

Anxiety among Primary Care Givers of Patients with Mental Disorders

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Abstract: Family constitutes a major support system in the continuing care of the mentally ill. Although many families show a strong resilience in caring for an ill relative, their share of physical and emotional distress cannot be ignored. There is an increase in the prevalence of psychiatric morbidity among caregivers of patients with mental disorders, in particular anxiety owing to various reasons. This cross sectional study was conducted to assess anxiety among 60 primary care givers of patients with mental disorders who were admitted at the Department of Psychiatry, Christian Medical College, Vellore. High levels of anxiety in caregivers of patients with psychiatric illnesses were observed which had a relationship with age and education of the care givers ($p=0.00$) and duration of illness and number of hospitalization of the patients ($p=0.00$)

Keywords: Anxiety, care givers, psychiatric morbidity

I. Introduction

During the last few decades, there has been an increase focus all over the world towards care of psychiatric patients thus leading to an increase in care giving responsibility on family and friends. It is a demanding and challenging task and places great demands on the caregivers. Study to understand prognosis and preferences for outcomes and risks of treatment reported that one fifth of all family members of severely ill patients had to quit work or make another major life change in order to care for their family members. Almost one third reported the loss of all their family savings and 29% reported loss of major source of family income (Covincy, Goldman & Cook, 1994) and in turn can affect primary caregiver's own mental and physical health and quality of life (Nazish et.al, 2010). It can lead to not only as a burden on the whole family but also a feeling of apprehension of the prognosis of the illness, unknown fears about future life and uncertainty about finance.

A survey of mental health of informal caregivers in Ontario, found higher rates of affective (6.3% vs 4.2%) and anxiety (17.5% vs 10.9%) disorders in caregivers compared with non-caregivers and use of mental health services for caregivers was nearly twice the rate as well (Cochrane et.al, 2002). A study conducted in Pakistan also found significantly high levels of anxiety in caregivers of patients with psychiatric illnesses and gender differences were also observed (Basheer et.al, 2005). High frequency of depression and anxiety in caregivers of schizophrenia is also reported in another small scale study (Taj, et.al, 2005). Emotional and behavioural symptoms of illness, drug abuse, suicide threats and violent behaviour are considered as constant source of anxiety for caregivers. Additionally, they have been found to have an increased rate of affective and anxiety disorders (Lantz, 2004; Ohaeri, 2003; Cochrane, Goering & Rogers 2002). Thus, there is a need to understand the nature, stressfulness, and effectiveness of coping in caregivers providing care to patients at different times during the trajectory of recovery in order to understand the overall impact of illness. Although only limited data is available on anxiety experienced by the carers of people with other mental disorders, it seems that these disorders have a significant impact on families. The caring process can be very taxing and exhausting, especially if the care recipient has a severe mental disorder. So it is important to assess the mental health status and attend to the needs of caregivers. In spite of mental disorders being one of the most common causes of disability with long course of illness, very few studies have addressed the impact of these conditions on caregivers (Carnwarth & Johnson, 1987). Paucity of literature in this area in India had warranted the necessity of the study.

II. Methodology

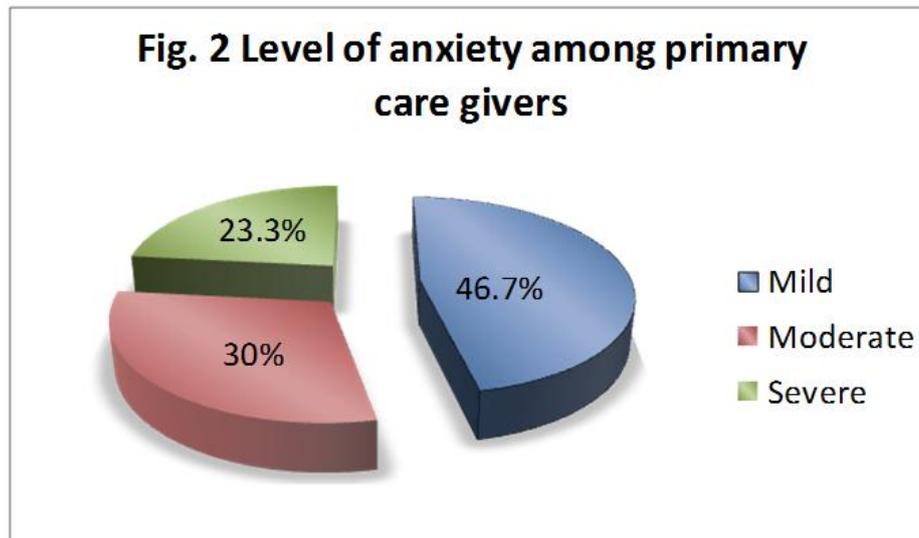
The study was conducted in the Department of Psychiatry, Christian Medical College, Vellore, India. A descriptive cross sectional design was employed to recruit 60 consecutive subjects who had stayed with the patient for more than a year, who can understand and speak Tamil and or English and between the ages of 18-60 years. Those with severe language or hearing impairment, history of mental illness were excluded from the study. Subjects and their patients were briefly explained about the aim of the study and informed consent was obtained from the participants. Confidentiality and privacy was maintained throughout the data collection procedure. Approval was obtained from the institutional review board.

