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Original Research

Quality of life of care giver of chronic psychiatric patients with its associates

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ABSTRACT:

Aim: Quality of life of care giver of chronic psychiatric patients with its associates. **Material and methods:** This cross-sectional study was conducted on 60 care givers of chronic psychiatric patients attended at department of Psychiatry. The diagnosis of chronic psychiatric illness was made according to ICD-10 on independent interview by two psychiatrists. A caregiver has been defined as a family member who has been living with the patient and has been closely involved in his/her activities of daily living, health care, and social interaction for more than a year. For caregivers were of age from 18 to 60 years of either sex, so that extremes of ages were avoided which can be confounding for QoL. **Results:** In this present study, mean of care givers of patient of chronic psychiatric illness was 36.8 years with standard deviation 11.5 years. Male to female ratio of care givers was 5. Majority (73.3%) of patients were married. Majority were from urban areas (76.7%), from nuclear family (86.7%) and Hindu by religion (83.3%). Majority of care givers were educated less than graduation. It was observed in this study that overall quality of life of care givers of chronic psychiatric illness was 98.37 as per WHOQOL BREF scale. QoL of care givers as various domains is concerned, it was found maximum in physical domains followed by environmental. Psychological and social domain of QoL. **Conclusion:** Although in many studies' quality of life of care givers was found badly affected but, in few studies, including this study it was not found much affected. Social domain was most affected domain followed by psychological and environmental. Least affected domain was physical.

Keywords: Quality of life, Care giver, Chronic psychiatric

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INTRODUCTION

Psychiatric morbidity is emerging as a global major public health with increasing stressful situations with urbanization and development of the world. And in country like India with paucity of psychiatric care facilities, social security system and above all social stigma attached to it, these patients stay in their families most of the times [1,2]. So, the role of the family becomes more important [3]. But it becomes very difficult to handle these mentally ill patients by their family members. And it poses a burden on family members for their effect on the patient's symptoms, mood, and need for emotional and physical support [4,5]. Chronically ill patients need assistance or supervision in their daily activities often placing a major burden on caregivers, placing them at a great risk of mental and physical problems and an impaired quality of life. In developing countries like India, the

trend of deinstitutionalization places considerable burden for family caregivers who takes the sole responsibility of taking care of chronically ill patients [6]. In the health field, quality of life (QoL) is one of the most important components associated with delivering an integral service to an ill person and their family, emphasizing the subjective perspective held by the patient and the family. QoL of caregivers is affected in many direct and indirect ways [6].

MATERIAL AND METHODS

This cross-sectional study was conducted on 60 care givers of chronic psychiatric patients attended at department of Psychiatry. For chronicity of illness, patients of psychiatric illness of at least 2 years were considered. The diagnosis of chronic psychiatric illness was made according to ICD-10 [7] on independent interview by two psychiatrists. A

caregiver has been defined as a family member who has been living with the patient and has been closely involved in his/her activities of daily living, health care, and social interaction for more than a year [8]. For caregivers were of age from 18 to 60 years of either sex, so that extremes of ages were avoided which can be confounding for QoL. Likewise, care givers with co-existing other significant physical or mental disease which may interfere in interviewing for QoL were also excluded. Sample size was calculated 57 subjects at 95% confidence limit and absolute error of 3.5 score expecting 13.34 total mean score of quality of life as per WHOQOL-BREF [9] Finally 60 care givers of Chronic psychiatric illness patients were included for study. These care givers were interviewed by using a especially designed semi-structured proforma i.e. WHO QoI Bref[9]. WHOQOL-BREF[10] is a self-administered questionnaire comprising 26 questions on the individual's perceptions of their health and well-being over the previous two weeks. Responses to questions are on a 1-5 Likert scale where 1 represents "disagree" or "not at all" and 5 represents "completely agree" or "extremely"[10]. This study was approved from form research Review Board and Institutional

Ethics Committee. Written inform consent was taken from each of the study participant. Observations were made anonymous without declaring the names of study participants.

STATISTICAL ANALYSIS

Discrete data were expressed in percentage and continuous data were expressed in mean with standard deviation. Significance of difference in various domains of WHO QOL BREF scale scores were inferred by ANOVA and post hoc Tukey test of significance. Associations were found by unpaired 't' test. for significance p value <0.05 was accepted as significant. Analysis were done by Microsoft excel and statistical software Primer version 6.

RESULTS

In this present study, mean of patient of chronic psychiatric illness was 35.33 years with standard deviation 12 years. Equal number of male and female were there. Majority (60%) of patients were married. Majority were from urban areas (76.7%), from nuclear family (86.7%) and Hindu by religion (83.3%). Mean age of patients at onset of illness was 27.6 years and mean duration of illness was 7.8 years. (Table 1)

Table 1: Characteristics of Patients of Chronic Psychiatric Illness (N=60)

Parameter		Chronic Psychiatric Cases	
		Number	Percentage
Age (Mean \pm SD) Years		35.3 \pm 12	
Sex	Male	30	50
	Female	30	50
Marital Status	Married	36	60
	Others (Unmarried/Divorce)	24	40
Religion	Hindu	50	83.3
	Non-Hindu	10	16.7
Family Type	Nuclear	52	86.7
	Joint	8	13.3
Locality of Residence	Urban	46	76.7
	Rural	14	23.3
Age at Onset of Illness (Mean \pm SD) Years		27.6 \pm 9.9	
Duration of Illness (Mean \pm SD) Years		7.8 \pm 6.7	

In this present study, mean of care givers of patient of chronic psychiatric illness was 36.8 years with standard deviation 11.5 years. Male to female ratio of care givers was 5. Majority (73.3%) of patients were married. Majority were from urban areas (76.7%),

from nuclear family (86.7%) and Hindu by religion (83.3%). Majority of care givers were educated less than graduation. And 36.7% of care givers were unemployed and majority of care givers were earning upto Rs 15000 per month. (Table 2)

