

Research Paper

## Assessment of Burden and Stress in the Parents of Schizophrenia and Bipolar Affective Disorder Patients

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### ABSTRACT

**Background:** Schizophrenia as well as bipolar affective disorder are disabling illnesses those place a considerable degree of burden and stress on the caregivers. **Aim:** Many studies undertaken in India have measured the burden and stress experienced by the caregivers in schizophrenia and bipolar affective disorder separately. Thus the aim of the present study is to assess and compare the burden and stress in the parents (as caregivers) of schizophrenia and bipolar affective disorder. **Sample:** The sample was consisting of 40 parents of schizophrenic patients and 40 parents of patients with bipolar affective disorder were selected with the help of purposive sampling method. Parents of both genders was included in the study. **Tools:** Tools used were Family Burden Interview Schedule and Perceived Stress Index. **Result and Conclusion:** The findings of the present study indicates that parents of schizophrenia patients and BPAD patients showed low burden in comparison to the parents of schizophrenia patients in terms of Financial burden, Disruption of routine family activities, Disruption of routine family leisure, Disruption of family interaction, Effect on physical health and Effect on mental health. In stress it has been clear from the table that the parents of BPAD patients had less stress in comparison to the parents of schizophrenia patients in terms of Perceived Stress.

**Keywords:** *Patients of Schizophrenia, Bipolar affective disorder and their parents.*

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as well as the International Statistical Classification of Diseases and Related Health Problems (ICD-10) classified schizophrenia and bipolar affective disorder separately.

Schizophrenia is a chronic and severe mental disorder that effects how a person thinks, feels and behaves. People with schizophrenia may seem like they have lost touch with reality. Strong evidence indicates that use of certain drugs can act as a trigger for either the onset or relapse of schizophrenia in some people. Studies suggest that the drug significantly increases the risk of developing schizophrenia, but found that it is neither a sufficient nor a necessary factor in developing the disorder (Arsenault, Cannon, Witton, & Murray, 2004). A study by Rudnick (2004) shows the importance of participatory research in the field of mental health particularly to explore the burden on caregivers. Gutierrez-Maldonado et al.(2005) found

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high levels of burden associated with factors like less education and young age of the schizophrenia patient. Many studies suggest that environmental and psychosocial stressors may be risk factors for the development of schizophrenia. For example, prenatal exposure to maternal stress (Huttenen and Niskanen, 1978), and early postnatal psychosocial stress related to parental loss (Agid et al., 1999) have been linked to increased risk for and later development of schizophrenia (Corcoran et al., 2001). Bipolar disorder also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels and the ability to carry out day to day tasks. These two diseases estimate a combined mean of global prevalence of 0.7-1% (Merikangas et al., 2007). Males as well as females both have an equal prevalence rate. The symptoms of both diseases generally begin in early adulthood and both diseases are stated to accompanied by an increased risk of suicide. Caring for a relative with bipolar disorder poses both objective burdens such as increased expenditure of time and money, and emotional burdens such as worry, tension, and grief (Chakrabarti and Gill, 2002; Fadden et al., 1987; Perlick et al., 1999; Reinares and Vieta, 2004).

Thus, both schizophrenia as well as bipolar affective disorder are disabling illnesses those place a considerable degree of burden on the caregivers. Many studies undertaken in India have measured the burden experienced by the caregivers in schizophrenia and bipolar affective disorder separately. There are very limited studies which have tried to assess the psychological aspects of the parents of patients suffering from these disorders. Thus, present study is an attempt to assess both positive as well as negative psychological aspects in parents of schizophrenia and bipolar affective disorder patients.

### *Aim of the Study*

The aim of the present study was to assess and compare the burden of care and stress in the parents (as caregivers) of schizophrenia and bipolar affective disorder patients.

### *Sample of the Study*

The sample was consisting of 40 parents of schizophrenic patients and 40 parents of patients with affective disorder. Parents of both genders was included in the study. Purposive sampling technique was used in the present research investigation.

### *Tools to be used*

- **Family Burden Interview Schedule:** Family burden interview schedule (FBIS) has been developed by Pai and Kapur (1981) will be used in the present study. This is a semi-structured interview schedule to assess the burden placed on families of psychiatric patients living in the community. This scale has 7 areas, e.g. financial burden, effect on family routine, effect on family interaction, effect on family leisure, effect on mental and physical health of others and subjective burden. This is a widely used instrument for measuring of family burden with high degree of validity and reliability. Cronbach alpha of .87 for the scale and .78–.88 for the domains) and adequate test - retest response stability ( $r = .83$  for the scale and  $r = .88-.92$  for the domains).
- **Perceived Stress Scale:** The Perceived Stress Scale (PSS) has been developed by Cohen, Sheldon (1983) was used to assess the stress perceived by the participants. It is the most widely used psychological instrument for measuring the degree to which situations in an individual's life are appraised as stressful.

