

Prevalence of Depression among Caretakers of Patients with Bipolar Disorder

Rameshwar S Manhas¹, Gaurav S Manhas², Angli Manhas³, Jagdish R Thappa⁴,
Mohammad M Dar⁵, Rukhsana Akhter⁶

¹Senior Resident, Department of Psychiatry, Government Medical College, Jammu, J&K, India.

²Resident Scholar, Department of Radiodiagnosis, Government Medical College Jammu, J&K, India.

³Senior Resident, Department of Ophthalmology, Government Medical College Jammu, J&K, India.

⁴Prof & HOD, Department of Psychiatry, Government Medical College, Jammu, J&K, India.

⁵Prof & HOD, Department of Psychiatry, Government Medical College, Srinagar, Jammu and Kashmir, India.

⁶MA in Psychology, Intern, Department of Psychiatry, Government Medical College, Jammu, J&K, India.

Corresponding Author: Gaurav S Manhas

ABSTRACT

Background: The onset of bipolar disorder presents potentially lifelong challenges of caretaking for the caretakers. For years caretakers may provide extended support and care to their patients which may be associated with increased challenges resulting from debilitating symptoms which produces obstacles to independent living and occupational and social functioning.

Aims: To study prevalence of depression among caretakers of patients with bipolar disorder.

Materials & Methods: The present cross-sectional study was conducted among the caretakers of patients with bipolar disorder who were receiving services at outpatient department of a tertiary care hospital in Jammu, J&K. After getting clearance from the institutional ethical committee, 130 caretakers of bipolar patients were selected for the study and later on were assessed by using HAM-D scale.

Results: The prevalence of depression among the caretakers of patients suffering from bipolar disorder was 73.8%. As compared to their counterparts, the prevalence of depression was higher in caretakers who were below 25 years of age (80%), females (80.8%), living in rural areas (80.8%), students/agricultural workers (100%), living in nuclear families (77.8%), uneducated caretakers (75.3%) and in parents (83.1%).

Conclusion: From present study we conclude that there is high prevalence of depression among the caretakers of bipolar patients which may affect their caretaking abilities. Hence in addition to the recovery of the patients, mental health professionals should also pay special attention to the needs of the caretakers which range from providing information about the disease to proper screening and adequate treatment if needed.

Keywords: Caretaker, Depression, Prevalence

INTRODUCTION

Bipolar Affective disorder which was previously known as manic-depressive illness, is a type of mood disorder associated with unusual shifts in activity levels, energy, mood and the ability to carry out day-to-day tasks. The important characteristics of bipolar disorder are the repeated episodes

(i.e. at least two) in which there is significant disturbance in patient's mood and activity levels which on some occasions consists of an elevation of mood and increased activity and energy (hypomania or mania), and decreased energy and activity, and lowering of mood (depression) on other occasions. ^[1]

Caretaking is a dynamic process which includes patient and a person who is involved in long term care of the patient. In disabling mental disorders such as bipolar disorder there is need for long term care, very often which can leads to experience of burden in the caretakers. [2] Caretakers play an important role in supporting the family members who are suffering from mental illness. In addition to pharmacological treatment, the functioning of the mentally ill patient is also directly related to the quality of care given by the caretakers. [3]

The onset of bipolar disorder presents potentially lifelong challenges of caretaking for the caretakers. For years caretakers may provide extended support and care to their patients which may be associated with increased challenges resulting from debilitating symptoms which produces obstacles to independent living, occupational and social functioning. [2] Caretaking of a patient with bipolar disorder is associated with overload, resentment, embarrassment, [4] financial, physical and psychological problems. [5] This chronic caretaking role causes significant stress and threatens the physical and mental health of the caretaker. [2] Moreover caretaking is a chronic stressor which produces significant distress and depression among caretakers. [6] Hence the present study was conducted to study prevalence of depression among the caretakers of the patients with bipolar disorder.

