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A CROSS SECTIONAL STUDY ON COMPARISON OF BURDEN IN CAREGIVERS OF PATIENTS WITH CHRONIC PSYCHIATRIC ILLNESS AND MALIGNANCY

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ABSTRACT

Background: Community based studies indicated that family and economical burden is higher in care givers of patients with chronic psychiatric illness. Globally it is estimated that lifetime prevalence of mental health disorder to be between 18.1% and 36.1% and 10.6% in India. Care givers of individuals suffering from psychiatric illness are at risk of being subjected to mental health consequences such as depression, anxiety and burnout. There is a paucity of data comparing the caregiver burden in chronic psychiatric illness and malignancy. **Materials and Methods:** The present study was undertaken at department of psychiatry and oncology, Government General Hospital, Guntur. Total of 150 caregivers were included in the study. 100

caregivers from psychiatry department and 50 caregivers from oncology department were enrolled in the study and data was compared by using BAS score by using EPI INFO Software. **Results:** There was a significant difference in the burden of psychiatric caregivers and oncology caregivers which was obtained by BAS scoring. There was an association of caregiver burden with that of care hours/day, duration of care giving.(P value =0.0128). **Conclusion:** Burden scores obtained in caregivers with psychiatric was high compared to oncology caregivers and duration of care giving, care hours/day had association with caregiver burden.

KEYWORDS: Caregiver burden, psychiatry, malignancy, BAS scoring.

INTRODUCTION

Mental disorders have profound effect on health and well being not only of individuals with the disorder but also of their families and entire community.[1]

The term “caregiver burden” began to be used in 1970’s this concept of caregiver burden was broadened after 1980’s. Globally, it is recognized that caregivers will play an important role and ever- expanding role. Care giver is an individual who provides assistance and assume the responsibility for the physical and emotional needs of another individual who is incapable of self-care[2] Caregivers who typically includes the family members such as parents, spouse, siblings, children, and peers. Caregiver burden is a “subjective experience that is perceived as stressful”.[3]

Patients and their families are constantly affected by the changes resulting from the disease and its treatment. These changes gradually reduce the levels of performance and the ability of family members, destruction of emotional system.

Over the past two decades, the deinstitutionalisation of mental health care has shifted the focus of the management of people with mental illness from state institutions to homes, implying that family caregivers, who are often unremunerated, take on an increased role in daily care instead of mental health professionals.[4]

Among medical diseases, psychiatric disorders have a high prevalence and are a significant burden. According to the most recent meta-analysis, the average prevalence of mental disorders in the world is 13.4%[5] and 30–50% of psychiatric patients (PPs) experience relapses of symptoms in the first 6 months and 50–70% in the first 5years after discharge from the hospital.[6] Due to deinstitutionalization of the treatment and care of PPs, the role of family caregivers of these patients is important in reducing the number of hospital admissions.[16]

Family caregivers of PPs while being able to manage and control the patient and their disease play avital role in maintenance and rehabilitation of patients.[7] Thus, family caregivers of PPs suffer great pressure physically, mentally, and socially in the course of care and control of the sick members of the family.[8]

Caring for cancer patients may involve additional challenges, which may put these caregivers at particularly high risk of burden. As it is associated with a decline in physiologic reserve, which can result in increased need for functional assistance at baseline and during periods of stress, such as during treatment.[9]

The study aims to look at the burden of care giver and different coping style used by the family members to cope with patient with chronic psychiatric illness and malignancy.[10]

METHODOLOGY

A cross sectional study was conducted in Government General Hospital from October 2020 to march 2021 for a period of 6 months among 150 subjects. The study was conducted after obtaining approval from Institutional Ethics Committee and Informed Consent from patients and care givers. The patients were screened based on inclusion and exclusion criteria. Patients who satisfied the inclusion criteria were included in the study and the data was collected in the designed data collection form. Caregiver burden was assessed based on severity of disability of the patient. The validated questionnaire was prepared by using Burden Assessment Schedule (BAS) Score to assess the severity of burden in caregivers. Data was compiled and analysed using EPI INFO software version 3.5.1. Analysis was done by using appropriate statistical tool i.e., Chi-square test.

INCLUSION CRITERIA

1. Caregivers who are taking care of patients for at least 2 years.
2. The caregiver aged more than 20 years and who are staying with the patient since onset of illness.
3. Care givers of cancer patients those who are taking care since 2 years.

EXCLUSION CRITERIA

1. Caregivers with disturbances in cognitive functioning/memory, patients on end of life support system and those of physically handicapped.
2. Care givers of patients with other chronic illness like heart diseases, liver diseases.
3. Unwilling to participate in the study.

RESULTS

Table 1: BAS scoring of psychiatric and oncology care givers were compared.

