

Comparison of Depression and Resilience among the Caretakers of Patients with Schizophrenia and Depression

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ABSTRACT

Background: Schizophrenia and depression are two different types of psychiatric illness with different kind of clinical features, requires different type of care from caretakers and produces different levels of stress among their caretakers. Quality of life is low whereas burden of care and financial difficulties are high among the caretakers of schizophrenia when compared to depressive illnesses

Aims: To compare depression and resilience among the caretakers of patients with schizophrenia and depression.

Materials & Methods: The present study was a comparative study which was conducted over a period of 2 months and involved caretakers of patients with schizophrenia and depression who were receiving services at outpatient department of Government Psychiatric Diseases Hospital, Jammu, J&K. The caretakers were assessed by using HAM-D Scale and 25 Item Resilience Scale.

Results: Mean HAMD score of caretakers of patients with schizophrenia was 16.37 (± 8.68) whereas the mean HAMD score of caretakers of patients with depression was 14.92 (± 7.96). The difference between the mean HAMD of the two groups was statistically highly significant. Mean resilience score of caretakers of schizophrenia patients was 119.83 (± 25.10) and that of caretakers of patients with depression was 118.08 (± 24.73). The difference between the mean resilience score of the two groups was also statistically highly significant.

Conclusion: From present study, it has been concluded that both depression and resilience are higher among caretakers of patients with schizophrenia as compared to caretakers of patients with depressive disorder. However very little research is available regarding this, hence more research is recommended.

Keywords: Caretaker, Depression, Schizophrenia, Resilience, HAMD Score.

INTRODUCTION

In the current scenario, one of the emerging public health problem which are becoming the leading causes of diseases and disability worldwide are the psychiatric disorders. [1] According to World Bank/World Health Organization, around 450 million people currently are affected by these conditions across the globe. At some

point in their lives, 25% people in the world will be affected by neuropsychiatric disorders. [2] Mood disorders and schizophrenia constitutes about 10.8% of the total proportion of the disability-adjusted life years (DALYs) which is higher than that of due to ischemic heart disease which constitutes about 9% of the total proportion and is almost comparable to

those due to cancer which constitutes about 15% of the total proportion. [3] In the year 2001, 13% of the world's burden of diseases was accounted by psychiatric disorders which are expected to rise to 15% by the year 2020. [2] Persons with these disorders tend to have long-term dependency on treatments and services in addition to significant personality and behavioral disorganization. [3]

It is acknowledged universally that caring of a mentally ill person is a stressful experience. [4] However from the last 1 decade, the caretakers of psychiatric patients had gained importance as there is an increase in shifting trends of the management of psychiatric patients from institutional care to community care resulting in rapid de-institutionalization. The caretakers of psychiatric patients faces a considerable amount of stress as in addition to social, financial and medical needs, they sometimes also had to manage the patients disorganized, disruptive, suicidal and homicidal behavior. [5] In order to deal with the stressful condition associated with caring of psychiatric patient, the concept of resilience was introduced. [6] Resilience is defined as a dynamic process which encompasses positive adaptation within the context of significant adversity [7] and provides resistance to psychosocial risk experiences. [8] Depression and schizophrenia are two mental illnesses with different features. Depression is an episodic illness with intermittent episodes of relapse and remission with functioning during the remission phase equivalent to that of premorbid levels whereas schizophrenia is a continuous illness with deteriorating course. Moreover the financial difficulties and burden of care are high whereas quality of life is low among the caretakers of schizophrenia when compared to other mental illnesses. [9] Hence the present study was conducted to compare depression and

resilience among the caretakers of patients with schizophrenia and depression as no such study had been carried out in this part of the world.

METHODOLOGY

The present study was a comparative study which was conducted over a period of 2 months and involved caretakers of patients with schizophrenia and depression who were receiving services at outpatient department of Government Psychiatric Diseases Hospital, Jammu, J&K. After meeting inclusion and exclusion criteria, the caretakers were assessed by using HAM-D Scale [10] and 25 Item Resilience Scale. [11]

Selection Criteria for Caretakers:

Inclusion Criteria: Primary caregivers who are living with the patient for at least last 1 year, above 21 years of age and had given written consent before participating in the study.

Exclusion Criteria: Caregivers with organic syndromes, substance dependence, psychiatric conditions, mental retardation, or chronic physical illness.

Statistical analysis:

Analysis of data was done using statistical software MS Excel / SPSS version 17.0 for windows. The statistical techniques t test was used for comparison. The p value of ≤ 0.05 was considered to be statistically significant whereas p value of ≤ 0.001 was considered highly significant.

