



## CARE GIVEN BURDEN IN OBSESSIVE COMPULSIVE DISORDER : GENDER DIFFERENCES & ITS RELATION TO SEVERITY OF OCD

### Medical Science

**Dr Hiral Kotadia\*** Assistant professor, Department of psychiatry, Sri Aurobindo Institute of Medical Sciences, Indore. \*Corresponding Author

**Dr Shashank Raikwar** Senior Resident, Department of psychiatry, Sri Aurobindo Institute of Medical Sciences, Indore.

### ABSTRACT

**Introduction:** OCD is a chronic & disabling mental illness. Along with patients it also has a severe impact on various aspects of the caregiver's life, which ultimately affects the overall management. Thus caregiver burden should be assessed in chronic illness like OCD.

**Materials & Methods :** It was a cross sectional study carried out in Psychiatry OPD of tertiary care centre. 50 patients diagnosed as OCD, based on ICD-10 & their caregivers were included in the study after explaining purpose of the study and taking consent. Severity of OCD was assessed using Y-BOCS. Caregiver burden was assessed using Burden Assessment Scale (BAS).

**Results:** The mean total BAS score was  $75.82 \pm 6.7$ . The difference in the caregiver burden scores across the two gender groups was not statistically significant ( $p=0.094$ ). The mean total BAS scores in the moderate OCD group was found to be  $69.2 \pm 2.29$  while in the severe OCD group the mean total BAS score was  $81.4 \pm 3.1$ . The statistical analysis showed a highly significant difference in the caregiver burden scores across the two groups ( $p < 0.01$ ).

**Conclusion:** The overall burden of care in caregivers of patients of OCD is high. Though factors like gender of patient do not affect severity of caregiver burden, the severity of OCD does. Thus it is necessary to assess caregiver burden in OCD, especially severe cases.

### KEYWORDS

#### INTRODUCTION:

Caregiver burden has been defined as 'the physical, emotional, social, and financial problems that can be experienced by family members caring for impaired adults'(1). Research depicts a high objective burden in caregivers of patients suffering from OCD, either excess or nearly comparable to schizophrenia (2,3). Literature shows no significant association between sociodemographic characteristics of patient like gender, age and caregiver burden but a significant association between severity of illness and caregiver burden has been noted. (4,5,6)

#### OBJECTIVES OF THE STUDY:

- (1) To compare the burden of caregivers of patients with OCD across gender.
- (2) To study the relationship of burden of care in caregivers and severity of illness in patients with OCD

#### MATERIALS & METHODS :

It was a cross sectional study conducted in the Psychiatry Out Patient Department (OPD), of tertiary care institute. 100 subjects (50 patients with OCD and 50 caregivers) were included. Sample size was estimated by checking trend of patients visiting hospital in past 1 year. Measures were taken to have equal representation of both gender groups. Sample was collected as per fulfilment of inclusion & exclusion criteria.

| INCLUSION CRITERIA                                           |                                                  | EXCLUSION CRITERIA                                                                               |                                                                   |
|--------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| PATIENTS                                                     | CAREGIVERS                                       | PATIENTS                                                                                         | CAREGIVERS                                                        |
| Fulfilling the diagnostic criteria of OCD as per ICD-10 DCR. | Staying with the patient for at least two years, | With acute mania, psychosis, mental retardation, suicidal risk, severe depression. (MADRS > 48). | With any psychiatric disorder which interferes with assessment    |
| Age range of 18 – 60 years                                   | Age group of 18 -60 years.                       | With disabling medical conditions interfering with the assessment                                | With disabling medical conditions interfering with the assessment |
| Presence of a key caregiver                                  |                                                  | Having co-existing alcohol/ substance abuse disorder (except nicotine).                          | Having alcohol/ substance abuse disorder (except nicotine).       |

|  |  |                                                               |  |
|--|--|---------------------------------------------------------------|--|
|  |  | Who are staying in residential/ attending day care facilities |  |
|--|--|---------------------------------------------------------------|--|

#### Tools Used On Patient

**1. International Statistical Classification of Diseases and related health problems, 10<sup>th</sup> revision, version Diagnostic Criteria for Research (ICD-10, DCR)** for diagnosing OCD & psychiatric comorbidities like mania, psychosis, mental retardation, severe depression (7).

