International Journal of Research and Review
Vol. 9; Issue: 12; December 2022
Website: www.ijrrjournal.com
Original Research Article *E-ISSN: 2349-9788; P-ISSN: 2454-2237*

Depression Among Caretakers of Patients Suffering from Depression

Shabnum Rivees[1], Rajesh Kumar Chandel[2], Rameshwar Singh Manhas[3]

[1]Assistant Professor, Department of Psychiatry, Government Medical College, Jammu, J & K, India
[2]Assistant Professor, Department of Psychiatry, Government Medical College, Kathua, J & K, India
[3]Medical Officer, Department of Psychiatry, Government Medical College, Jammu, J & K, India

Corresponding Author: Rajesh Kumar Chandel

DOI: https://doi.org/10.52403/ijrr.20221243

ABSTRACT

Introduction: Caretaker is the one who assume the responsibility for the financial, emotional, physical, and usually medical care of the sick relative. There is potentially high risk for decrease in health status and consequent burden among the caretakers who provide care to their family members with psychiatric illness (depression) which contributes to the emergence of psychosocial problems like anxiety and depression.
Aim: To study prevalence of depression among caretakers of patients suffering from depression.
Materials & Methods: The present study was hospital based observational and cross-sectional study which was conducted over a period of 2 months on the caretakers of the patient suffering from depression attending the outpatient department (OPD) of Government Psychiatric Diseases Hospital Jammu. A total of 120 caretakers were selected for the study and were later assessed by HAM-D scale.
Results: The prevalence of depression among the caretakers of patients suffering from depression was 70.8%. The prevalence of depression was higher in caretakers who were above 45 years of age (74.5%), females (76.7%), living in rural areas (79.7%), unmarried (73.3%), agricultural workers (88.2%), living in nuclear families (75.6%), uneducated (94.1%) and were parents of their patient (80%).
Conclusion: From the present study we conclude that there is high prevalence of depression among the caretakers of patients suffering from depression. Hence it is suggested that the concerned authorities should take appropriate steps so that these caretakers can be properly screened and treated if required.

Keywords: Caretaker, Depression, Prevalence.

INTRODUCTION

Caretaker is the one who assume the responsibility for the financial, emotional, physical and usually medical care of the sick relative. Family caretakers of the mentally sick patients without proper knowledge and support of the mental health professionals often experiences many challenges in their life. Moreover there is potentially high risk for decrease in health/financial status and consequent burden among the caretakers who provide care to their family members with psychiatric illness.[1]
One of the well documented phenomenon in context of family care in mental health is the manifestation of the caretaking burden which often leads these caretakers to experience a worsening in their mental and physical health which contributes to the emergence of psychosocial problems like anxiety and depression.[2] Hence the present study was conducted with the aim to find prevalence of depression among caretakers of the patients suffering from depression.

METHODOLOGY

The present study was hospital based observational and cross-sectional study which was conducted over a period of 2

months on the caretakers of the patient suffering from depression attending the outpatient department (OPD) of Government Psychiatric Diseases Hospital Jammu, which is an associated hospital of Government Medical College Jammu, J&K. A due clearance from Institutional Ethics Committee was taken prior to the conduct of study. A total of 120 caretakers were selected for the study after meeting inclusion and exclusion criteria and were later assessed by HAM-D scale.[3]

Selection Criteria for Caretakers:

Inclusion criteria: Caretakers who were living with the patient for at least last 1 year, had given written/verbal consent before participating in the study and were above 21 years of age.

Exclusion criteria: Caretakers with chronic physical illness or substance dependence, previously diagnosed psychiatric conditions, mental retardation and organic syndromes.

Hamilton Depression Rating Scale (HAM-D): Also known as Hamilton Depression Rating Scale (HDRS), it was designed by Dr. Max. Hamilton in the year 1960 and is one of the most widely used depression assessment scale by the clinicians. This scale has sensitivity of 86.4% and specificity of 92.2%. It lists 21 items but the scoring is based on the first 17. To score the results and complete the interview, it generally takes 15-20 minutes. Nine are scored from 0-2 whereas eight items are scored on a 5-point scale, ranging from 0 = not present to 4 = severe. After adding the scores, following grades are obtained

0-7 = Normal

≥8 = Depression

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 qualitative and quantitative variables.

RESULTS

Table 1 shows that the prevalence of depression among the caretakers of patients suffering from depression was 70.8%. As per age, the prevalence of depression was highest i.e.74.5% in caretakers who were above 45 years followed by 71.4% in the age group 36 to 45 years and 64.3% in the age group 26 to 35 years. Prevalence of depression in female caretakers was 76.7% whereas it was 61.7% in male caretakers. 79.7% caretakers living in rural areas were depressed compared to 60.7% in those living in urban areas. Highest prevalence of depression i.e. 73.3% was observed in unmarried caretakers. Prevalence of depression as high as 75.6% was observed in caretakers living in nuclear families whereas it was 68.4% among those living in joint families. As per the educational status, prevalence of depression was 94.1% in uneducated caretakers whereas it was 40.4% among educated ones. The prevalence of depression was highest i.e. 88.2% among the caretakers who work in agriculture sector and 80% in those caretakers who were parents of their patient.

