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Original Research Paper

Caregiver Burden in Bipolar Affective Disorder

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ABSTRACT

Introduction: BPADs are dimensional illnesses in which patients experience, during long term course of illness, fluctuating levels of severity of manic and depressive symptom interspersed with symptom free (euthymic) periods. The current prevalence of Bipolar Affective Disorder (BPAD) is 0.4-0.5%. Burden is defined as presence of problems, difficulties or adverse events which affect the life (lives) of the psychiatric patient's significant others. ***Objective:*** The present study is conducted to assess the type and severity of caregiver burden among bipolar patients. ***Materials and methods:*** This is a cross sectional, hospital based study conducted over six months. The study sample consisted of seventy consecutive patients diagnosed with bipolar affective disorder and their respective care givers. Family Burden Interview Schedule (FBIS) is used to assess the burden experienced by caregivers. The diagnosis of bipolar affective disorder is made according to ICD-10 criteria. ***Results and conclusions:*** The mean age of the care givers is 36.2 ±11.64. It is observed that severe burden is found in people who studied less than five years when compared to other groups. More burden is experienced in care givers of depressive patients than in manic patients which is statistically significant. Statistically significant level of burden is seen in female population than the male caregivers among those who are unemployed.

Keywords: *Caregiver, Burden, Bipolar Affective Disorder, Prevalence, Affective State, Illness Duration*

Mental and Behavioral disorder are common, affecting more than 25 % of all people at sometime during their lives. These are present at any point of time in about 10% of adult population. One in four families is likely to have at least one member with mental or behavioral disorder. BPADs are dimensional illnesses in which patients experience, during long term course of illness, fluctuating levels of severity of manic and depressive symptom interspersed with symptom free (euthymic) periods. The current prevalence of Bipolar Affective Disorder (BPAD) is 0.4-0.5%, 1-year prevalence is 0.5-1.4% and life time prevalence is 2.6 – 7.8 %. In India the prevalence of affective disorder ranges from 0.51 per thousand population to 20.78 per thousand population.

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Burden is defined as presence of problems, difficulties or adverse events which affect the life (lives) of the psychiatric patient's significant others. Families of patients with mental illness face stigmatization, long-term economical and emotional burden of taking care of the patient. Illness in the patient has impact on the work, social relationship and leisure activities of family members. This evokes different feelings in the family members, which can have impact on the course and prognosis of the illness.

Five of the ten leading causes of disability are in the category of mental disorders: Major depression, Alcohol use, Bi polar affective disorder, Schizophrenia and Obsessive-compulsive disorder. These disorders impact negatively on the academic, occupational, social and familial functioning of the patients. Global burden of disease identified BPAD as the sixth leading cause of disability during middle years of life. Descriptive case studies have portrayed the patient having manic–depressive illness as an individual who forms markedly dependent relationships with demands for attention & love that are never reciprocal, has a low frustration tolerance, relies on manipulation, coercion, pity and submission to attain unsuitable needs. Almost 57% of bipolar patients who had been married had subsequently seen divorced or separated. Follow up studies report that two third of bipolar individuals remain functionally impaired with affective symptoms that interfere with partners and interpersonal relations.

Chakrabarthi et al administered Family Burden Interview Schedule to the relatives of 78 patients with affective disorder (BPAD, Recurrent MDD) and 60 patients with schizophrenia and found that both the groups reported financial burden, disruption of family routine, family leisure and family interaction as burdensome. In the affective disorder group, maximum burden was experienced in the area of disruption of family routine followed by disruption of family interactions. Gupta et al reported that the total annual National Health Service (NHS) cost of managing bipolar disorder was estimated to be £ 199 million of which hospital admissions accounted for 35%. In the nationally generalizable US National Health Interview Survey (NHIS), those with bipolar disorder were found to be 40% less likely to be gainfully employed. Among primary care samples, patients with bipolar disorders have been observed to be seven times more likely to miss work. In this pretext, the present study is conducted to assess the type and severity of caregiver burden in relation the patients' mental health status

MATERIALS AND METHODS

This is a cross sectional, hospital based study. The study was conducted in the In-patient department of psychiatry, S.V.S Medical College and Hospital. This is a tertiary care hospital, providing specialist clinical care to Mahabubnagar and adjoining districts. The present study was conducted for six months i.e., from 1st November 2017 to 30th April 2018. The study sample was collected from patients admitted for Bipolar affective disorder and their care givers. Patients were selected consecutively. The study sample consisted of seventy patients diagnosed to have Bipolar affective disorder and their respective care givers.