**2. Montgomery-Asberg Depression Rating Scale (MADRS)** was used to assess the severity of co-morbid depression (8).

**3. Yale Brown Obsessive-compulsive scale, Y-BOCS** was used for assessing the severity of illness in patients of OCD (9,10).

#### Tools Used On Caregivers

**4. General Health Questionnaire 12 (GHQ12)** - used as a screening instrument to detect psychiatric morbidity among the caregivers. The Hindi version of the GHQ12 standardized in India was employed in this study (11,12).

**5. International Statistical Classification of Diseases and related health problems, 10<sup>th</sup> revision, version Diagnostic Criteria for Research (ICD-10 DCR).** The caregivers scoring 2 or more on GHQ12 were assessed for any syndromal psychiatric illness as per ICD-10 DCR based clinical interview (7).

**6. Burden Assessment Schedule, BAS** was used for assessing caregiver burden (13).

#### METHODOLOGY

After applying inclusion and exclusion criteria, explaining the purpose of study, those who gave consent were included. Assessment of patients was done for psychiatric co-morbidity by using ICD-10 DCR for exclusion, for severity of co-morbid depression using MADRS and if found having severe depression (MADRS > 48), were excluded. Severity of OCD was measured by Y-BOCS. Assessment of caregivers was done for psychiatric morbidity using GHQ12. Those scoring 2 or more were assessed using ICD-10 DCR for any psychiatric illness and if found having any mental illness were excluded from the study. Caregiver burden was measured by BAS.

#### RESULTS :

**Table 1.1: Caregiver Burden Across Gender**

| BAS * Scores | Gender of patient |               | * * t -value | p-value |
|--------------|-------------------|---------------|--------------|---------|
|              | Male (n=25)       | Female (n=25) |              |         |

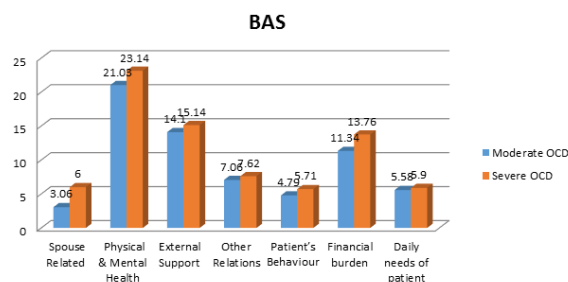
|                          | Mean  | SD   | Mean  | SD   |        |       |
|--------------------------|-------|------|-------|------|--------|-------|
| Spouse Related           | 4.16  | 3.80 | 4.40  | 4.02 | -0.253 | 0.80  |
| Physical & Mental Health | 22.20 | 2.25 | 21.6  | 2.8  | 0.76   | 0.45  |
| External Support         | 14.70 | 0.96 | 14.3  | 1.5  | 1.23   | 0.22  |
| Other Relations          | 7.31  | 0.82 | 7.2   | 1.3  | 0.12   | 0.90  |
| Patient's Behaviour      | 5.21  | 1.31 | 5.1   | 0.97 | 0.37   | 0.71  |
| Financial burden         | 12.21 | 1.77 | 12.5  | 2.2  | -0.56  | 0.57  |
| Daily needs of patient   | 5.76  | 0.43 | 5.6   | 0.47 | .62    | 0.53  |
| BAS Total                | 78.44 | 5.86 | 75.56 | 6.06 | 1.70   | 0.094 |

