ORIGINAL RESEARCH PAPER
Volume - 15 | Issue - 07 | July - 2026 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

DEPRESSION AND QUALITY OF LIFE AMONG CAREGIVERS OF PATIENTS WITH PSYCHIATRIC DISORDERS AT A TERTIARY CARE HOSPITAL

Psychiatry

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ABSTRACT

Aim: To assess Depression and Quality of life among caregivers of patients with psychiatric disorders attending a tertiary care hospital.**Methods:** This observational cross-sectional study was conducted in the Department of Psychiatry at Kamineni Institute of Medical Sciences, Narketpally. Fifty primary caregivers of patients with psychiatric disorders of more than six months duration were recruited using convenient sampling. Sociodemographic and clinical details were collected using a semi-structured questionnaire. Caregiver burden was assessed using the Zarit Caregiver Burden Scale, depression using Beck's Depression Inventory (BDI), and quality of life using the Quality of Life Scale (QOLS). **Results:** The mean age of caregivers was 40.50±9.42 years, with females constituting 56% of the sample. Caregiver burden was present in 92% of participants, while 34% had depression. Severe caregiver burden was predominantly observed among caregivers of patients with psychotic disorders (84.2%), mood disorders (83.3%), and substance use disorders (75%). Caregiver depression was significantly associated with higher age (44.76±7.56 vs. 38.30±9.62 years, p=0.02), lower educational status (p=0.003), and longer duration of patients' illness (9.71±6.75 vs. 5.71±4.86 years, p=0.02). Caregivers with depression had significantly poorer quality of life compared to those without depression (55.06±6.76 vs. 66.76±12.74, p=0.001).**Conclusion:** Caregivers of patients with psychiatric disorders experience a high prevalence of caregiver burden and depression, which significantly impacts their quality of life. Older age, lower educational status, and longer duration of patient illness are associated with caregiver depression.

KEYWORDS

Caregiver Burden, Depression, Quality Of Life, Psychiatric Disorders, Caregivers, Mental Health

INTRODUCTION

Depression accounts for 4.3% of the global burden of disease and is among the largest single causes of disability[1]. Patients with major depression have a 40–60% greater chance of dying prematurely than the general population[2].

Depression among caregivers of patients with psychiatric illness has been estimated to be more than two times higher than the general population[3] Caregiver burden and depression can lead to poor Quality of life among the caregivers, thereby hindering the patient care.[4]

In a study on depression among caregivers of individuals with dementia, the pooled depression prevalence was found to be 31.24%[5]. 83%–95% of family caregivers of schizophrenia patients experience a significant caregiver burden, which decreases their quality of life [6].

Caregivers of patients with psychiatric illnesses had significantly lower quality of life when compared to caregivers of patients with physical illnesses.[7] There are less studies comparing depression, quality of life among caregivers of psychiatric patients in Indian population. Hence, we aimed to assess depression and quality of life among caregivers of patients with psychiatric disorders.

MATERIAL AND METHODS

This is an Observational cross-sectional study conducted by the department of psychiatry in a tertiary care hospital, among postgraduate medical students from Telangana state through Convenient sampling method. The study was done after approval from the institutional ethics committee.

PARTICIPANTS

Caregivers aged 18 – 65 years of patients diagnosed with psychiatric illness for more than 6 months, of either gender, taking responsibility of providing care for more than 3 months for the patients with Psychiatric disorders, and those who have given informed consent were included in the study.

Caregivers with a psychiatric or medical disorder that could independently affect their functioning, or those who are not primary caregivers of patients or caregivers with whom interview is not possible for any reason were excluded from the study.

RATING SCALES USED

Scales	Type of scale	No. of items	Scoring (min-max)	Reliability
Zarit Caregiver Burden Assessment	Self-rated scale	12	0-10: No to mild burden 10-20: Mild to moderate burden > 20: High burden	Reliability 0.9 Validity: 0.84
Beck's Depression Inventory	Self-rated scale	21	1-10 : Normal 11-16 : Mild mood disturbance 17-20: Borderline clinical depression 21-30: Moderate depression 31-40: Severe depression >40:Extreme Depression	Reliability 0.73 Validity: 0.9
Quality Of Life Scale (QOL)	Self-rated scale	16	Higher the score, better the quality of life	Reliability: 0.73 Validity: 0.82

STUDY PROCEDURE

After approval from Institutional Ethics Committee, the subjects were recruited based on the inclusion criteria for the study. Informed consent was taken from the patients and caregivers, ensuring confidentiality. Individual data was collected with the help of semi-structured questionnaire including sociodemographic details, details about patients' psychiatric diagnosis and standardized rating scales for caregiver burden, severity of depression and quality of life. Caregivers were evaluated for the presence of any other psychiatric comorbidities based on diagnostic criteria of ICD-10.

STATISTICALANALYSIS

The **Statistical Package for the Social Sciences** version 22.0 (SPSS 22.0) for Windows was used **for statistical analysis** (Machines IBM, 2013). Frequencies with percentages were calculated for categorical variables, and mean and standard deviation were calculated for continuous variables. The **Chi-square test or Fisher Exact** was used to see the difference between the two groups in categorical variables, and continuous variables were compared between the study groups using an **Independent sample t-test**. A **p-value < 0.05 was considered statistically significant**.