Table 1

	Number of caretakers	Normal	Depressed
Age (in years)			
≤25	2	2(100%)	0(0%)
26-35	14	5(35.7%)	9 (64.3%)
36-45	49	14(28.6%)	35(71.4%)
>45	55	14(25.5%)	41(74.5%)
Sex			
Males	47	18(38.3%)	29(61.7%)
Females	73	17(23.3%)	56(76.7%)
Residence			
Rural	64	13(20.3%)	51(79.7%)
Urban	56	22(39.3%)	34(60.7%)

Table 1 To Be Continued…			
Marital status			
Married	94	27(28.7%)	67(71.3%)
Unmarried	15	4(26.7%)	11(73.3%)
Divorced	5	2(0.4%)	3(0.6%)
Widowed	6	2(33.3%)	4(66.7%)
Type of family			
Joint	79	25(31.6%)	54(68.4%)
Nuclear	41	10(24.4%)	31(75.6%)
Education			
Uneducated	68	4(5.9%)	64(94.1%)
Educated	52	31(59.6%)	21(40.4%)
Occupation			
Unemployed	57	15(26.3%)	42(73.7%)
Students	5	3(6%)	2(4%)
Government sector	8	5(62.5%)	3(37.5%)
Private sector	12	5(41.7%)	7(58.3%)
Agricultural sector	17	2(11.8%)	15(88.2%)
House-holder	8	2(25%)	6(75%)
Retired	4	1(25%)	3(75%)
Others	**9**	**2(25%)**	**7(75%)**
Relation with patient			
Parents	65	13(20%)	52(80%)
Others	55	22(40%)	33(60%)
Total	120	35(29.2%)	85(70.8%)

Table 1 shows prevalence of depression among caretakers of patients suffering from depression

DISCUSSION

Among the caretakers of the patients suffering from depression, the prevalence of depression was found to be 70.8%. Depression and mental distress are positively associated with caring of patients with mental illnesses.[4-6] Challengeable task of caretaking, poor mental health facilities, daily hassles, struggle or inability to balance caretaking, family and work, lack of social support, inadequate skill to provide care, stigma, lack of resources (financial, emotional, personal), ignorance of their own emotional & physical health, chronic stress of caretaking, insufficient knowledge regarding mental illnesses and negative caregivers perception are some of the factors which are associated with occurrence of severe mental illnesses especially depression among the caretakers.[7] Other studies had also observed higher prevalence of depression among the caretakers of mentally ill patients which ranges from 55% to 80.75%.[4,8,9]

Maximum prevalence of depression i.e. 74.5% was observed among caretakers who were above 45 years followed by 71.4% between 36-45 years and 64.3% between 26-35 years whereas no symptom of depression was observed in any caretaker who was below 25 years of age. In Indian culture majority of the individual who were above the age of 25 years are the bread earners of their family and additional responsibility of caretaking of a sick patient may put significant levels of caretaking burden and distress. Our finding is in accordance with Sintayehu et al who also observed higher levels of mental distress among caretakers who were above 44 years of age.[7] Some studies had observed higher prevalence of depression among caretakers who were below 25 years of age.[4,6,9] Such differences may be due to different selection criteria, inclusion of different psychiatric disorders, different tools of evaluation and cultural variations.[10]

76.7% female caretakers were suffering from depression compared to 67.7% male caretakers. Low self esteem may result from the emotional attachment of the female caretakers with their patients. Hormonal changes, the affective responses to the stressor and the subjective caretaking burden may be the other factors associated with the loss of self esteem among the female caretakers. Further the risk of developing depression increases multifold among the female caretakers due to the double burden of caring of sick patients and performing household works.[11] Shah et al and Derajew et al in their respective studies

had also observed high prevalence of depression among female caretakers.[5,6]

79.7% caretakers who lives in rural areas were found to be depressed whereas only 60.7% caretakers who lived in urban areas were suffering from depression. This could be explained by the fact that the peoples living in rural areas have high prevalence rates of depression than those living in urban areas.[12] Other studies had also observed similar results.[4,9,13]

73.3% unmarried caretakers were suffering from depression followed by married ones (71.3%). Being single, itself is a risk factor for depression and responsibility of taking care of a sick patient may produce additional distress.[12] Derajew et al and Sintayehu et al had also observed that the prevalence of depression was high in those caretakers who were single compared to married ones.[6,7]

75.6% caretakers living in nuclear families were suffering from depression compared to 68.4% living in joint families. Caretakers who lives in joint families have many privileges like sharing of caretaking responsibilities and strong social support whereas there were no such privileges among those who lives in nuclear families.[14] Similar results were also found in other studies.[4,9]