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Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. This scale consists of 10 items is scored on 5 point rating scale (Score 4 =always, 3 = not much, 2 = sometimes, 1 =very less and 0 = never).Test retest reliability of PSS has been shown to be 0.86(Total score) and validity has been claimed to be 0.87 (Total score).

### **Procedure**

In this study initially 80 participants who were meeting inclusion and exclusion criterion were selected for this study through purposive sampling techniques. Out of these 80 participants, 40 participants were having parents of schizophrenia and 40 participants having parents of BPAD. Parents of schizophrenia patients and parents of BPAD patients were selected from the in patient department and out patient department of Ranchi Institute of Neuro-Psychiatry And Allied Sciences, Kanke, Ranchi. There after socio demographic data was collected from all participants by using Socio-demographic and clinical data sheet. Then the assessment of selected samples was done by using Family Burden Interview Schedule and Perceived Stress Index on individual participants.

### **Statistical Analysis**

The statistical analysis was done with the help of Statistical Package for Social Science-20 (SPSS-20). For the analysis of obtained data was applied.

**Table-1: Showing the assessment of parents of Schizophrenia Subjects and parents of BPAD Subjects on family burden interview schedule scale.**

Variables	Subjects	Parents of Schizophrenia Subjects (N=30)		Parents of BPAD Subjects (N=30)		df	t Value
		Mean	SD	Mean	SD		
	<b>SFB1</b>	8.42	1.47	9.22	1.86	78	2.12*
	<b>SFB2</b>	6.72	1.49	8.07	1.82	78	3.62**
	<b>SFB3</b>	5.52	0.94	5.67	1.33	78	0.57 NS
	<b>SFB4</b>	6.32	1.10	5.57	1.38	78	2.67**
	<b>SFB5</b>	2.70	0.76	2.92	0.79	78	1.29 NS
	<b>SFB6</b>	2.55	0.72	2.67	0.90	78	0.68 NS

\*Significant at 0.05 level , \*\* Significant at 0.01 level, NS-Not significant

It is quite obvious from table-1 that parents of schizophrenia subject had better family burden in comparison to the parents of BPAD subject in terms of Financial burden and difference was significant at 0.05 level. In the terms of disruption of routine family activities and disruption of family interaction difference was significant at 0.01 level. There was no significant difference in the terms of disruption of routine family leisure, effect on physical health and mental health. Obtained data indicate that BAD subject had low burden in comparison to the parents of schizophrenia parents in terms of financial burden, Disruption of Routine family Activities, Disruption of Routine family Leisure, Disruption of family Interaction, Effect on Physical health and Effect on Mental health. Vasudeva et al. (2013) had conducted study and found that BAD subject had low burden in comparison to the parents of schizophrenia parents. These finding also supported by Reine., 2003.

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**Table-2: Showing the assessment of parents of Schizophrenia Subjects and parents of BPAD Subjects on perceived stress index.**

Subjects Variables	Parents of Schizophrenia Subjects (N=30)		Parents of BPAD Subjects (N=30)		df	t Value
	Mean	SD	Mean	SD		
<b>Perceived Stress Index</b>	22.77	1.99	23.47	4.34	78	0.92 NS

*NS- Not significant.*

Table no 2 shows the comparison of Stress of the parents of Schizophrenia patients and BAD patients on Perceived Stress Scale. It has been clear from the table parents of BAD patients had less stress in comparison to parents of Schizophrenia patients in terms of Perceived Stress. These finding supported by kumar et al., 2015 and found that BAD parents has less stress in compare to parents of Schizophrenia. This finding also supported by Sharma et al., 2017.

**CONCLUSION**

The present study findings concludes that parents of both schizophrenia patients and BPAD patients appraise the care giving negatively though few positive aspects of it was also stated. When compared with schizophrenia as well as BPAD reported that significant level of burden and stress reported less negative psychological functioning in comparison to parents of patients with bipolar affective disorder. These finding also indicate towards the need of interventions in the parents of bipolar affective disorder and parents of schizophrenic patients.

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### ***Conflict of Interest***

The authors carefully declare this paper to bear not conflict of interests

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