BAS score	Psychiatric Caregivers	Oncology Caregivers	P Value
<20	4	23	**0.0128**
20-30	34	25	
30-40	45	2	
>40	**17**	**0**	

table 1 depicts that psychiatric caregiver had high risk compared to oncology caregivers and the results were statistically significant (p-value <0.005)

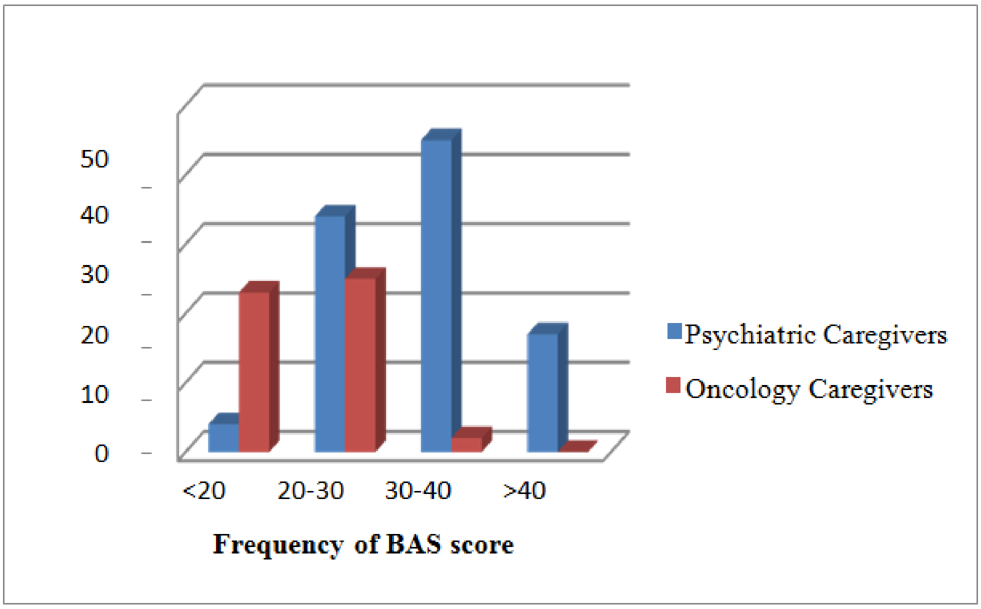

Fig. 1 Care giver burden was compared between caregivers of psychiatry and oncology.

Table 2: Frequency distribution of psychiatry and oncology caregivers with respect to Care hours/Day.

Care hours/Day	Psychiatric Caregivers	Oncology Caregivers
<10hours	6	**7**
10-20hours	22	**11**
>20hours	**72**	**32**

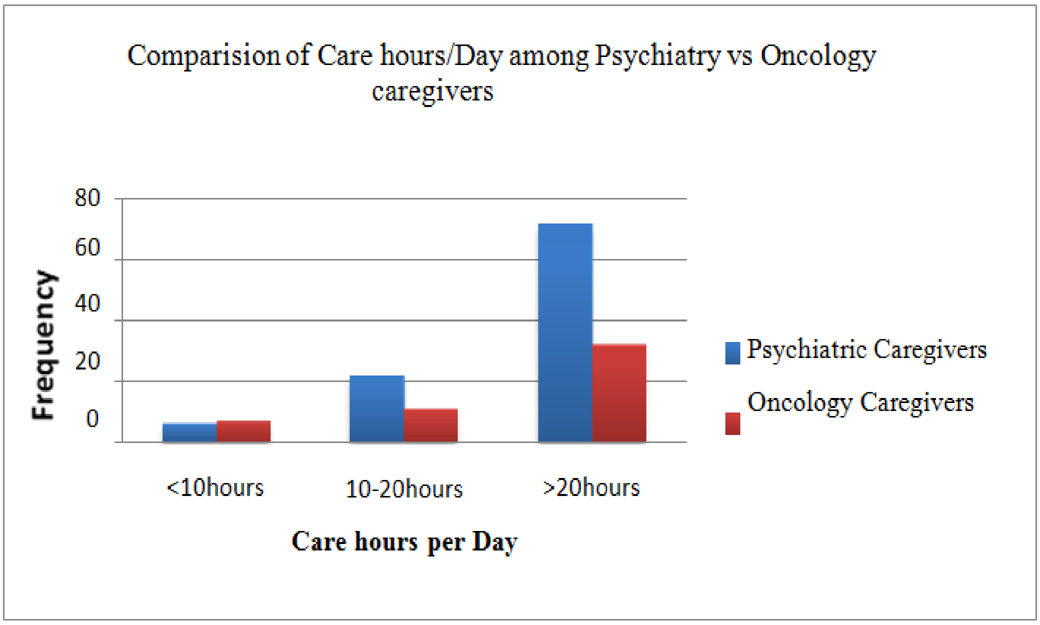

Fig 2: Majority of psychiatry and oncology caregivers are taking care of their respective patients more than 20 hours per day.