Uneducated caretakers had higher prevalence of depression i.e. 94.1% whereas educated ones had low prevalence i.e. 40.4%. Lower education levels often contributes to higher burden of caretaking and poor understanding of mental diseases resulting in increased levels of mental and psychological distress.[5] Moreover being educated is one of the protective factor against the development of depression.[4] Shah et al, Derajew et al and Vijayalakshmi K had also observed higher prevalence of depression among uneducated caretakers.[5,6,13]

Highest prevalence of depression i.e. 88.2% was observed in caretakers who work in agriculture sector. While caring their mentally ill patients, higher levels of mental distress may be experienced by farmers due to media inaccessibility, poor knowledge, stressful life situation, stigma, low income and poor access to mental health facilities.[7] Other studies had also found highest prevalence of depression among caretakers who work in agricultural sector.[4,6,7,9]

Care takers who were the parents of their patient had a high prevalence rate of depression i.e. 80% whereas other caretakers had a lower prevalence rate i.e. 60%. As the age progresses, it becomes difficult for the old caretakers to provide good care to their patients which results in increase in mental and psychological distress among them.[15] In addition to this, higher levels of emotional distress among the parents of the mentally ill patients may lead to emotional drain and depression.[16] Similar results were also observed in other studies.[4,7,9,10]

CONCLUSION

From the present study we conclude that there is high prevalence of depression among the caretakers of patients suffering from depression especially those who were females, above 45 years of age, unmarried, from rural background, living in nuclear families, uneducated, unemployed and were parents of their patient. Hence it is suggested that the concerned authorities should take appropriate steps so that these caretakers can be properly screened and treated if required.

Declaration by Authors

Ethical Approval: Approved
Acknowledgement: None
Source of Funding: None
Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. Souza ALR et al. Factors associated with the burden of family caregivers of patients with mental disorders: a cross-sectional. *BMC Psychiatry* 2017; 17: 353.
2. Treiche CADS et al. Prevalence and factors associated with suicidal ideation among family caregivers of people with mental

disorders. *J Clin Nurs.* 2019; 28: 3470–3477.
3. Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry* 1960; 23: 56–62.
4. Manhas et al. Prevalence of depression among caretakers of patients with bipolar disorder. *International Journal of Research and Review* 2019; 6(8): 44-48.
5. Shah STH, Sultan SM, Faisal M, Irfan M. Psychological distress among caregivers of patients with schizophrenia. *J Ayub Med Coll Abbottabad.* 2013; 25(3-4): 27-30.
6. Derajew H, Tolessa D, Feyissa GT, Addisu F, Soboka M. Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia. *BMC Psychiatry* 2017; 17(88): 1-8.
7. Sintayehu M, Mulat H, Yohannis Z, Adera T, Fekade F. Prevalence of mental distress and associated factors among caregivers of patients with severe mental illness in the outpatient unit of Amanuel Hospital, Addis Ababa, Ethiopia, 2013: Cross-sectional study. *Journal of Molecular Psychiatry* 2015; 3:9: 1-10.
8. Chowdhury MKP. Effect on caregivers of mentally ill patients [M. Phil Thesis]. *Dkaka University*; 2003.
9. Manhas et al. Prevalence of depression among primary caregivers of patients with schizophrenia. *Paripex Indian Journal Of Research* 2019; 8(6): 58-61.
10. Uddin MMJ, Alam MT, Ahmed HU et al. Psychiatric morbidity among caregivers of schizophrenia patients – A study in tertiary care psychiatric hospital in Dhaka. *J Curr Adv Med Res.2015*; 2(1): 12-17.
11. Manhas et al. Factors associated with depression among primary caregivers of patients with schizophrenia. *European Journal of Pharmaceutical and Medical Research* 2019; 6(7): 347-351.
12. Sadock BJ, Sadock VA. Mood disorders in: *Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. 10th ed. Lippincott Williams & Wilkins*; 2007; 15:527-578.
13. Vijayalakshmi K. Depression and associated factors among caregivers of patients with severe mental illness. *The International Journal of Indian Psychology* 2016: 36-46.
14. Singh M, Desousa A. Factors affecting depression in caregivers of patients with schizophrenia. *Journal of Mental Health And Human Behavior* 2011; 16(2): 87-94.
15. Gupta A, Solanki RK, Koolwal GD and Gehlot S. Psychological well-being and burden in caregivers of patients with schizophrenia. *International Journal of Medical Science and Public Health* 2015; 4(1):70-76.
16. Cook JA, Pickett SA. Burden and criticalness among parents living with their chronically mentally ill offspring. *J Appl Soc Sci* 1988; 12: 79-107.

How to cite this article: Shabnum Rivees, Rajesh Kumar Chandel, Rameshwar Singh Manhas. Depression among caretakers of patients suffering from depression. *International Journal of Research and Review*. 2022; 9(12): 387-391.
DOI: *https://doi.org/10.52403/ijrr.20221243*

******