\*\*Independent-t test \*BURDEN ASSESSMENT SCHEDULE

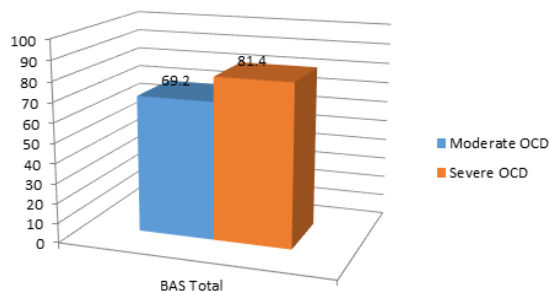
**Table 1.2: Caregiver Burden And Severity Of OCD:**

| *BAS Scores              | Severity of OCD |      |               |      | F**    | p-value  |
|--------------------------|-----------------|------|---------------|------|--------|----------|
|                          | Moderate (n=23) |      | Severe (n=27) |      |        |          |
|                          | Mean            | SD   | Mean          | SD   |        |          |
| Spouse Related           | 3.06            | 3.70 | 6.00          | 3.45 | 7.94   | 0.007*** |
| Physical & Mental Health | 21.03           | 2.66 | 23.14         | 1.87 | 9.64   | 0.003*** |
| External Support         | 14.10           | 1.23 | 15.14         | 1.06 | 9.67   | 0.003*** |
| Other Relations          | 7.06            | 1.27 | 7.62          | 0.80 | 3.01   | 0.089    |
| Patient's Behaviour      | 4.79            | 1.23 | 5.71          | 0.71 | 9.35   | 0.004*** |
| Financial burden         | 11.34           | 1.75 | 13.76         | 1.30 | 28.37  | 0.001*** |
| Daily needs of patient   | 5.58            | 0.50 | 5.90          | 0.30 | 6.70   | 0.013*** |
| BAS Total                | 69.2            | 2.29 | 81.4          | 3.1  | 234.18 | 0.00***  |

\*BURDEN ASSESSMENT SCHEDULE \*\*\*p value significant at 0.05 \*\*ANOVA



**Figure 1 – Comparison Of Scores Of Each Domain Of Caregiver Burden As Measured By BAS Across Severity Of OCD:**



(BAS – Burden Assessment Schedule)

**Figure 2 - Comparison Of Mean Total Burden Scores As Measured By BAS Across Severity Of OCD:**

## DISCUSSION:

The mean total BAS score was  $75.82 \pm 6.7$  which indicates that the burden of care in caregivers of patients with OCD is quite high. This is in agreement with previous literature which also reports high burden of care in caregivers of patients with OCD (2,14,15). The statistical analysis in current study showed that the difference in the caregiver burden scores across the two gender groups was not statistically

significant ( $p=0.094$ ). Thus the above results show that though the burden of care is high for caregivers of male as well of female patients suffering from OCD, there is no significant difference in burden of care of patients with OCD across two genders. A previous study reported that the burden of care does not differ across patient's gender (16). Similar findings are also reported in existing literature which reports no difference in various domains of caregiver burden across male and female patients (6,17,18).

The mean total BAS score in the moderate OCD group was found to be  $69.2 \pm 2.29$  while in the severe OCD group the mean total BAS score was  $81.4 \pm 3.1$ . The statistical analysis showed a highly significant difference in the caregiver burden scores across the two groups ( $p < 0.01$ ). This implies that although there was a considerable burden of care in caregivers of both groups, overall burden of care was significantly higher in caregivers of patients with severe OCD as compared to caregivers of patients having moderate OCD. Previous research also mentions positive correlation between burden of care and severity of OCD (6, 14, 19,20). It highlights the importance of assessing caregiver burden in severe illness as it may affect the overall support and management.

The study had certain limitations like a small sample size and being a hospital OPD based study, which would lead to limited generalization. Also it was a cross sectional study.

## CONCLUSION

Through the above discussion it is evident that gender of the patient does not significantly impact the caregiver burden but the severity of illness does impact the burden of care of caregivers. The burden of care is a very significant in OCD, especially in severe cases. The routine life of caregiver is affected in multiple domains – physical & mental health, finances, sexual relationship, social relationships. Thus clinicians should be sensitized to assess caregiver burden in patients suffering from OCD as caregivers are a key part of treatment.

