

A STUDY OF QUALITY OF LIFE, ANXIETY AND DEPRESSION AMONG CAREGIVERS OF SCHIZOPHRENIA PATIENTS

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ABSTRACT : *The main aim of the present research was to study the quality of life, anxiety and depression among the caregivers of schizophrenic patients. Total sample of 120 caregivers of schizophrenic patients were taken randomly from a tertiary care teaching hospital psychiatry department in Vadodara. The WHO QOL BREF questionnaire to assess the quality of life of caregivers, Hamilton rating scale for anxiety (HAM-A) and Hamilton Rating scale for depression. HAM-D were used for data collection. After taking written informed consent the tool was administered in individual setting. On completion of the data collection responses of each respondent on WHO, QOL, HAM-A, HAM-D were scored as per the scoring key of its manual. Data analysis was done by applying 't' test. On analysis of data of 120 respondents, it was found that male caregivers and urban caregivers have better quality of life than female caregivers and rural caregivers. Female caregivers and rural caregivers have more anxiety than male and urban caregivers of schizophrenic patients. Significant difference did not exist between caregivers of schizophrenic patients of joint and nuclear family with regards to quality of life, Significant difference did not exist between caregivers of schizophrenic patients of joint and nuclear family with regards to anxiety, significant difference did not exist between male and female, urban and rural, and joint and nuclear family caregivers of schizophrenic patients with depression.*

Key Words: WHO, QOL, HAM-A, HAM-D, Schizophrenia.

Introduction : Schizophrenia is a psychotic disorder (or group of disorders) marked by schism of thinking, emotions, and behaviors. The term Schizophrenia comes from two Greek words – Schizo means split and phrenia means mind. It was coined around 1908 by a Swiss doctor named Eugen Bleuler to describe the splitting apart of mental functions that he regarded as the central characteristic of Schizophrenia.

Schizophrenic patients are typically unable to sort sensory stimuli and may have enhanced perceptions of sounds, colors, and other features of their environment. Most Schizophrenics, if untreated, gradually withdraw from interactions with other people, and lose their ability to take care of personal needs and grooming. The course of Schizophrenia in adults can be divided into three phases or stages.

- In the acute phase, the patient has an overt loss of contact with reality (psychotic episode) that requires intervention and treatment.
- In the second or stabilization phase, the initial psychotic symptoms have been brought under control but the patient is at risk for relapse if treatment is interrupted.
- In the third or maintenance phase, the patient is relatively stable and can be kept indefinitely on antipsychotic medications.

Quality of life:

Owing to inadequacy of community-based services, family of origin remains the most important social contact and source of support for the majority of schizophrenia patients. The impact of caring for a relative with a mental disorder on the quality of life (QOL) of family caregivers has been acknowledged in previous reports (Guethmundsson OO, Tómasson K.,2002; Heru AM, Ryan CE, Vlastos K.;2004, Ohaeri JU.;2003). It has been shown that schizophrenia patients' family caregivers have lower scores on measures of quality of life comparing to caregivers of the patients with other psychiatric diagnoses (Awadalla AW, Ohaeri JU, Salih AA, Tawfiq AM.;2005, Li L, Young D, Xiao S, Zhou X, Zhou L.;2004). Their low QOL derives from emotional reactions to the illness, the stress of coping with relatives' disturbed behaviour, the disruption of household routine, stigma they are also confronted with, restriction in social and leisure activities, and economic difficulties (Rössler W, Salize HJ, van Os J, Riecher-Rössler A.;2004).

QOL of caregivers of patients with schizophrenia has been associated with gender (women have lower scores), caregiver state of health, positive appraisal of their role, subjective burden, and social support (Guethmundsson OO, Tómasson K.; 2004, Awadalla AW, Ohaeri JU, Salih AA, Tawfiq AM.; 2005). It is shown that relatives'

and patients' QOL are lower than QOL of the general population (Margetić BA, Jakovljević M, Ivanec D, Margetić B.;2011), but it is unclear whether and how characteristics of the patient relate to caregivers' QOL.

Anxiety:

Generalized anxiety disorder (GAD) can be a challenge to diagnose. People consider panic attacks a hallmark of all anxiety disorders, and GAD is different in that there are generally no panic attacks associated with it. Without panic attacks present, we may think we are "just worrying too much." Our struggles of constant worry may be minimized or dismissed and, in turn, not properly diagnosed or treated.

Most of us feel worried at some point in our lives and experience situations that can cause us to feel anxious, so what are professionals looking for to help determine if someone struggles with GAD? An evaluation of symptom criteria, as outlined in The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (also known as the DSM-5), is the first step—they look for factors like excessive, hindering worry paired with a variety of physical symptoms, then use proven diagnostic assessments to make a diagnosis and rule out other possibilities.

