)	19 (70.3%)	12 (37.5%)	8 (44.44%)	15 (39.4%)	5 (45.4%)
3	15-21 Anxiety	0	4 (14.8%)	2 (6.25%)	2 (11.11%)	3 (7.89%)	1 (9.09%)
4	22-29 Moderate Anxiety	0	0	0	0	0	0
5	>30 Severe Anxiety	0	0	0	0	0	0

Effect of various variables on HAM-A score showed that among the female caregivers 70.3% showed suspected anxiety, 14.8% showed anxiety whereas in male caregivers only 4.34% showed suspected anxiety and no one fell into the score of anxiety. No significant difference in percentage of caregivers with anxiety was seen when factors such as type of family and rural and urban area of residence were considered.

DISCUSSION

The present study aimed to evaluate Depression and Anxiety among

caregivers of Psychiatric patients. A sample size of 50 caregivers was taken, which included 25 caregivers of patients with disorders due to substance abuse (Group A) and rest 25 caregivers of patients with other psychiatric illness (Group B)

Sociodemographic details indicates that majority of caregivers of patients with disorders due to substance use were females. In a study conducted by Haider A et al (2019) to see the depression and anxiety in caregivers of substance users, they found majority of caregivers to be females, a result like result of our study. [4] This can be explained by the gender role theory prevalent in Indian scenario; whereby mother, wife, daughter is more emotionally connected and concerned about the well-being of their patient. Moreover, bound by culture, they are more willing to sacrifice their social lives for this cause. On the contrary, larger number of caregivers of patients with other psychiatric illness were males.

The duration of illness significantly increases the perceived burden and gradually erodes the morale and coping strategy in caregivers thus increasing the chances of depression and anxiety and negatively impacting the performance of caregiver role.

Amongst the Group B participants, 64% of them left their job in order to take care of their patient. A significant decrease in financial status was observed in the samples due to cost of treatment, travel, food, necessities, and other unforeseen expenditures during illness. 64% of Group B participants reported a visit to faith healers which also accounted for financial loss and even worsening of symptoms which further increased the burden of care among the caregivers.

HAM-D score analysis in this study indicates depression in 56% of Group A participants and 40% of Group B participants. In a study by Mehmood N et al (2022) also showed depression among 65% caregivers.[1] Among these 71.31% were females which resorts to emotional coping strategies among them. Similar results were shown by a study by Derajew H et al (2017) where depression was seen to be more in female caregivers as compared to males. [5] 63% of the caregivers with depression resides in nuclear family whereas 39.6% resides in joint family. This can be explained by the concept of sense of shared responsibility, emotional, moral, financial support by other family members.

HAM-A score analysis reveals Anxiety in 60% Group A participants compared to 36% in another group. Results like our study were seen in a study by Mehmood N et al (2022) where they studied prevalence of depression and anxiety among caregivers of schizophrenia and approximately 64% caregivers had anxiety.[1] Among the female caregivers, 70.3% showed suspected anxiety and 14.8% showed anxiety. Females express more of anxiety symptoms accounting to social, biological factors and their apprehensive nature. On the other hand, only 4.34% of male caregivers showed suspected anxiety and none fell in the category of anxiety.

Spending sleepless nights taking care of the patient, financial burden, changing family dynamics, emotional burden, burden of household chores further adds on to the factors leading to depression and anxiety in caregivers of psychiatric disorders.

CONCLUSION AND IMPLICATIONS

The results of this study showed a high number of caregivers with symptoms of depression and anxiety. Various factors including gender, residing in an urban area, and living in a nuclear family contributed to higher rate of depression and anxiety among caregivers. This study provided evidence of the extent of psychological wellbeing of caregivers for patients with psychiatric disorders.

Thus, psychological interventions should be considered and implemented for caregivers along with the patients. The results of this study can be used to plan for early psychological interventions to reduce stress among caregivers of patients with psychiatric illness.

LIMITATIONS

Since this was a study conducted at a single tertiary care centre and the sample size being small, the results cannot be generalised to the population.

Conflict Of Interest- Nil

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