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Depression in in the Primary Caregivers of Patients with Schizophrenia

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ABSTRACT

Introduction: Although it is crucial for caregivers to provide care for an adult relative with schizophrenia, they require additional resources in order to do so effectively. By regularly assessing the depression status of caregivers and improving the management of this condition, the findings of my study may aid in early detection and subsequent early interventions, reducing morbidity and improving patient care. **Study design:** Descriptive, cross-sectional study. **Settings:** Department of Psychiatry and Behavioral Sciences DHQ/Allied Hospitals, FMU Faisalabad. **Study duration:** 20th February 2024 to 19th August 2024. **Materials & Methods:** Total 100 subjects between the ages of 18 and 60 years who were providing care to the patient for a period of at least 03 consecutive months were included, regardless of gender. History of any past psychiatric illness in caregivers, caregivers having a history of any recent major life event, caregivers suffering from chronic medical diseases were excluded. The researcher conducted interviews with respondents and DSM-5 criteria for depressive disorder was applied to the caregivers. **Results:** The study's participants ranged in age from 18 to 60, with a mean age of 36.31 ± 7.42 years. The majority of the 65 individuals (65.0%) were in the 18–40 age range. With a male to female ratio of 1.4:1, 58 (58.0%) of the 100 individuals were male and 42 (42.0%) were female. Twenty-seven (27.0%) of the participants in our study had frequent depression among those who care for patients with schizophrenia. **Conclusion:** Depression is very common among those who care for patients with serious mental conditions. Depression was substantially correlated with being female, illiterate, unmarried, providing care for longer than six months, and having little social support.

INTRODUCTION

Carer load is the term used to describe the significant strain that caring for someone with a psychological disease, such schizophrenia, places on those providing care. It is the stress or burden that a caregiver bears when caring for a patient who has a chronic illness, and it has to do with the patient's and the caregiver's health. Stress among caregivers is regarded as both subjective and objective. The term "subjective stress" describes the caregiver's emotional or mental reactions, such as weariness, unfairness, or how they perceive the status of caregiving at the moment. As a metric based on the needs of care recipients, such as helping them with everyday basic tasks1, objective stress primarily represents the care obligation assumed by the caregiver.[1]

Families are essential to the care and support of people with schizophrenia all over the world. 63% of informal caregivers of patients with schizophrenia reported feeling a lot of stress because they were taking care of a family member who had schizophrenia, according to a Tanzanian study on perceived load and family functioning.[2]

Patients with schizophrenia and their primary caregivers experience severe distress due to this incapacitating mental illness. In a Malaysian study to determine the prevalence of stress, anxiety, and depression in caregivers of patients with schizophrenia at a mental health facility, 14 (12.3%) caregivers reported having depression, 19 (16.7%) reported having anxiety, and 8 (7.0%) reported having stress.[3]

World Health Organization (WHO) European Mental Health Plan guidelines advise that "The coping capacity and skills of families should be assessed regularly, and measures taken to ensure that families benefit from the necessary support, education and the provision of resources" and that it is up to the public health system of each country to help "identify and provide resources to support families that look after their loved ones requiring long-term care, including education, relief services and adequate benefits"[4,5]

The caregiver's personal resources are depleted by depression, which raises care expenses for both the caregiver and the care recipient. Caregivers frequently prioritize the needs of the people they look after while ignoring their own health requirements. 6. Therefore, caregiver depression is a severe issue. Caregivers are more prone to experience burnout and may have to make the painful decision to place their loved ones in a nursing facility if they are depressed, worn out, and overburdened by their caregiving responsibilities[7,8].

Although it is crucial for caregivers to provide care for an adult relative with schizophrenia, they require additional resources in order to do so effectively. Giving informal caregivers for people with schizophrenia support services to help them better manage patients may enhance their health. A comparable study was carried out locally, however it was a single-out investigation and might not be definitive. More literature is needed to assert depression in caregivers of patients with schizophrenia, hence current study is being planned. The results of my study may help early detection and then early interventions by conducting routine assessments of the depression status of caregivers and better management of this disorder, hence decreasing morbidity, resulting in better care of the patients.

METHODOLOGY

This descriptive cross-sectional study was done from 20th February 2024 to 19th August 2024 at Department of Psychiatry and Behavioral Sciences DHQ/Allied Hospitals, FMU Faisalabad. A total of 100 caregivers of patients suffering from schizophrenia who were providing care to the patient for a period of at least 03 consecutive months were chosen through non-probability consecutive sampling following approval by the institutional ethical review committee. Every subject will be asked for their informed permission. With a 95% confidence level, a 9% margin of error, and a 29.0% frequency of depression among caregivers of patients with schizophrenia, a sample size of 100 cases has been determined.[8] History of any past psychiatric illness in caregivers, caregivers having a history of any recent major life event, caregivers suffering from chronic medical diseases (assessed on medical records) that may mask depressive symptoms were excluded.

Informed written consent was sought from caregivers and confidentiality will be assured. The researcher conducted interviews with respondents and DSM-5 criteria for depressive disorder was applied to the caregivers. All the information was recorded by the researcher (me) on a Proforma.

