**A COMPARATIVE STUDY OF ANXIETY AND DEPRESSION AMONG CAREGIVERS OF PSYCHIATRIC AND MEDICAL PATIENTS**

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**ABSTRACT**

# OBJECTIVE

The present study was conducted to assess the depression and anxiety level among caregivers of medical and psychiatric patients admitted in public hospitalof tertiarycare.

# STUDY DESIGN

The Ex-post Facto design was used to study the levels of anxiety and depression among caregiversof psychiatric andmedical patients.

# PLACE AND DURATION OF STUDY

This multi-centred study wasconducted from Aprilto October, 2018in 19 Psychiatry outpatient clinics from allover Pakistan.

# SUBJECTS AND METHODS

The Independent Sample t-test indicated significantly high levels of depression and anxiety among caregivers of psychiatric patients as compared with medical patients' caregivers. The data of 100 was collected through convenience sampling in whichequal number of caregivers of medical and psychiatric admitted patients was present. The Hospital Anxiety and Depression Scale (HADS) was administered on sample to compare the level of anxiety and depression

# RESULTS

The Independent Sample t-test indicated significantly high levels of depression and anxiety among caregivers of psychiatric patients ascompared to medicalpatients' caregivers.

## CONCLUSION

Current research findings are in line with previous studies reflecting the need to address the symptoms of anxiety and depression among caregivers specifically of psychiatric patients.

## KEYWORDS

Depression, Anxiety, Caregiver, Patients, Psychiatric, Medical

## INTRODUCTION

The caregiver is defined as a person who helps patient In illness (Brown, 2014)'. There are two types of caregivers, one is professional and the other is family caregivers. Whena person is suffering from someillness,all aspects of hisor her life forexample emotional,physical, financial,and social,got affected. But it isnot only the ill people who suffer but people connected to patient also got influenced with effects of illness (Given, 2001)'. The term "care-giver burden" reflects the stress faced by caregivers of patients because of the adversities and challenges of the process of caregiving {Buhse, 2008)'. The care givers do face stress because the caregiving affects different aspects of caregivers' life.It is related to the effects of provision of physical, emotional, mental, and financial support to the patient (Farcnik& Persyko, 2002)'. Thecaregiver burden affects mental health of caregiver because of the stress associated with caregiving (Baven & Sternberg, 2012; Nutt, 1997t6• Family caregivers are integral partners in the provision of health care services and as compared to non-caregivers, caregivers frequently experience psychological and physiological effects that can lead to serious mental and physical illness:' Researches also indicate significant relationship between caregiver burden and impaired quality of life manifested through physical, psychological,andsocial problems'

There is tendency to havedepressive and anxiety symptoms among caregivers of mental and physical patients as a result of stress produced by caregiving burden'. Anxiety and depression are among most common psychological problems (APA, 2013)", and these problems leadtowards poor quality of life'. Anxiety is defined as subjective feelings of distress, apprehension; fear accompanied with avoidance and escape, and depression Issadmood with pessimistic thoughts, hopelessness, and number of biological symptoms0°. A high level of anxiety and depression In patients' care givers couldbe related to concerns aboutthe future,coping withthe situation, fear of loss and being alone, sole responsibility for children, andfeelings of failure in helping patient'. There is also tendency to adopt physical problems suchasheartdiseases andpoor immune functioning as resultof care giver burden that may lead to anxiety and depression'. These bio psychosocial factors of stress may lead to symptoms of anxietyand depression among caregivers.The literature review indicated higher levels of stress, caregiver burden and poor quality of life among care givers of psychiatric patients as compared to medical patients' caregivers" ". Current study aimedto assessand compare the levelsof anxietyand depression amongcaregivers of medical andpsychiatric admittedpatients.

