ORIGINAL ARTICLE

DEPRESSION IN PRIMARY CAREGIVERS OF PATIENTS OF PSYCHOACTIVE SUBSTANCE USE

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ABSTRACT

OBJECTIVE
To determine the frequency and severity of depression in primary caregivers of patients of psychoactive substance abuse.

STUDY DESIGN
Descriptive cross sectional study.

PLACE AND DURATION OF STUDY
The study was conducted in CMH Quetta from August 2018 to January 2019.

SUBJECTS AND METHODS
Purposive, non-probability sampling technique was used. A total of 134 caregivers of equal number of patients of substance abuse were studied after consent, using the Beck's Depression Inventory (BDI). The mean total BDI scores were calculated and correlated with the socio-demographic variables.

RESULTS
Total mean BDI score of 134 caregivers was 14 (depression cutoff score is >9). Out of 134 caregivers, 64 (47.8%) showed sub-clinical /no depression, 41 (30.6%) showed mild depression, 22 (16.4%) showed moderate depression and 7 (5.2%) showed severe depression on BDI. The results showed a considerable caregiver burden in relatives of substance abuse patients. The illiterates, caregiver wives, female caregivers and caregivers with lowest monthly income (<15000 Rs) showed highest mean total BDI scores. The job status of the caregivers had no effect on caregiver burden.

CONCLUSION
Caregivers of substance abuse patients suffer clinical depression with negative implications for the patient. Younger age, female gender and illiteracy carry a greater risk of depression. Development of effective interventions for caregivers is needed to enhance their coping skills.

KEY WORDS
Drug dependence, Depressive disorder, Burden of Care.

INTRODUCTION

Care giving is a common thing known in all societies but this role becomes even more important in our part of the world because of the lack of adequate social & rehabilitation services in Pakistan. Little work has been done on experiences and emotional burden of caregivers with respect to common psychiatric disorders[1]. Emotional burden on relatives who care for the patients with chronic illness is immense and their own physical, psychological and social well being becomes seriously compromised[2]. The recent estimates indicate that 33 to 66 % chronic psychiatric patients live within immediate families members who are significantly affected by this care giving responsibility[3]. Psychoactive substance abuse is very common in Pakistan. Any one once fall a prey to this menace of substance abuse, it is not difficult to predict that a substantial number of devastating consequences follow, both for the afflicted as well as for the family[4].

The term caregiver burden refers to the effects of the chronic disability on the family member's recreational activities, general living conditions and financial status[5]. Emotional implications like anxiety, depression and emotional exhaustion have been studied and are said to be associated with care giving of certain psychiatric illnesses like bipolar affective disorder, depression, schizophrenia and substance abuse[6,7]. Transient negative feelings may come and go and these are considered normal but when become pervasive, take it as a wakeup call. The phases of gloom when prevail and crying episodes do not go away, concerns regarding depression should arise and it should be screened[7].

The psychological and emotional inflictions over caregivers have a wide range and can vary from frustration, fear, anxiety to grief and depression and finally the guilt for having these feelings. Frequency of sub clinical and clinical depression is far greater in caregivers of such patients than the comparison group of same age; the risk persists for many years even after the end of care giving in case of death or recovery of the care-recipient[8,9].

Caregivers' awareness and knowledge about the illness as well as religious and cultural beliefs about the cause of illness had affected quality of life and psychiatric morbidity to a great extent[10]. A more negative appraisal prevailed about care giving in the first degree relatives especially in situations where the patient was unemployed, younger, had longer duration of illness and poor social functioning[11].

A study found that over a third of more than 5,000 caregivers reported six or more symptoms of depression[12]. Caregiver depression was predicted by early years of age, low educational back ground, less monthly income, and spending more than forty hours in a week on care giving. Daughters were comparatively found more vulnerable to depression, but an equally high level of depression was found among spouses irrespective of their gender[13]. Some other researchers have also shown that caregivers lacking self-efficacy and self-satisfaction from their role were found vulnerable to develop depressive symptoms[13].

Patients and caregivers should be considered as a whole by members of the health care system and provided psycho-education to minimize the negative psychological consequences on caregivers[10]. Local data is not sufficiently available so there is a need for conducting research for assessment of burden experienced by caregivers of substance abuse patients. Caregiver's sufferings are equivalent to the sufferings of physically and mentally ill patients. Once the factors contributing towards caregivers' burden are identified only then yielding measures can be adopted for reducing it and augmenting caregivers' coping skills.