SPSS V-23 was used to enter and evaluate the data. All quantitative factors, including the patient's and caregiver's ages, the length of the illness, and the length of care, had their means and standard deviations determined. The Shapiro-Wilk test was used to determine whether the data was normal. The median (IQR) was supplied in cases where the data was not normally distributed. For every qualitative variable, including gender, married status, residence, socioeconomic status, educational attainment, and depression, frequency and percentage were computed. Stratification was used to adjust for effect modifiers such as age, length of illness, length of care, gender, marital status, residence, SES, and educational attainment. The chi-squared post-stratification test was used. A P-value of less than 0.05 was considered significant.

RESULTS

The study's participants ranged in age from 18 to 60, with a mean age of 36.31 ± 7.42 years. The majority of the 65 individuals (65.0%) were in the 18–40 age range. With a male to female ratio of 1.4:1, 58 (58.0%) of the 100 individuals were male and 42 (42.0%) were female. In our study, the average duration of schizophrenia was 2.95 ± 1.17 years. The average length of care was 5.77 ± 2.34 months. Table 1 displays the distribution of patients with additional confounding variables.

Twenty-seven (27.0%) of the participants in our study had frequent depression among those who care for patients with schizophrenia (Figure 1). Table 2 displays the stratification of depression by age, duration of illness, duration of care, gender, marital status, residence, SES, and educational attainment.

Table 1

Distribution of Subjects with Confounding Variables (N=100)

Confounding variables		Frequency	%age
Age (years)	18-40	65	65.0
	41-60	35	35.0
Gender	Male	58	58.0
	Female	42	42.0
Duration of disease (years)	≤3	68	68.0
	>3	32	32.0
Duration of care (months)	≤6	69	69.0
	>6	31	31.0
Residence	Rural	40	40.0
	Urban	60	60.0
Family monthly income	≤25000	24	24.0
	25000-50000	38	38.0
	>50000	38	38.0
Marital status	Unmarried	34	34.0
	Married	66	66.0
Education	Illiterate	14	14.0
	Primary	04	4.0
	Secondary	15	15.0
	Matric	24	24.0
	Intermediate	16	16.0
	Graduate	27	27.0

Figure I

Frequency of Depression among Caregivers of Patients with Schizophrenia (n=100).

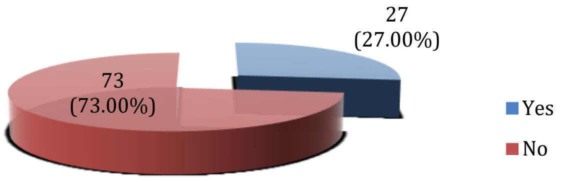
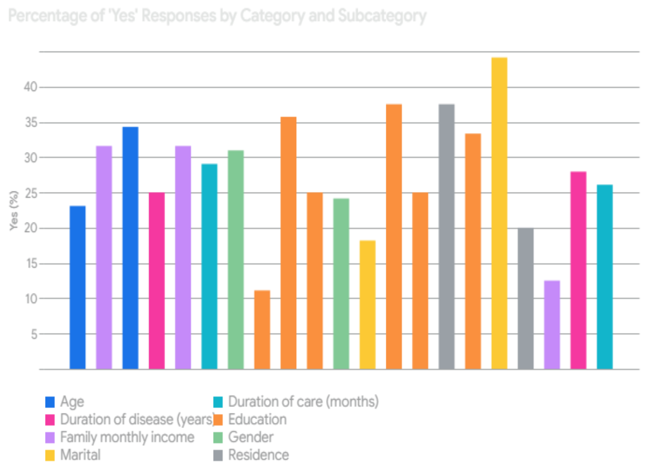


Table 2

Stratification of Depression with Respect to Age, Duration of Disease, Duration of Care, Gender, Marital Status, Residency, SES and Educational Status.

		Yes (n=27)	No (n=73)	P-value
Age (years)	18-40	15 (23.08%)	50 (76.92%)	0.228
	41-60	12 (34.29%)	23 (65.71%)	
Gender	Male	14 (24.14%)	44 (75.86%)	0.448
	Female	13 (30.95%)	29 (69.05%)	
Duration of disease (years)	≤3	19 (27.94%)	49 (72.06%)	0.757
	>3	08 (25.0%)	24 (75.0%)	
Duration of care (months)	≤6	18 (26.09%)	51 (73.91%)	0.759
	>6	09 (29.03%)	22 (70.97%)	
Residence	Rural	15 (37.50%)	25 (62.50%)	0.053
	Urban	12 (20.0%)	48 (80.0%)	
Family monthly income	≤25000	03 (12.50%)	21 (87.50%)	0.185
	25k-50k	12 (31.58%)	26 (68.42%)	
	>50000	12 (31.58%)	26(68.42%)	
Marital	Unmarried	15 (44.12%)	19 (55.88%)	0.006
	Married	12 (18.18%)	54 (81.82%)	
Education	Illiterate	05 (35.71%)	09 (64.29%)	0.338
	Primary	01 (25.0%)	03 (75.0%)	
	Secondary	05 (33.33%)	10 (66.67%)	
	Matric	09 (37.50%)	15 (62.50%)	
	Intermediate	04 (25.0%)	12 (75.0%)	
	Graduate	03 (11.11%)	24 (88.89%)	

Figure 2



DISCUSSION

This study sought to determine the prevalence of depression among caregivers for people with schizophrenia. A number of characteristics were examined by the study participants, including psychosocial (marriage status and monthly income), clinical (length of sickness), and sociodemographic (sex and educational status). The results showed that depression was 27.0% common among those who cared for individuals with schizophrenia.