METHODOLOGY

The present cross-sectional study was conducted among the caretakers of patients with bipolar disorder who were receiving services at outpatient department of a tertiary care hospital in Jammu, J&K, India. After getting clearance from the institutional ethical committee, 130 caretakers of bipolar patients were selected for the study and later on, were assessed by using HAM-D scale. [7]

Statistical analysis:

Analysis of data was done using statistical software MS Excel / SPSS version 17.0 for

windows. Data presented as percentage (%) as discussed appropriate for quantitative and qualitative variables.

RESULTS

Table 1 shows prevalence of depression among caretakers of patients with bipolar disorder

	Number of caretakers	Normal	Depressed
Age (in years)			
≤25	5	1(20%)	4(80%)
26-35	16	6(37.5%)	10(62.5%)
36-45	45	11(24.4%)	34(75.6%)
≥46	64	16(25%)	48(75%)
Sex			
Males	52	19(36.5%)	33(63.5%)
Females	78	15(19.2%)	63(80.8%)
Residence			
Rural	78	15(19.2%)	63(80.8%)
Urban	52	19(36.5%)	33(63.5%)
Marital status			
Married	100	30(30%)	70(70%)
Unmarried	15	4(26.7%)	11(73.3%)
Divorced	3	0(0%)	3(100%)
Widowed	12	0(0%)	12(100%)
Type of family			
Joint	58	18(31%)	40(69%)
Nuclear	72	16(22.2%)	56(77.8%)
Education			
Uneducated	73	18(24.3%)	55(75.3%)
Educated	57	16(28.1%)	41(71.9%)
Occupation			
Unemployed	66	19(28.8%)	47(71.2%)
Students	2	0(0%)	2(100%)
Government sector	4	2(50%)	2(50%)
Private sector	13	3(23.1%)	10(76.9%)
Agricultural sector	15	0(0%)	15(100%)
House-holder	10	1(10%)	9(90%)
Retired	6	3(50%)	3(50%)
Others	14	6(42.9%)	8(57.1%)
Relation with patient			
Parents	59	10(16.9%)	49(83.1%)
Others	71	24(33.8%)	47(66.2%)
Total	130	34(26.2%)	96(73.8%)

Table 1 shows that the prevalence of depression among the caretakers of patients suffering from bipolar affective disorder was 73.8%. The prevalence of depression was highest in those caretakers who were below 25 years i.e. 80% followed by 75.6% in those caretakers who were between 36 to 45 years, 75% in caretakers who were above 46 years whereas it was least in caretakers who were between 26 to 35 years of age i.e. 62.5%. Among female caretakers prevalence of depression was 80.8% whereas in males it was about 63.5%. Higher prevalence of depression i.e. 80.8% was observed in caretakers who lived in rural areas whereas it was as low as 63.5%

in those who lived in urban areas. There is 100% prevalence of depression in those caretakers who were widowed, divorced, students and were involved in agricultural works. As far as type of family is concerned, prevalence of depression was high i.e. 77.8% in those caretakers who lived in nuclear families whereas it was low i.e. 69% in those who lived in joint families. Prevalence of depression in uneducated caretakers was 75.3% whereas in case of educated caretakers it was about 71.9%. Moreover 83.1% caretakers who were parents of their patient were suffering from depression whereas only 66.2% caretakers other than parents had depression.

DISCUSSION

In the present study, the prevalence of depression among the caretakers of bipolar patients was found to be 73.8%. Caring of a patient with mental illnesses such as bipolar affective disorder is associated with significant levels of mental distress [8] and depression. [9] There are several factors which are associated with occurrence of severe mental illnesses especially depression among caretakers which includes lack of resources (financial, emotional, personal), stigma, lack of social support, negative caregivers perception, daily hassles, chronic stress of caretaking, struggle or inability to balance caretaking, family and work, insufficient knowledge regarding mental illnesses, poor mental health facilities, ignorance of their own emotional & physical health, inadequate skill to provide care and the challengeable task of caretaking (e.g. providing personnel care such as emotional support to their patient, bathing, taking drug, eating). [10] Manhas RS et al and Chowdhury MKP had also found higher prevalence of depression among caretakers of mentally ill patients which was about 80.75 and 55% in their respective. [11,12] Similar results were also observed by Sintayehu M et al. [8] However some studies had found lower prevalence of depression among caretakers [9,13] which may be due to cultural variations, different

selection criteria and different tools of evaluation. [14]