RESULTS

Table – 1: Distribution of the sample based on Socio demographic data (N=50)

Parameter		N	%
Age (mean)	40.50 ± 9.42	-	-
Gender	Male	22	44%
	Female	28	56%
Marital status	Unmarried	7	14%
	Married	43	86%
Education	Illiterate	17	34%
	Up to High school	15	30%
	Above High school	18	36%
Occupation	Unemployed	14	28%
	Employed	36	72%
Type of family	Nuclear	45	90%
	Joint/ Extended	5	10%
Domicile	Rural	25	50%
	Urban	8	16%
	Semi-urban	17	34%
Socio- Economic Scale	Upper Middle	11	22%
	Lower Middle	31	62%
	Upper Lower	8	16%
Relation	Spouse	24	48%
	Parent	15	30%
	Sibling	4	8%
	Children	7	14%

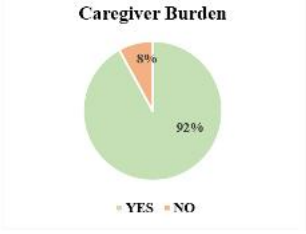

Figure - 1:Distribution of Caregiver Burden and Caregiver Depression among the study sample (N=50)

Table - 2: Association of Socio-demographic details in caregivers with and without depression (N=50)

Socio-demographic details		Caregiver Depression		T or chi-square or exact value	P value
		Yes (n=17)	No (n=33)		
Age (mean ± SD)		44.76± 7.56	38.30± 9.62	2.410a	0.02*
Gender	Male (n=21)	8	13	0.271b	0.76
	Female (n=29)	9	20		
Marital status	Married (n=43)	17	26	4.193c	0.08
	Unmarried (n=7)	0	7		
Education	Illiterate (n=17)	9	8	11.113c	0.003*
	Up to High school (n=15)	7	8		
	Above High school (n=18)	1	17		

*p<0.05 was considered to be statistically significant; a= Independent T test b=Chi-square test c= Fisher's exact test

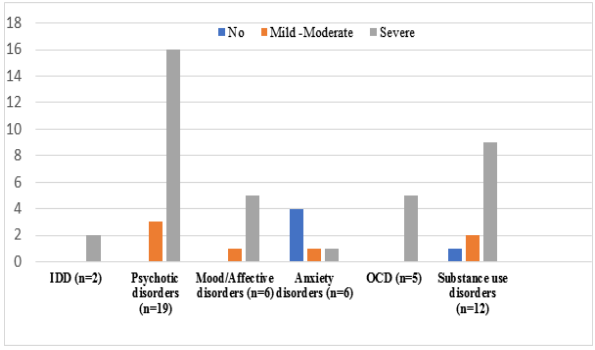

Figure – 2: Severity of Caregiver Burden in various psychiatric disorders (N= 50)

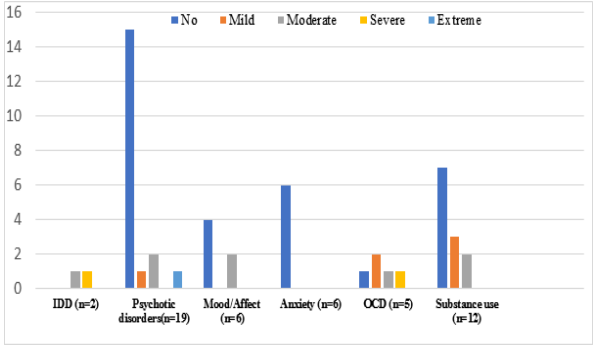

Figure – 3: Severity of Depression in various psychiatric disorders (N= 50)

DISCUSSION

Among the sample, mean age of the participants was 40.50, with majority of them being female (56%), educated above high school (36%), employed (72%), married (86%), belonging to lower middle SES(6) and rural (50%) background. Almost half of the caregivers were spouses of the patients. The prevalence of caregiver burden in our study is 92%, and caregiver depression is 34%.

On further analysis, age has significant association with the caregivers depression. (p- value <0.02).These findings were on par with the study done by Chakraborty R et al., which showed that higher the age, higher the level of depression among caregivers[4].

In this study, caregivers with depression were significantly less educated when compared to those without depression. (p- value <0.003).These findings were on par with the study done by Yu et al., 2017 which showed that higher the education, lower the level of depression among caregivers. (p- value <0.05)[8] On assessing individual psychiatric disorders, 85% caregivers of patients with psychotic disorders have severe burden. Similar results were reported by Hsiao CY et al.[6]

Among caregivers of substance use disorders and mood disorders, more than 90 % had moderate – severe caregiver burden, which was in par with the findings by Mikulić M et al., and Allah Mohsen Zaki M et al.[9,10]

We also found that, there was a significant association between duration of patients illness and caregivers depression, higher duration of illness in patients was observed in caregivers with depression (p-value <0.02). Though there is no specific data on duration of patients illness and depression in caregivers, results by CA Chesla et al., and Cuijpers P et al., have shown that when compared to general population, long-term caregivers have three times higher prevalence of depression.[11,12] .

Caregivers with depression had significantly poorer QOL when compared to those without depression. (p- value <0.001). Jeyagurunatha et al. and Vasiliki et al. have also reported significantly negative association between depression and QOL among caregivers[13,14].

LIMITATIONS

- This hospital-based observational study is limited by a small sample size. Hence, the generalizability of the results is compromised.
- As the study was conducted using convenient sampling, there is a possibility of selection bias.

FUTURE DIRECTIONS

- Further research can **include large sample sizes** and **compare these variables between various psychiatric disorders** to improve the generalizability of the results.

CONCLUSION

Our study had a **high prevalence of burden and depression** among caregivers of patients with psychiatric illness, which is associated with poor quality of life. This highlights the **need to screen** the caregivers of patients with psychiatric illness. **Early detection** of these individuals allows for timely intervention, **enhancing caregivers' wellbeing**. Prioritizing mental health of caregivers in turn **positively impact on the care and recovery of the patient**.

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