Depression:

Depression, otherwise known as major depressive disorder or clinical depression, is a common and serious mood disorder. Those who suffer from depression experience persistent feelings of sadness and hopelessness and lose interest in activities they once enjoyed. Aside from the emotional problems caused by depression, individuals can also present with a physical symptom such as chronic pain or digestive issues. To be diagnosed with depression, symptoms must be present for at least two weeks.

Kulhar (2001), studied on the Assessment of needs of schizophrenia according to his study, he evaluated the needs of schizophrenia and relatives, social support system, level of dysfunction and family burden. He collected a hundred samples of schizophrenia, for assessment of needs and dysfunctional analysis was utilized to assess the dysfunction and social support. Family burden scale was found that, the schizophrenic mentally ill were showed with low social support a marked dysfunction and a high family burden. Nearly three fourth of them felt need for welfare benefits, Two third of the patients had unmet need in the areas of caring and coping, and psychological distress.

Bhargava (1997) mentioned in his study about the social factor in relation to the social disability of schizophrenic patients. The findings show that, social factors are important antecedents to the onset of schizophrenia; and also act as a cushion against the disabling effects of the illness. They also studied the socioeconomic variables in the fifty families of schizophrenia. These factors such as male, low family income; nuclear family type and small size family were co-related.

In chronic mental illnesses, emotions, thoughts, perceptions and behaviors of individuals and their functionalities are significantly affected negatively. For this reason, therefore, cannot fulfill the role expected of individuals with chronic mental illness themselves, they have to take care of the family and support (Yesufu-Udechuku A, Harrison B, Mayo-Wilson E, Young N, Woodhams P, et al.; 2015). Patients often live with their parents at home. Therefore, family members of patients in the care of family members are taking an important role. When the illness occurs, one of the family members has to take care of the ill person. Becoming a caregiver cannot be selected or planned. For this reason, compliance with this situation occurs after the situation has emerged (Atagün MI, Balaban ÖD, Atagü Z, Elagöz M, Özpolat AY; 2011, Bademli K, Duman ZÇ. ;2013).

The difficulties experienced in the caregiving process, especially in the case of difficult coping behavior problems in the patient and the high incidence of negative symptoms lead to high levels of anxiety among the relatives of the patients. In addition, caregivers indicate that stigmatization, family problems, and patient dependency of the caregiver are also effective in the anxiety life of caregivers. Goldstein TR, Miklowitz DJ, Richards JA (2002) studied on 44% of caregivers of individuals with chronic mental illness have anxiety disorders. The study conducted by Madianos et al. states that individual caregivers of chronic mental illness have social isolation from the causes of anxiety and depression, change in social activities, economic difficulties, and fear of stigmatization. Steele, Maruyama and Galynker reported that in a systematic review, depression occurred in 46% of caregivers in chronic mental illnesses. In another study, 19.5% caregivers of chronic mental illness reported severe depressive symptoms (Thunyadee C, Sitthimongkol Y, Sangon S, Chai-Aroon T, Hegadoren KM., 2015). In the studies of caregiver depressive symptoms in individuals who they live with chronic mental illness it appeared to be associated with burden. For this reason, caregivers in chronic mental illness need to be assessed for the burden they experience. Health care professionals should take care of the caregiver as well as the patient.

Studies conducted on caregivers of chronic mental ill patients indicate that people with mental illness are often looked after by their parents and supported very poorly by official health care services (Smith GC.; 2003, Kim HW, Salyers MP.; 2008). The continuity of care for individuals with chronic mental illness in the community depends on the ability of families to provide this care in a big way. For this reason, it is important to evaluate

and support the caregiver as well as the individual with chronic mental illness. For this reason, health professionals who provide community care for those with schizophrenia need to consider the “unit of care” as the family rather than the individual. The health status of family caregivers should be routinely assessed. Individualized interventions to reduce caregiver anxiety and depression could include community-based health professionals as well as trained community volunteers, opportunities for social interaction, and improving self-care for all family members.

Objectives:

1. To assess quality of life between male and female caregivers of patients suffering from schizophrenia.
2. To assess quality of life between urban and rural caregivers of patients suffering from schizophrenia.
3. To assess quality of life between joint and nuclear family caregivers of patients suffering from schizophrenia.
4. To assess anxiety between male and female caregivers of patients suffering from schizophrenia.
5. To assess anxiety between urban and rural caregivers of patients suffering from schizophrenia.
6. To assess anxiety between joint and nuclear family caregivers of patients suffering from schizophrenia.
7. To assess depression between male and female caregivers of patients suffering from schizophrenia.
8. To assess depression between urban and rural caregivers of patients suffering from schizophrenia.
9. To assess depression between joint and nuclear family caregivers of patients suffering from schizophrenia.