A semi structured interview schedule was used for assessing the demographic data of patient and family member such as age, sex, religion, marital status, education, occupation, monthly income, type of family, duration of illness, diagnosis, relationship and duration of stay with the patient.

The Hamilton Anxiety Rating Scale (HAM-A) was used to measure the severity of anxiety symptoms. 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) (Borkovec & Costello, 1993). The test-retest reliability of the scale was found to be 0.92 and an intra-class correlation of 0.86. Its sensitivity was 74% for detecting anxiety disorders, and 87% for affective disorders in general, whereas specificity was 100%.

III. Results And Discussion

Among the subjects, 43.3% of them were in the age group of 31 to 48. Majority of the caregivers were female (60%) which supports the study conducted by Magliano et.al (2007) who reported that the prevalence of anxiety are 1.8 to 2.5 times higher in female caregivers than male caregivers. Additionally, half of the care givers were spouses to the patients by relationship which was in par with the reports by Nazish et.al, 2010 and majority of them were staying more than 11 years with the patients (70%). Clinical variables of the patients revealed 43.3% of them admitted with the diagnosis of Schizophrenia and 40% had illness duration of 6 to 10 years. One fourth (26.7%) of them were admitted at least once or twice in the past, though 20% of them were admitted for the first time in the mental health center.



46.7% of primary care givers had mild anxiety, 23.3% had moderate anxiety and nearly one third (30%) had severe anxiety. Similarly, significant high levels of anxiety in caregivers of patients with psychiatric illnesses were observed by Basheer et.al, 2005, Cochrane et.al, 2002 and Taj, et.al, 2005.

There was no association between anxiety and socio demographic variables of the patients statistically. However, there was a significant relationship between anxiety and the age of the care givers ($p=0.00$). Care givers above the age of 60 years experienced moderate to severe anxiety. Also, education of the care givers had significant association with anxiety ($p=0.02$). Care givers who were widow/ widowers experienced moderate to severe anxiety which was statistically significant ($p=0.00$). There are no previous reports which have looked at the relationship between anxiety and demographic characteristics of patients and care givers.

There was a significant association between level of anxiety and duration of illness of the patient ($p=0.00$). Care givers of patients who had an illness duration of less than a year experienced severe anxiety ($p=0.00$) which was in contrast with reports by Rashda et.al, 2004 who had reported anxiety is typically associated with chronic illnesses or disabilities. Also, anxiety had an association with number of hospitalizations ($p=0.00$). Care givers of patients who were admitted to the hospital for the first time had severe anxiety. However, moderate anxiety was experienced by care givers of patients who were hospitalized once in the past which was supported by Thommessen et.al, 2002. The study had few limitations. It was conducted among family members who were staying with the patient in the in-patient department, there might be other members at home, and hence generalization of findings is not possible.

IV. Conclusion

Mental illness is still a stigma in any culture. Families are usually not prepared to either accept or comprehend that their family member is mentally ill. Care giving does not cause anxiety, nor will everyone who provides care experience the negative feelings that go with anxiety. But in an effort to provide the best possible care for a family member, caregivers often sacrifice their own physical and emotional needs and the emotional and physical experiences involved with providing care can strain even the most capable person. The study reports that primary caregivers experience significant level of anxiety and it has a relationship with clinical variables of the patients, which warrants therapeutic interventions. Employing psycho educational intervention for the primary caregivers could be effective in reducing anxiety.

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