Patients and their care givers fulfilling selection criteria were approached and informed consent was obtained. Clinical and socio-demographic details of patients and their care givers were collected using a semi-structured proforma. Care givers were administered Family Burden Interview Schedule (FBIS) to assess the burden experienced by them. Assessments were cross-sectional and non-blind. The diagnosis of Bipolar affective disorder is made in accordance to ICD-10 criteria.

Objectives

1. To study the prevalence of Bipolar affective disorder in relation to the socio-demographic variables.
2. To assess the caregiver burden among the primary caregivers.

Inclusion Criteria

1. Availability of care givers.
2. Age of patient and the care giver should be greater than 16 Years
3. Both Should be physically fit to answer the questions

Exclusion Criteria

1. Patients and their care givers taking any medication, which can produce cognitive and other psychological defect.
2. Patients and their care givers with other co-morbid general medical condition, those needing urgent attention for physical problems.
3. Patients without care givers who can give reliable and adequate information. Those who did not give consent for the study.

RESULTS

Table No-1 Comparison Of Socio Demographic Variables With Burden In BPAD Care Givers

Variable	No Burden	Moderate Burden	Severe Burden	Total	Statistical Analysis
Age					X^2=1.71;df=4 p=0.78
16-30 Years	0(0%)	2(33.3%)	4(66.6%)	6(100%)	
31-45 Years	0(0%)	6(37.5%)	10(62.5%0	16(100%)	
>45 Years	2(5.26%)	10(26.3%)	26(68.4%)	38(100%)	
Total	2(3.33%)	18(30%)	40(66.6%)	60(100%)	
Sex					X^2=8.56;df=2 p=0.013
Female	0(0%)	8(21.0%)	30(78.9%)	28(100%)	
Male	2(9.9%)	10(45.5%)	10(45.5%)	22(100%)	
Total	2(3.3%)	18(30.0%)	40(66.6%)	60(100%)	
Education					X^2=11.71;df=6 p=0.068
Illiterate	0(0%)	4(33.3%)	8(66.6%)	12(100%)	
<5 Years	0(0%)	2(11.1%)	16(88.8%)	18(100%)	
6-10 Years	2(10%)	6(30%)	12(60%)	20(100%)	
>10 Years	0(0%)	6(60%)	4(40%)	10(100%)	
Total	2(33.3%)	18(30%)	40(66.6%)	60(100%)	
Occupation					X^2=5.60;df=2 p=0.06
Unemployed	0(0%)	6(20%)	24(80%)	30(100%)	
Employed	2(6.66%)	12(40%)	16(53.3%)	30(100%)	
Total	2(3.33%)	18(30%)	40(66.6%)	60(100%)	
Family Income					X^2=19.36;df=6 p=0.0037 (S)
<5,000 Rs/M	2(11.11%)	4(22.2%)	12(66.6%)	18(100%)	

Variable	No Burden	Moderate Burden	Severe Burden	Total	Statistical Analysis
5,000-10,000 Rs/M	0(0%)	6(20%)	24(80%)	30(100%)	
10,000-15,000 Rs/M	0(0%)	8(80%)	2(20%)	10(100%)	
>15,000 Rs/M	0(0%)	0(0%)	2(100%)	2(100%)	
Total	2(3.33%)	18(30%)	40(66.6%)	60(100%)	
D/O/M/F					X^2=18.103;df=6 p=0.006 (S)
<10 Years	0(0%)	4(20%)	16(80%)	20(100%)	
11-20 Years	0(0%)	10(45.45%)	12(54.5%)	22(100%)	
21-30 Years	0(0%)	4(50%)	4(50%)	8(100%)	
31-40 Years	2(20%)	0(0%)	8(80%)	10(100%)	
Total	2(3.33%)	18(30%)	40(66.6%)	60(100%)	
Domestic Voilence					X^2=7.45;df=2 p=0.0247 (S)
Present	0(0%)	2(10%)	18(90%)	20(100%)	
Absent	2(5%)	16(40%)	22(55%)	40(100%)	
Total	2(3.33%)	18(30%)	40(66.6%)	60(100%)	

Table no.1 shows the socio demographic variables in BPAD care givers. In our study age of the care givers is divided in to three groups as 16-20 years, 31-45 years, and >46 years. The mean age of the care givers is 36.2 ±11.64.