RESULTS

Table 1 shows that mean HAMD score of caretakers of patients with schizophrenia was 16.37 (± 8.68) whereas the mean HAMD score of caretakers of patients with depression was 14.92 (± 7.96). The difference between the mean HAMD of the two groups was 1.45 with a p-value of 0.001 which was statistically highly significant.

Table 1 shows mean HAMD score of caretakers of patients with schizophrenia and depression

| | Number of caretakers | Mean HAMD score | Difference in mean HAMD score | P-value |
|---------------|----------------------|----------------------|-------------------------------|---------|
| Schizophrenia | 150 | 16.37 (± 8.68) | 1.45 | 0.001 |
| Depression | 120 | 14.92 (± 7.96) | | |

*P-value significant at the level of 0.05

**P-value highly significant at the level of 0.001

Table 2 shows that the mean resilience score of caretakers of schizophrenia patients was 119.83 (± 25.10) and that of caretakers of patients with depression was 118.08 (± 24.73). The difference between the mean resilience score of the two groups was 1.75 the p-value of comparison between the groups is 0.001 which was statistically highly significant.

Table 2 shows mean Resilience score of caretakers of patients with schizophrenia and depression

| | Number of caretakers | Mean Resilience score | Difference in mean Resilience score | P-value |
|---------------|----------------------|------------------------|-------------------------------------|---------|
| Schizophrenia | 150 | 119.83 (± 25.10) | 1.75 | 0.001 |
| Depression | 120 | 118.08 (± 23.13) | | |

*P-value significant at the level of 0.05

**P-value highly significant at the level of 0.001

DISCUSSION

There is substantial disruption of one's family life if they had to provide care to someone with a mental illness. [12] Any person who is providing care to a mentally ill person faces lower levels of self efficacy, physical health and subjective well being, and higher levels of stress induced depression, both resulting in considerable amount of caretaking burden. [13,14] Since the psychiatric ill patients presents with variety of symptoms which includes impaired sleep, impaired self care, social isolation, social withdrawals, catatonic features, delusions, hallucinatory behavior, wandering tendencies, weight loss, impaired appetite, suicidal and homicidal tendencies, the caretaker often faces difficulty in dealing with this symptomatology of the patient [15] and feels stigmatized due to withdrawal of the social support. [16] Here comes the role of resilience which helps the caretaker to deal with these difficult and stressful life conditions. [15] Since schizophrenia and depression are two different types of psychiatric illness with different kind of clinical features, requires different type of care from caretakers and produces different levels of stress among their caretakers. [17] Hence the present study was conducted to compare depression and resilience among the caretakers of patients with schizophrenia and depression.

In the present study the mean HAMD score of caretakers of schizophrenic patients is 16.37 (± 8.68) whereas that of caretakers of depressive patients is 14.92 (± 7.96) with a difference of 1.45 which is statistically highly significant (p value < 0.001). Our finding suggests that

depression in caretakers of schizophrenia patients is significantly higher than the caretakers of patients with depressive disorder. The reason for this could be that in majority of the cases the schizophrenic patients attending the OPD's of our hospital are non compliant and are in the state of acute exacerbation presenting with clinical symptoms of disorganized behavior in the form of wandering tendencies, decreased self care and being homicidal, beating their family members. Moreover it has been suggested that those caretakers who are being beaten by their patients has strong association of depressive symptoms. [18] To the best of our knowledge we didn't find any study which had compared depression among the caretakers of patients with schizophrenia and depression. However our finding can be supported by the fact the depression is high in caretakers who faces higher burden of caretaking and burden of caretaking is high in schizophrenic patients compared to other mental illnesses. [19]

The mean resilience score of caretakers of schizophrenia patients is 119.83 (± 25.10) which is higher than that of caretakers of depressive patients who has a mean resilience score of 118.08 (± 23.13). The difference between the two groups is 1.75 which is statistically highly significant (p value < 0.001). The finding in the present study suggests that resilience in the caretakers of the schizophrenic patients is significantly higher than that of caretakers of patients with depressive disorder. This could be explained by the fact that schizophrenia is a chronic disorder and with the passage of the time, the caretakers of these patients may get adjusted to changing

behavior patterns of the patient, develops new techniques and strategies to deal with these stressful situations and because of habituation they develop strong resilience over the years. [5] However to the best of our knowledge we didn't find any study which had compared depression and resilience among the caretakers of patients with schizophrenia and depression.

CONCLUSION

From present study, it has been concluded that both depression and resilience are higher among caretakers of patients with schizophrenia as compared to caretakers of patients with depressive disorder. However very little research is available regarding this, hence more research is recommended.

Conflict of interest: None declared

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