The findings of this investigation align with those of the investigations carried out in Egypt, which showed 34.1%[9] and 35.7%.[10] Conversely, this outcome was less than that of the Ethiopian study. 56.7%.[10] Since only child caregivers were included in the prior study, the variation may have arisen from differences in the study participants. This is due to the fact that caring for children who suffer from mental illness puts an additional burden on the caregivers. Ghana 66.2%[10] Tool variance exists; depression in caregivers is measured using the Beck Depression Inventory (BDI), and population differences are also investigated. This range, which stands at 56.2%[10] in China, could be attributed to variations in the study population, sample size, and sociocultural variables. They employed the Center for Epidemiologic Studies Depression Scale (CES-D 10) to measure depression, and the difference might be that social support is better than in China.

The finding was greater than the Ethiopian study (19%)[11], though, which may have been caused by the differing screening methods or the continuous, persistent violence and turmoil in the research area, which may have made depression among caregivers in India (28.5%) more common. The current study employed the DSM-5, however in Saudi Arabia (18.3%)[12], they used the Montgomery–Asberg Depression Rating Scale (MADRS). This variation may be due to sociocultural differences and the study subjects.

A tertiary hospital in Nigeria conducted a study on the prevalence of depression, its correlates, and quality of life among primary caregivers of patients with schizophrenia. The study's findings showed that 13.8 percent of the caregivers who participated had depression.[4] All caretakers, with the exception of a very small percentage, reported mild to severe depression, with 41.3 reporting moderate to severe depression, according to an Indian study on depression and caregiver burden for patients with schizophrenia.[5]

According to a study done on hospital patients with bipolar illness and schizophrenia in Kathmandu, Nepal, 29% of the caregivers had anxiety-related issues, and 25% of them experienced depression.[6] In order to ascertain the prevalence of anxiety and depression in caregivers of patients with schizophrenia, a study was carried out in Peshawar. One hundred patients with schizophrenia were paired with one caregiver (spouse or parent), and of the 92 total, 29% of caregivers had anxiety and 18% had depression.[8]

In terms of depression-related factors, this study found that female caregivers had a higher risk of developing depression compared to male caregivers; this conclusion is consistent with the Chinese study.[13] This may be due to sex hormone variations, low self-esteem, poor copying mechanisms, and a higher risk of sexual abuse for women in Ethiopia.[14] Additionally, women devote more time to personal care and caring for others than men do, and in societies and cultures that uphold the traditional belief that women are patients' natural caregivers, women are more likely to provide time-intensive care.[15-17]

A study in Ghana[18], which included unmarried people, confirmed the findings of this study, which showed that being single increases the risk of developing depression. Being unmarried was linked to higher levels of anxiety and loneliness, a greater risk of substance addiction, and the fact that no one shared the responsibility of patient care.[19]

Higher educated caregivers were less likely to be depressed, according to the study's findings, which were in line with research from Kenya and Tunisia.[16,20] This is why informed caregivers are also responsible for following up with patients to make sure they visit medical institutions and take their medication.

Consistent with studies in Ethiopia, Saudi Arabia, and Texas, respondents who provided care for more than six months had a higher chance of developing depression than those who provided care for less than six months.[14,21,22] The patient's need for ongoing care for extended periods of time is one plausible explanation, and the stressful role of the caregiver is closely linked to the patient's length of caregiving, job search challenges, and financial hardships or growing care expenses.[15]

This data suggests that caregivers with low social support were 2.20 times more likely to have depression than those with high social support, which is consistent with previous findings in Ethiopia and China. This may be due to the fact that loneliness and depression have been associated with a lack of social support. It has also been shown to change how the brain works and increase the risk of heart disease, alcoholism, and suicide. It also offers protection from bad behavior and detrimental health effects. The strongest predictor of depressed symptoms among those who care for people with mental illness was a lack of social support.[23,24]

Study Limitations

The study's limitations include the possibility of response bias resulting from patients' self-reporting and the lack of an objective indicator of depression. Some delicate topics that could affect social desirability were included in the questionnaire.

Strength of the study

We employed a standardized and pre-tested questionnaire to avoid bias, and the high response rate in this study contributed to lower the likelihood of non-response. The feelings and effects of providing care for people with schizophrenia were thoroughly examined in this explanatory study.

CONCLUSION

Depression is very common among those who care for patients with serious mental conditions. Depression was substantially correlated with being female, illiterate, unmarried, providing care for longer than six months, and having little social support. To ensure that caregiver interventions are incorporated into the mental health system, policymakers at all levels should create and execute policies.

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