SUBJECTS AND METHOD

Participants

Sample size calculation was based upon WHO software/formula. By using purposive (non-probability) sampling technique, a total number of 134 patients diagnosed with substance use according to the ICD-10 diagnostic criteria were selected. The primary caregivers accompanying such patients having 18-60 yrs of age and of either gender having minimum care giving experience of 8 weeks duration and willing to participate in study were included. Non consenting primary caregivers, those having current or past history of any surgical or medical illness having known association with psychiatric symptoms including depression and those with current or past history of substance use/misuse were excluded. A brief history was taken by clinician from the caregiver regarding duration of substance abuse and the relationship of caregiver with the patient.

Instruments

The demographic data of the participants was entered in a semi structured Performa. Caregivers found positive for depression through a brief clinician administered psychiatric interview were administered Urdu version of Beck's Depression Inventory (BDI) for measuring severity of depression by the clinician.

Procedure

A descriptive cross-sectional study was conducted in out-patient setting of department of Psychiatry, CMH Quetta over six months period. Institutional ethics committee approval was sought for the study. The study population was primary caregivers of patients of psychoactive substance use reporting in psychiatry OPD, CMH Quetta. The subjects were provided with a detailed description of the study and were only inducted into the study after written informed consent from them.

The findings were recorded for each caregiver on structured Performa. Data collected was analyzed by Statistical Package for Social Sciences (SPSS) version 21. Descriptive statistics were used to calculate mean and standard deviation (SD) for age of caregiver as well as that of patient, income per month and BDI scores. Frequency (%) was calculated for depression, gender, education, marital status, and job status, duration of care giving and relationship with patient of substance abuse.

RESULTS

The demographic data of 134 participants along with their mean and standard deviation of total BDI scores are shown in table 1. No participant of this study dropped out. The mean total BDI score of 134 caregivers was 14.0 (cut off score for depression is >9). Out of 134 caregivers, 47.8% (n=64) showed sub clinical or no depression, 30.6% (n=41) showed mild depression, 16.4% (n=22) showed moderate depression and 7 5.2% (n=7) showed severe depression on BDI (table 2). These results showed that caregiver of substance abuse patients had significant levels of depression. 48.5% (n= 65) Female care givers had higher mean on total BDI score (15.97) than males. Results showed that the middle aged group (age 45-54) had highest mean on total BDI score. Caregivers with low literacy levels had high mean on total BDI scores but the differences amongst all the groups were not very high and did not follow a specific pattern i.e. scores were not lowest amongst the graduates (educated group). 9% (n=12) Widowed and 3% (n=4) separated caregivers had highest mean total BDI scores (20.75) each. Over all depression was more common in caregivers of low income groups and unemployed. Duration of care giving was found having no significant effect on development of depression in caregivers. The results also showed that caregiver parents 35.8% (n=48) had highest mean total BDI scores.

Table 1
Total BDI Scores demographic data wise in the caregivers

Demographic data	n	Mean total BDI score	Std deviation
All caregivers	134	14.00	11.47
Age groups			
18-24 years	11	12.36	6.10
25-34 years	32	13.65	15.70
35-44 years	36	11.58	7.80
45-54 years	28	16.71	12.96
55-60 years	27	15.48	9.45
Gender			
Female	65	15.96	12.24
Male	69	12.14	10.46
Educational level			
Illiterate	17	16.52	13.38
Primary	6	17.77	16.20
Middle	18	14.38	13.16
Matriculate	20	13.75	12.26
Intermediate	19	13.36	12.38
Graduate	38	13.47	8.74
Postgraduate	13	10.38	7.84
Marital status			
Single	18	10.50	5.95
Married	97	13.56	12.44
Separated	4	20.75	7.41
Divorced	3	13.00	6.55
Widowed	12	20.75	8.76
Job status			
Unemployed	43	16.16	12.23
Employed	91	12.97	11.02

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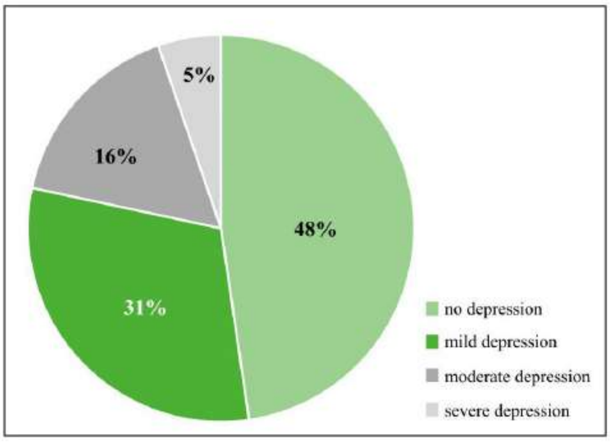
Table 1 continued