Hypothesis:

1. There will be no significant difference between male and female caregivers of patients suffering from schizophrenia with regards to quality of life.
2. There will be no significant difference between urban and rural caregivers of patients suffering from schizophrenia with regards to quality of life.
3. There will be no significant difference between joint and nuclear family caregivers of patients suffering from schizophrenia with regards to quality of life.
4. There will be no significant difference between male and female caregivers of patients suffering from schizophrenia with regards to anxiety.
5. There will be no significant difference between urban and rural caregivers of patients suffering from schizophrenia with regards to anxiety.
6. There will be no significant difference between joint and nuclear family caregivers of patients suffering from schizophrenia with regards to anxiety.
7. There will be no significant difference between male and female caregivers of patients suffering from schizophrenia with regards to depression.
8. There will be no significant difference between urban and rural caregivers of patients suffering from schizophrenia with regards to depression.
9. There will be no significant difference between joint and nuclear family caregivers of patients suffering from schizophrenia with regards to depression.

Sample:

Total sample of 120 caregivers of schizophrenic patients were taken randomly from a tertiary care teaching hospital psychiatry department in Vadodara.

Variables:

In present research gender, area of residence, types of family were considered as independent variables and scores of quality of life, anxiety and depression were considered as dependent variable.

Tool:

WHOQOL-BREF Questionnaire to assess the quality of life of caregiver.

The quality of life of caregivers was assessed by grading each of the four domains listed on the WHOQOL-BREF questionnaire with scoring system of 0-100.

Hamilton Rating Scale for Anxiety (HAM-A)

The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). The HAM-A does not provide any standardized probe questions. Despite this, the reported levels of interrater reliability for the scale appear to be acceptable.++

Hamilton Rating Scale for Depression (HAM- D)

The scale contains 17 variables. Some are defined in terms of a series of categories of increasing intensity, while others are defined by a number of equal-valued terms. The form on which ratings are recorded also includes four additional variables: Diurnal variation, derealization, paranoid symptoms, and obsessional symptoms. No distinction is made between intensity and frequency of symptom, the rater having to give due weight to both of them in making his judgment.

Procedure:

After establishing the rapport with respondents above mentioned tools were administered in individual setting. After completion of the data collection, responses of each respondent on quality of life, anxiety and depression were scored as per the scoring key of quality of life, anxiety and depression scale.

Statistical Analysis:

To analyze the data t test was used. Each hypothesis was tested at 0.01 level and 0.05 significant level.

Result and Discussions:

Table No. 1

Sowing mean, SD and t value of quality of life of male and female caregivers of patients Suffering from schizophrenia

Group	N	Mean	SD	t value	Level of significant
Male	66	76.61	13.05	2.85	0.01
Female	54	70.09	11.95		

Table no.1 shows the mean scores of male and female caregivers of schizophrenic patients on quality of life is 76.61 and 70.09 respectively with SD 13.05 and 11.95. The t vale of quality of life is 2.85 which is significant at 0.01 level. It indicates that significant difference exist between male and female caregivers of schizophrenic patients with regards to quality of life. Female caregivers of schizophrenic patients have better quality of life than male caregivers of schizophrenic patients.

Table No. 2

Sowing mean, SD and t value of quality of life of urban and rural caregivers patients suffering from schizophrenia

Group	N	Mean	SD	t value	Level of significant
Urban	71	77.83	13.03	4.78	0.01
Rural	49	67.65	10.21		

Table no.2 shows the mean scores of urban and rural caregivers of schizophrenic patients on quality of life is 77.83 and 67.65 respectively with SD 13.03 and 10.21. The t vale of quality of life is 4.78 which is significant at 0.01 level. It indicates that significant difference exist between urban and rural caregivers of schizophrenic patients with regards to quality of life. Urban caregivers of schizophrenic patients have better quality of life than rural caregivers of schizophrenic patients.

Table No. 3

Sowing mean, SD and t value of quality of life of joint and nuclear family caregivers of patients of suffering from schizophrenia

variable	N	Mean	SD	t value	Level of significant
Joint	42	73.67	14.06	1.19	NS
Nuclear	78	72.60	12.24		

Table no.3 shows the mean scores of joint and nuclear family caregivers of schizophrenic patients on quality of life is 73.67 and 72.60 respectively with SD 14.06 12.24. The t vale of quality of life is 1.19 which is not significant. It indicates that significant difference does not exist between joint and nuclear family of caregiver's schizophrenic patients quality of life.