## REFERENCES

- George, L. K., & Gwyther, L. P. (1986). Caregiver Well-Being: A Multidimensional Examination of Family Caregivers of Demented Adults. *The Gerontologist*, 26(3), 253–259.
- Wu, M. S., Hamblin, R., Nadeau, J. (2018). Quality of life and burden in caregivers of youth with obsessive-compulsive disorder presenting for intensive treatment. *Comprehensive Psychiatry*, 80, 46–56.
- Sethy, R., Sahoo, P., & Ram, D. (2017). Functional impairment and quality of life in patients with obsessive compulsive disorder. *Indian Journal of Psychological Medicine*, 39(6), 760.
- Albert, U., Marazziti, D., Di Salvo, G. (2019). A Systematic Review of Evidence-based Treatment Strategies for Obsessive-compulsive Disorder Resistant to first-line Pharmacotherapy. *Current Medicinal Chemistry*, 25(41), 5647–5661.
- Math, Sb., Reddy, J., Chandrashekar, C., & Gururaj, G. (2008). Family burden, quality of life and disability in obsessive compulsive disorder: An Indian perspective. *Journal of Postgraduate Medicine*, 54(2), 91.
- Grover, S., & Dutt, A. (2011). Perceived burden and quality of life of caregivers in obsessive-compulsive disorder. *Psychiatry and Clinical Neurosciences*, 65(5), 416–422.
- World Health Organization. (1993). ICD-10, the ICD-10 classification of mental and behavioural disorders.
- Montgomery, S. A., & Åsberg, M. (1979). A New Depression Scale Designed to be Sensitive to Change. *British Journal of Psychiatry*, 134(4), 382–389.
- Goodman, W. K. (1989). The Yale-Brown Obsessive Compulsive Scale. *Archives of General Psychiatry*, 46(11), 1006.
- Goodman, W. K. (1989b). The Yale-Brown Obsessive Compulsive Scale. *Archives of General Psychiatry*, 46(11), 1012.
- Goldberg, D. P., Gater, R., Sartorius, N. (1997). The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine*, 27(1), 191–197.
- Jacob KS, Bhugra D, Mann AH. (1997). General health questionnaire -12: psychometric properties and factor structure among Indian women living in the United Kingdom. *Indian Journal of Psychiatry*, 39(3), 196–9.
- Thara R, Padmawati R, Kumar S, Srinivasan L. (1998). Burden assessment schedule: instrument to assess burden on caregivers of chronically mentally ill. *Indian Journal of Psychiatry*, 40(1), 21–29.
- Vikas, A., Avasthi, A., & Sharan, P. (2009). Psychosocial Impact of Obsessive-Compulsive Disorder on Patients and Their Caregivers: A Comparative Study With Depressive Disorder. *International Journal of Social Psychiatry*, 57(1), 45–56.
- Shrinivasa, B., Cherian, A. V., Reddy, Y.C.J. (2020). Predictors of family accommodation in obsessive compulsive disorder. *Asian Journal of Psychiatry*, 53, 102189.
- Albert, U., Salvi, V., Saracco, P., Bogetto, F., & Maina, G. (2007). Health-Related Quality of Life Among First-Degree Relatives of Patients With Obsessive-Compulsive Disorder in Italy. *Psychiatric Services*, 58(7), 970–976.
- Walseth, L. T., Haaland, V., Launes, G., Himle, J. (2017). Obsessive-Compulsive Disorder's Impact on Partner Relationships: A Qualitative Study. *Journal of Family Psychotherapy*, 28(3), 205–221.
- Verma, P., Mahour, P., Dalal, P., & Agarwal, V. (2018). Severity and Dimensions of Obsessive-Compulsive Disorder and Family Accommodation: OCD severity and Family Accommodation. *Indian Journal of Mental Health*, 6(1), 56.
- Stüdtgen D, Dikici, D., Eser, E., Cökmüş, F. P., & Demet, M. M. (2018). Quality of Life and Associated Risk Factors in Caregivers of Patients with Obsessive Compulsive Disorder. *Psychiatry and Clinical Psychopharmacology*, 29(4), 579–586.
- Oza, H., Parikh, M., & Vankar, G. (2017). Comparison of caregiver burden in schizophrenia and obsessive-compulsive disorder. *Archives of Psychiatry and Psychotherapy*, 19(2), 32–41.