Monthly income			
< 15000 rupees	3	28.3	24.21
15000-30000 rupees	16	17.18	15.42
30000-60000 rupees	39	12.30	9.85
60000-90000 rupees	38	15.78	12.63
> 100000 rupees	38	11.47	7.23
Caregiving duration			
< 1 year	36	15.69	13.87
1-5 years	55	13.61	12.22
5-10 years	22	13.36	8.16
>10 years	21	12.76	7.62
Relation with patient			
Parent	48	17.85	11.06
Spouse	40	14.62	14.08
Sibling	30	9.56	7.96
Offspring	13	9.76	6.28
1st cousin	3	6.66	2.08

Table 2
Degree of severity of depression in the caregivers

Total BDI score	n	Mean	Std. Deviation
0-9 (no depression)	64	5.93	2.21
10-19 (mild depression)	41	15.21	2.73
20-28 (moderate depression)	22	23.68	5.85
29-63 (severe depression)	7	50.14	11.34
Total	134	14.00	11.47

Figure 1
Degree of severity of depression in the study participants (n=134)



DISCUSSION

The focus of this study was to identify the frequency and severity of depression amongst caregivers of patients of substance abuse. The results show that there is considerable caregiver burden in relatives of substance abuse patients. The illiterates and caregiver wives had the highest mean total BDI scores. Female caregivers and caregivers with lowest monthly income (<15000 Rs) showed higher mean total BDI scores than male and financially stable caregivers.

The results of this study did correspond with that of Basheer et al[9]. The authors found that caregivers of substance abuse had significantly high level of depression; with higher burden for female caregivers as compared with male caregivers. They also found that the depression was higher in caregivers who had been recently providing care. A plausible explanation might be that in the initial stages of treatment, everything is novel for the caregiver and he/she is concerned not only about the patient but also about the other family members and the way to deal with the mental illness of the patient. Thus it becomes an additional burden over a period of time for the primary caregiver due to reasons earlier explained.

The caregiver burden in terms of depression, has been studied in many studies. however majority of the studies concede that caregivers experience burden, still there has been little consensus about factors influencing that burden[13-15].

Socio demographic factors influencing caregivers have been studied individually in many studies. Regarding gender, Noh and Turner reported higher burden in female caregivers[16]. On the other hand, study by Sugiura et al on gender differences in care giving depicts that these differences are almost negligible[17]. Results of our study showed that female caregivers experience relatively higher burden than male caregivers. The difference in the mean total BDI scores of both genders was 3.82 which is a large one. One plausible explanation for this could be that in our culture, traditionally females are expected to provide care and nurture, so the ordeal of care giving is also assigned to the female members more often than to the male counterparts. This service is rendered in addition to their already existing responsibilities and obligations thus the result is obvious, 'the burnout'.

The present study showed that the comparatively younger caregiver groups (aged 35-44years) had the highest mean total BDI scores. The international studies have yielded mixed results regarding the age of caregivers. In some studies, the young age of caregivers was associated with high levels of overall burden especially increased stigma, fears about their own safety and of their mentally ill relatives. The higher burden in young caregivers and lower burden in old caregivers can be attributed to more experience of older caregivers in handling problematic behaviours[17,18].

Most of the international studies have identified parents, spouses and siblings as the primary caregivers of mentally ill patients. However in our study there was another relation such as first degree relatives; who were also rendering the care giving role. In Pakistan people expect a lot and give a lot due to close association within family. This trend is usually not seen in the Western culture. The results of our study showed that the wives had highest mean total BDI scores. However research by Perlick et al has shown that family burden has a significant direct association with emotional over involvement and parents tend to be more emotionally over involved than spouses[7].

As regarding educational status, present study revealed that illiterates had highest BDI scores but the differences amongst all the groups were not very high and did not follow a specific pattern i.e. scores were not lowest amongst the graduates (educated group). Various western studies have evaluated the relationship between care giving burden and educational status of caregiver. The studies by Noh and Turner[16] and Kate et al[11] showed that family members with less education were found to be more distressed.

This study has shown that there is significant level of depression among caregivers of psychoactive substance abuse patients irrespective of their socio-demographic, economic or educational status; and therefore need acknowledgement, empathy and practical support.

CONCLUSION

Caregivers of substance abuse patients suffer clinical depression with negative implications for the patient. Younger age, female gender and illiteracy carry a greater risk of depression. Development of effective interventions for caregivers is needed to enhance their coping skills.

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