



ORIGINAL RESEARCH PAPER

Psychiatry

COMPARISON STUDY BETWEEN CAREGIVER BURDEN IN SCHIZOPHRENIA AND BIPOLAR PATIENTS

KEY WORDS: Schizophrenia, Bipolar disorders, Caregiver burden

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ABSTRACT

BACKGROUND: Care giving is an act of providing concrete assistance, care and manual support to family members or relatives who are not able to perform certain tasks on their own. The caregivers affected by higher stress and burden usually behave differently towards the patient and thus it affects the clinical outcome.

AIMS: Comparison study between caregiver burden in schizophrenia and bipolar patients.

METHODOLOGY: our study is a descriptive cross-sectional study with 200 sample size. Patients with Schizophrenia and Bipolar disorder as well as their caregivers in department of Psychiatry, People's Hospital Bhopal. Patient aged more than 18 years, either sex. Diagnosis of Schizophrenia and Bipolar disorder was done clinically in accordance with the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5). Informed consent form, socio-demographic and clinical data sheet, Burden Assessment Scale, WHOQOL Scale, IDEAS Scale were used as a tool for assessment of samples.

RESULTS: Among 200 patients, there were 58% males and 42% females of Schizophrenia and 62% males and 38% females of Bipolar disorder. The mean age was 28.86 years of Schizophrenia patients and 31.34 of Bipolar disorder patients.

CONCLUSION: Caring for a patient who suffers with schizophrenia or bipolar disorder confers a substantial burden which hampers quality of life.

INTRODUCTION

Care giving is an act of providing concrete assistance, care and manual support to family members or relatives who are not able to perform certain tasks on their own. Care giving in these situations is require extraordinary care that goes beyond the bounds of normal or usual care. Caregivers who take the sole responsibility in taking care of chronically ill persons may experience unacceptably higher burden.¹

Schizophrenia is the 8th leading cause of disability-adjusted life years in age group between 15 to 44. The nature of illness poses a significant burden to the patients as well as on care givers. In Asian countries like India about 70% patients suffering from schizophrenia are cared by their family members.^{2,3}

Bipolar disorder is a recurrent severe mental disease with a prevalence ranging from 1.3%- 1.6% to 3.8%. Extremely different moods such as mania, hypomania and depression cause sudden changes in behaviour, feelings and thoughts.⁴ The caregivers affected by higher stress and burden usually behave differently towards the patient and thus it affects the clinical outcome.⁵

High levels of Expressed emotions may worsen the prognosis of patients and may be a potential risk factor for the development of psychiatric disease. Prolonged duration of patients contact with the critical caregivers determines the chances of relapse in schizophrenia as well as Bipolar Disorder.⁶

Patients who live with relatives who are critical/hostile towards the patients have a poorer course of illness as compared to relatives who are concerned, show acceptance and support to patients. Thus by reducing burden alone, may be of some help in abolishing the negative effects on the caregivers and patient outcome.^{7,8}

METHODOLOGY & PROCEDURE

This was a descriptive cross-sectional study with 200 sample size. Patients with Schizophrenia and Bipolar disorder as well as their caregivers in department of Psychiatry, People's Hospital Bhopal. Patient aged more than 18 years, either sex. Diagnosis of Schizophrenia and Bipolar disorder was done clinically in accordance with the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)⁹. Written informed consent was obtained from all participants after

complete description of the study to the patients and care giver. A detailed physical examination was done.

Subjects were included in the study from Psychiatry, department of People's Hospital Bhopal after meeting inclusion criterion. Socio-demographic data was collected. After obtaining the written consent from subject, subject were included in study. A detailed assessment of the patients complaint was done on the basis of Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)⁹ and diagnosis was formulated clinically in accordance with DSM-5. Burden Assessment Scale¹⁰, WHOQOL Scale^{11,12}, IDEAS Scale¹³ were used as a tool for assessment of samples. All the collected information was stored and later digitalized for interpretation.

RESULTS-

Sociodemographic data of patients-

SCHIZOPHRENIA - Mean age: 28.86 year
- 48% married
- male preponderance (58)

-BIPOLAR - Mean age- 31.34 years
- 54% married
- male preponderance (62)

-No significant difference in sociodemographic profile

Sociodemographic data of Caregivers-

SCHIZOPHRENIA - Mean age- 44.92 Yrs
- male preponderance 80%
- Married 88%

BIPOLAR DISORDER - Mean age 42.92 yrs
- Males 72%
- Married 94%

No significant difference in socio demographic profile

Relation with patients-

SCHIZOPHRENIA -Majority of caregivers
- Father (46%)
- Husband (18%), mother (12%), son (10%), wife (6%),
- Brother/ sister (6%), Nephew (2%)

BIPOLAR DISORDER - Majority of caregivers - Father (40%)
- husband (26%), wife (24%), mother sibling (2)

DISCUSSION

Sociodemographic variables:

No statistically significant difference found, similar to findings of Vasudeva S et al (2013)⁷

Relation of caregiver with patients:

Our findings (parents > spouse) were similar to study by Zhou Y et al (2016)¹⁴ Whereas Hazell SB et al (2018)¹⁵ observed spouse > parents

Quality of life:

No significant difference in quality of life between schizophrenic and bipolar disorders patients as opposed to Narasipuram S et al (2012)¹² observed a significant difference in his study.

Zauszniewski JA et al (2006)¹⁶ proposed middle-range theory of resourcefulness and quality of life. According to which we found a similar impact on the quality of life and need for caregiver support.

Burden on caregivers:

Schizophrenia > bipolar disorder but was insignificant. Similar to Vasudeva S et al (2013)⁷ study but there the difference was statistically significant reference study observed significantly higher burden, in schizophrenia, of external support and caregivers routine while we found considerable burden in both which was similar to Chadda RK et al (2007)¹ study.

Severity of disability:

Findings were in concordance with Karthick S et al (2017)¹⁷ : significantly higher disability in patients with schizophrenia in all domains as compared to patients with bipolar affective disorder

Correlation between burden and quality of life for schizophrenia and bipolar disorders

Significant correlation between WHOQOL 4 and BAS for schizophrenic patients but not for Bipolar Narasipuram S et al (2018)¹² concluded care givers with high burden reported significantly reduced quality of life: Schizophrenia > bipolar

CONCLUSION

In conclusion, both Schizophrenia and Bipolar disorders have significant impact on quality of life as well as increased burden on family members. The severity of disability is associated significantly with schizophrenia as compared to Bipolar Disorders. Also quality of life and burden on caregivers were significantly correlated among schizophrenia group as compared to Bipolar disorder group. Thus caring for a patient who suffers with schizophrenia or bipolar disorder confers a substantial burden which hampers quality of life.

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Conflicts of interest

There are no conflicts of interest.

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