It is found that severe burden did not vary much with the age of the care givers. When comparing the burden in relation to the gender it is found that severe burden is more commonly experienced by females than the males. The correlation between the gender and amount of burden experienced is statistically significant (p=0.013). Education level of the care giver population is sub divided into four sub groups as illiterate, people who studied <5 years, 6-10 years and greater than 10 years. It is observed that severe burden is found in people who studied less than five years when compared to other groups. Burden is more among unemployed care givers and in them whose family income per month is less than ten thousand rupees (p=0.003). Duration of marital life in care givers has been divided into four groups as less than 10 years, 11-20 years, 21-30 years and 31-40 years. Severe burden is seen in care givers of two groups, in those who are married by less than ten years (80%) and in them whose marital life is greater than thirty years (80%).

Table No-2 Correlation Of Current Diagnosis With Burden In BPAD Care Givers

Variable	No Burden	Moderate Burden	Severe Burden	Total	Statistical Analysis
Diagnosis					X^2=8.80;df=2 p=0.0123
Depression	2(10%)	2(10%)	16(80%)	2O(100%)	
Mania	0(0%)	16(40%)	24(60%)	40(100%)	
Total	2(3.33%)	18(30%)	40(66.6%)	60(100%)	

As shown in the table no.2 severe burden is experienced in care givers of depressive patients than in manic patients and the correlation is statistically significant (p=0.012).

DISCUSSION

Severe burden in female care givers may be due to the fact that majority of the care givers are the spouses of the patients and therefore in a family where the patient is male the financial parameter of the family functioning is significantly impaired. Severe burden in less educated population can be attributed to their ignorance about the illness and poor coping mechanisms.

High amount of burden among unemployed and those with low income levels can be explained in terms of poor affordability and poor accessibility to health care services in unemployed population. In a study conducted by Wolf N et al on BPAD patients it is found that financial burden appears to be a unique dimension that is significantly inter correlated with psychological measures in the care giving population.

Burden when compared with duration of marital life is found to be more in two distinct and poorly related groups, i.e., in those who are married by less than ten years (80%) and in them whose marital life is greater than thirty years (80%). This is an interesting finding we observed in our study and the correlation is statistically significant (p=0.006). We could not find any previous studies with similar finding. Burden is more experienced by care givers in families where there is domestic violence and the association between domestic violence and burden experienced is statistically significant (p=0.0247).

Caregivers reported significant difficulties in their relationships with the patient when he/she was unwell, with considerable impact on their own employment, finances, legal matters, co-parenting and other social relationships. Violence was a particular worry for partner/parent caregivers of both male and female patients when the patient was manic.
Caregiver burden associated with depression affects patient recovery by adding stress to the living environment. The objective burden on caregivers of patients with bipolar disorder is significantly higher than for those with unipolar depression. Caregivers of bipolar patients have high levels of expressed emotion, including critical, hostile, or over-involved attitudes. Inter-episode symptoms pose another potential of burden in patients with bipolar disorder. Subsyndromal depressive symptoms are common in this phase of the illness, resulting in severe and widespread impairment of function. Episodes of patient depression, but not mood elevation, were associated with greater objective and subjective caregiver burden. Patient depression was associated with caregiver burden even after controlling for days well.

SUMMARY AND CONCLUSIONS

1. The mean age of the care givers is 36.2 ±11.64.
2. Statistically significant level of burden is seen in female population than the male caregivers among those who are unemployed.
3. It is observed that severe burden is found in people who studied less than five years when compared to other groups.
4. More burden is experienced in care givers of depressive patients than in manic patients which is statistically significant.

Limitations

1. The time bound nature of the study dictated a small sample size.
2. Restricted nature of sample means that the findings are not readily applicable to other population.
3. Assessment was cross-sectional and non-blind.
4. Those patients who did not/never attend OPD were obviously out of study.
5. On direct enquiry, there could be chances of wrong information.
6. Several factors such as coping, expressed emotions etc were not assessed.

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Conflict of Interest

The authors clearly declared this paper to bear no conflict of interests

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