Table No. 4

Sowing mean, SD and t value of anxiety of male and female caregivers of patients of suffering from schizophrenia

variable	N	Mean	SD	t value	Level of significant
Male	66	12.45	5.65	3.69	0.01
Female	54	17.06	7.64		

Table no.4 shows the mean scores of male and female caregivers of schizophrenic patients on anxiety is 12.45 and 17.06 respectively with SD 5.65 and 7.64. The t vale of anxiety is 3.69 which is significant at 0.01 level. It indicates that significant difference exist between male and female caregivers of schizophrenic patients on anxiety. Female caregivers of schizophrenic patients have more anxiety than male caregivers of schizophrenic patients.

Table No. 5

Sowing mean, SD and t value of anxiety of urban and rural caregivers of patients of suffering from schizophrenia

variable	N	Mean	SD	t value	Level of significant
Urban	71	13.45	6.88	2.05	0.05
Rural	49	16.08	6.90		

Table no.5 shows the mean scores of urban and rural caregivers of schizophrenic patients on anxiety is 13.45 and 16.08 respectively with SD 6.88 and 6.90. The t vale of anxiety is 2.05 which is significant at 0.05 level. It indicates that significant difference exist between urban and rural caregivers of schizophrenic patients on anxiety. Urban caregivers of schizophrenic patients have more anxiety than urban caregivers of schizophrenic patients.

Table No. 6

Sowing mean, SD and t value of anxiety of joint and nuclear family caregivers of patients of suffering from schizophrenia

variable	N	Mean	SD	t value	Level of significant
Male	42	14.57	7.10	0.05	N.S.
Female	48	14.05	6.96		

Table no.6 shows the mean scores of joint and nuclear family caregivers of schizophrenic patients on anxiety is 14.57 and 14.05 respectively with SD 7.10 and 6.96. The t vale of anxiety is 0.05 which is not significant. It indicates that significant difference does not exist between joint and nuclear family of caregiver's schizophrenic patients on anxiety.

Table No. 7

Sowing mean, SD and t value of depression of male and female caregivers of patients suffering from schizophrenia

variable	N	Mean	SD	t value	Level of significant
Urban	66	7.76	5.50	1.33	NS
Rural	54	9.04	5.43		

Table no.7 shows the mean scores of male and female caregivers of schizophrenic patients on depression is 7.76 and 9.04 respectively with SD 5.50 and 5.43. The t vale of depression is 1.33 which is not significant. It indicates that significant difference does not exist between male and female caregivers of schizophrenic patients on depression.

Table No. 8

Sowing mean, SD and t value of depression of urban and rural of caregivers of patients suffering from schizophrenia

variable	N	Mean	SD	t value	Level of significant
Spouse	71	7.40	5.47	1.89	NS
Parents	49	9.31	5.42		

Table no.8 shows the mean scores of urban and rural caregivers of schizophrenic patients on depression is 7.40 and 9.31 respectively with SD 5.47 and 5.42. The t vale of depression is 1.89 which is not significant. It

indicates that significant difference does not exist between urban and rural caregivers of schizophrenic patients on depression.

Table No. 9

Sowing mean, SD and t value of depression of joint and nuclear family caregivers of patients of suffering from schizophrenia

variable	N	Mean	SD	t value	Level of significant
Joint	42	7.67	4.77	1.07	NS
Nuclear	78	8.73	5.83		

Table no.9 shows the mean scores of joint and nuclear family caregivers of schizophrenic patients on depression is 7.67 and 8.73 respectively with SD 4.77 and 5.83. The t vale of depression is 1.07 which is not significant. It indicates that significant difference does not exist between joint and nuclear family of caregiver's schizophrenic patients on depression.

Conclusions:

1. Female caregivers of schizophrenic patients have better quality of life than male caregivers of schizophrenic patients.
2. Urban caregivers of schizophrenic patients have better quality of life than rural caregivers of schizophrenic patients.
3. Significant difference does not exist between joint and nuclear family of caregiver's schizophrenic patients on quality of life.
4. Female caregivers of schizophrenic patients have more anxiety than male caregivers of schizophrenic patients.
5. Urban caregivers of schizophrenic patients have more anxiety than urban caregivers of schizophrenic patients.
6. Significant difference does not exist between joint and nuclear family of caregiver's schizophrenic patients on anxiety.
7. Significant difference does not exist between urban and rural caregivers of schizophrenic patients on depression.
8. Significant difference does not exist between urban and rural caregivers of schizophrenic patients on depression.
9. Significant difference does not exist between joint and nuclear family of caregiver's schizophrenic patients on depression.

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