In the present study, prevalence of depression was highest i.e. 80% in those caretakers who were below 25 years. There was a positive association between depression and younger age of the caretaker [9] which may be due to performing more responsibilities and roles by younger caretaker which produces higher level of mental distress in younger as compared to older caretakers. [8] Our finding is in agreement with Derajew H et al and Manhas RS et al who also observed higher prevalence of depression among younger caretakers of various mental illnesses. [9,11] Similarly findings were also observed by Shah STH et al [8] whereas Sintayehu M et al had found higher levels of depression in caretakers who belong to older age group (above 44 years of age). [10]

80.8% female caretakers and 63.5% male caretakers were suffering from depression. In developing countries like India, females are generally responsible for performing all family related tasks and responsibilities. [15] In addition to this, illness in family members especially their spouses and children places extra financial, social, caring and treatment responsibilities on female caretakers, which adds more burden to the already miserable condition of females and results into experience of more feelings of isolation, frustration, anxiety, tiredness and depression. [16] Other studies had also found results similar to our study. [8-10,15]

In the present study depression was present in 80.8% caretakers with rural background where it was only 63.5% in caretakers with urban background. This could be due to the fact that the prevalence of depression was more in people living in rural areas than in urban areas. [17] The finding in this study is in agreement with Manhas RS et al and Vijaylaxmi K, both of whom had observed of higher prevalence of depression in caretakers who were living in rural areas as compared to urban areas. [11,15]

There is 100% prevalence of depression in caretakers who were widowed or divorced. It's a well known fact that prevalence of depression is more in divorced or widowed individuals as compared to married one's. Various stressful factors responsible for higher prevalence of depression in this group of caretakers includes difficult dual role of caretaking and bread earning, social stigma, lesser satisfaction in life, lack of life partner support etc. [13] Higher prevalence of depression among widowed/divorced caretakers were also found by other studies. [9,10]

77.8% caretakers from nuclear families suffer from depression whereas only 69% of caretakers living in joint families had depression. In joint families, caretakers may have social support and their responsibilities may be shared by other family members which acts a relaxing factor for caretakers whereas caretakers living in nuclear families lack such family support. [18] Our finding is in accordance with Manhas RS et al who also observed that the prevalence of depression was more among caretakers who lives in nuclear families than those who lives in joint family. [11]

The prevalence of depression among uneducated caretakers was 75.3% whereas it was 71.9% in case of educated ones. Lower levels of education are related with poor understanding of mental illnesses and higher burden of caretaking resulting in higher level of psychological and mental distress. [8] Other studies had also found education as a protective factor against the development of depression among the caretakers of mental illnesses. [9,10,15]

There was 100% prevalence of depression among the caretakers who were students or doing agricultural works. In addition to burden of studies, higher levels of mental distress may be observed in students due to additional responsibilities of caretaking of their mentally ill patients. [14] Moreover farmers may also experience higher levels of mental distress while caring their mentally ill relative due to low income,

stigma, lack of knowledge, higher stressful life experience, poor access to mental health facilities and inaccessibility to media. [10] Our finding is in agreement to Manhas RS et al who also observed that prevalence of depression was higher in those caretakers who were involved in agricultural works. [11] Similar results were also found by Sintayehu M et al. [10]

In the present study there was a higher prevalence i.e. 83.1% of depression among caretakers who were parents of their patients whereas only 66.2% of other caretakers were found depressed. With the progression of age older caretakers were unable to provide good care to the patient which is associated with higher burden of care resulting in production of higher mental distress among them. [19] Moreover parents of the mentally ill patients have high levels of emotional distress which inturn leads to higher levels of emotional drain and depression. [20] Other studies had also observed similar results. [10,14]

CONCLUSION

From present study we conclude that there is high prevalence of depression among the caretakers of bipolar patients which may affect their caretaking abilities. Hence in addition to the recovery of the patients, mental health professionals should also pay special attention to the needs of the caretakers which range from providing information about the disease to proper screening and adequate treatment if needed.

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