Table 2: Characteristics of care givers of patients of Chronic Psychiatric Illness(N=60)

Parameter		Care Givers	
		Number	Percentage
Age (Mean \pm SD) Years		36.83 \pm 11.46	
Sex	Male	50	83.3
	Female	10	16.7
Marital Status	Married	44	73.3

	Others (Unmarried/Divorce)	16	26.7
Religion	Hindu	50	83.3
	Non-Hindu	10	16.7
Family Type	Nuclear	52	86.7
	Joint	8	13.3
Locality of Residence	Urban	46	76.7
	Rural	14	23.3
Occupation (Un: Other)	Unemployed	22	36.7
	Employed	38	63.3
Education (Gr: Other)	Un-graduate	36	60
	Graduate	24	40
Income per month (Rs)	Upto 15000	32	53.3
	>15000	28	46.7
	1 ST Degree Relatives	30	50
Relation to Patient	Other than 1st Degree Relatives	30	50
Duration with Patient (Mean \pm SD) Years		22.33 \pm 8.8	

It was observed in this study that overall quality of life of care givers of chronic psychiatric illness was 98.37 as per WHOQOL BREF scale. Qol of care givers as various domains is concerned, it was found maximum in physical domains followed by environmental. Psychological and social domain of Qol. So social domain was affected most followed by psychological and environmental. (Table 3) When significance of difference in mean QOL scores was analyzed by one way ANOVA, it was found significant ($P < 0.001$). When it was further analyzed by post hoc Tukey test, it was revealed that mean score of all the domains were found significantly

($P < 0.05$) different except there was no significant difference between mean scores of physical and environmental domains ($P > 0.05$). When association of mean total QOL scores with various characteristics were analyzed, it was found that although higher scores were observed in care givers of up to 30 years of age, females, married, non-Hindus, joint families, rural areas, unemployed, educated less than graduate, earning more than Rs 15000 month, other than its degree relatives and living with patient of less than 10 years disease duration than their counter part but none of the characteristic was found to be associated with mean total QOL scores ($P > 0.05$). (Table 4)

Table 3: Association of quality of life with Characteristics of care givers of patients of Chronic Psychiatric Illness (N=60)

Parameter		Care Givers			P ValueLS
		Total Number	QOL Score Mean	SD	
Age	Upto 30 Years	15	99.8	5.6	0.057
	>30 years	45	97.6	6.7	NS
Sex	Male	50	87.3	12.8	0.590
	Female	10	99.6	8.7	NS
Marital Status	Married	44	99.2	6.4	0.543
	Others (Unmarried/Divorce)	16	97.6	9.3	NS
Religion	Hindu	50	98.2	14.2	0.882
	Non-Hindu	10	98.9	9.3	NS
Family Type	Nuclear	52	98.5	14.2	0.789
	Joint	8	99.9	9.3	NS
Locality of Residence	Urban	46	97.6	15.2	0.677
	Rural	14	99.4	9.3	NS
Occupation (Un: Other)	Unemployed	22	99.8	5.7	0.292
	Employed	38	97.2	10.6	NS
Education (Gr: Other)	Un-graduate	36	99.5	6.2	0.150
	Graduate	24	96.2	11.3	NS
Income per	Upto 15000	32	97.2	8.7	0.304

month (Rs)	>15000	28	99.6	9.2	NS
Relation toPatient	1 st Degree Relatives	30	97.5	9.3	0.430 NS
	Other than 1 st Degree Relatives	30	99.3	8.2	
Duration withPatient	Upto 10 years	34	99.7	5.9	0.174
	>10 years	26	96.8	10.3	NS

DISCUSSION

In this present study, overall quality of life of care givers of chronic psychiatric illness was found very good (87.8%) having 98.37 WHOQOL BREF scale score. Whereas Basheer, S et al [11] reported very low quality of life in care givers of patients of chronic mental illness i.e.

13.34 mean total WHO QOL BREF scale score. Other authors [6,12,13,14,15] have also reported lower quality of life in care givers of mentally ill patients. In comparison of 98.37 total mean QOL scores of care givers in present study, Anli Leng et al [15] observed 68.3 and Nazish Imran et al [13] observed 60. It was also revealed in this study that maximum score was of physical domains followed by environmental, psychological and social domain of Qol. So social domain was most affected domain followed by psychological and environmental. This variation was found with significant variation in various domains except in physical and environmental domains. Whereas Basheer, S et al [11] found most affected was psychological domain and the least was physical domain in their study and Gholami A et al [16] reported physical the most affected domain. So various studies having different most affected domain which may be because of regional variations. In present study no association of QOL scores was found from various characteristics of care givers. Whereas Basheer, S et al [11] found association of mean WHOQOL scores as per care giver's age and care giving years affecting most of elderly and more care giving years. Lin JD et al [17] in Taiwan also found significantly lower quality of life in elderly and giving more care years. Other authors [18,19] also found association of Qol of care givers with age, care giving years and education. Arti et al [20] found association of QOL of care givers with education and occupation. But Vikrant et al [21] have observations similar to present study that no association of quality of life with characteristics of care giver. This difference in present study and study conducted by Vikrant et al [21] with other authors may be because total overall quality of life was found excellent in their study participants.

CONCLUSIONS

Although in many studies' quality of life of care givers was found badly affected but, in few studies, including this study it was not found much affected. Social domain was most affected domain followed by psychological and environmental. Least affected domain was physical. As most affected domain was found social which may be because of social stigma attached to it. So, awareness in community is needed.

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