Table 3: Frequency distribution of psychiatric and oncology with respect to Duration of Care giving.

Duration of Care giving (since years)	Psychiatric Caregivers	Oncology Care givers
<5	93	45
5—10	3	3
>10	4	2

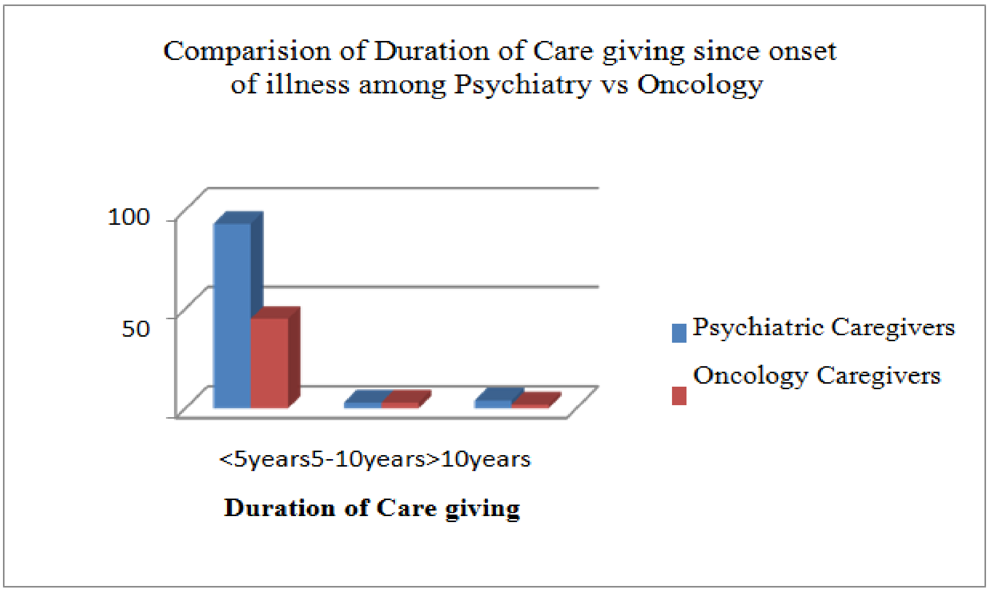

Fig 3: Duration of care giving was more in psychiatric caregivers than oncology caregivers.

DISCUSSION

Majority of studies on burden of caregivers having chronic psychiatric illness and chronic mental-illness were conducted so far, signifies burden of psychiatry is more compared to chronic mental-illness. The present study also states that caregiver burden was high among chronic psychiatric illness compared to Malignancy.

According to the study conducted by Mathur S et al. showed that more number of care givers of psychiatric illness reported moderate-to-severe grade of caregiver burden than their counterparts.[11] The present study (table 1) also suggested that psychiatric caregivers had more burden compared to oncology caregivers.

According to a study conducted by Prasanth A et al., (2012) The study states that the burden is high in caregivers of psychiatric patients than that the caregivers of chronic medical illness patients. The caregiver burden was found to increase with the duration of illness. The present study shows that out of 100 in psychiatry patients 93 members are taking care of psychiatry since 5 years of life and out of 50 oncology patients 45 taking care of their respective patients since 5 years of life, whereas 3 members are taking 5-10 years of life in psychiatry, 4 members are taking care since >10 years of life in psychiatry patients and 2 members of > 10 years of life in oncology patients.

According to a study Ampalam P et al., (2012) stated that the care giver burden was found to increase with the care given per hours in a day.[12] The present study shows that out of 100, 72 members of psychiatry patients > 20 hours of care hours/day, 22 members are taking 10-20 hours, 6 members are taking < 10 hours. Out of 50 members of oncology patients, 32 members are taking >20 hours of care hours/day, 11 members are taking 10-20 hours, 7 members are taking <10 hours.

CONCLUSION

From our study, we conclude that caregiver burden in patients with chronic psychiatric illness is statistically higher than that of caregivers of malignancy. The care giver burden increases with the duration of illness as well as with the care hours per day in both psychiatry and malignancy. There is an immense need to provide counselling and support to the caregivers of patients to reduce their burden.

LIMITATIONS

- The study was limited for duration of six months only.
- As all people in the sample were not educated and there was no rating scale measuring caregiver burden in vernacular language, the scale had to be translated into local language, which can be a confounding factor.
- The study was limited to the small sample because of covid-19 pandemic.

FUTURE PROSPECTIVES

- This study can be extended by comparing the caregiver burden and quality of life of care givers.
- This study can be extended to assess the risk factors that are associated with caregiver.

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