# SUBJECTS AND METHODS

**Participants**

The sample of 50 caregivers in each group was selected through convenience Si!mpling. Both groups are matched groups on basis of age and gender of caregivers and one caregiver of each patient was selected. The patients were



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selected fromin-patient facilities of psychiatric andmedical wardsof Tabl• 2

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| lndeptndtnt Sumplc 1-lt'"St bt:twcen McmlS t)f both groups | | | | |
| **Scale** | **Group** | **M** | **SD** | I |
| HADsDep | Psychiatric | 9.5 | 2.6 | I .6• |
| Medical | 8.7 | 2.9 |
| HADsAnx | Psychiatnc. | 14.3 | 7.1 | 4.8.. |
| MedicJI | 8.5 | 3.1 |
| HADsTowl | Psychiatric | 23.1 | 7.4 | 4.2\*\* |
| Medical | 182 | 4.2 |

hospital. The inclusion criteria of caregivers was age 20years and more, blood relative and/or spouse of patient, and providing caregiving at least for 2 years to the patient.The exclusioncriteriaare age less than 20 years, no blood relation withpatient,and provision of caregiving lessthan2years.

# Instruments

The Hospital and Anxiety Scale (HADS) was used to assess the intensity of depression and anxiety in sample. It was developed by Zigmond and Snaith andiscommonly used to assess the anxiety and

depression.It isa fourteen itemsscale with maximum of 21 on each

subscale. *Nore: c/(= 98...*

*p>OJ:* • *p>.05.*

**Procedure** The t-test indicated that care givers of psychiatric patients were significantly high on HADs Total, and on both subscales i.e.,

The sample of SO caregivers of psychiatric and SO caregivers of HADsDep., and HADsAnx. Conclusively, this test revealed that medicalpatients wascollected fromtertiary carehospitalsof Lahore caregivers of psychiatric patients were experiencing significantly city. After taking consent, the sample was briefed about rationale of highlevelsof anxiety anddepressive symptoms.

study and HADS was administered in exclusive setting. The results

were analyzedby usingindependent samplet·test. **DISCUSSION**

**RESULTS** The present study aimed to compare the level of depression and anxiety amongmedical andpsychiatric patient C<iregiver. The results

As both groups were matched on variables of age, gender, and indicated that caregivers of psychiatric patients scored significantly socioeconomic status, so the details of demographics are same as high on Anxiety, Depression, and total scale, as compared with the both.In sample, majority of participants were from age group of 41- caregivers of medical patients. Depression and anxiety are the SO years of age whereas young adultsin 20s and 50 plus were fewer psychological problems which can be a result of stress faced by thanparticipants of agegroup 31-40.Th@rnwasmorerepresentation caregiversof patients in process of care giving.The resultsindicated of male gender. Majority participants in group of medical patients' that caregivers of psychiatric patients have more depression and caregivers were educated upto matric whereas in other group anxietyascompared withmedical patient caregiver thussupporting majority patients were from middle and matric class. The the study hypothesis.Thisfinding canbesupported through findings representation of both socioeconomic classes was equal in both of previous researches that the caregiver burden in families of groups. psychiatric clients is statistically higher than that of the caregiver of

the othermedicalillness12·".

Table I

Descrip(ive Suuistics of Sample The possible reason of thisisstigma related to psychiatric disorders and also the fact that chronic psychiatric patients may develop number of physical problems also. Caregiver burden for psychiatric illnesspatient showmoreburdenthan caregivers of chronic medical illnessmaybe dueto thesocially bizarre and inappropriate behaviors manifestation of the psychiatric disorders and sometimes patients' paranoid attitude towards care givers". The varied mood swings, disturbed sleep pattern, aggressive and violent outburst are some other aspectof illnessthatmaybea cause of increased burdenof care giving".

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| **\larlablts** | **P.syc:hla1rk**  **patlea.ts' ca ivc-rr** | **Medical patteais'**  **care,:i\rcrs** |
| A • | | |
| 20-30 | 08 | 08 |
| J1-40 | 12 | 12 |
| 41-50 | 20 | 20 |
| 51-60 | 10 | 10 |
| Tot:il | 50 | 50 |
| Gender | | |
| Male | 27 | 27 |
| Female | 23 | 23 |
| Total | 50 | 50 |
| Educati.on | | |
| Middle | 14 | 10 |
| Marric: | 16 | 25 |
| Intermediate | 10 | 12 |
| Graduate | 10 | 03 |
| Total | 50 | 50 |
| Soc occonomic Status | | |
| Lower | 24 | 24 |
| Middle | 26 | 26 |
| Total | 50 | 50 |

Conclusively, current research findings are in line with previous studies reflecting the need to address the symptoms of stress like anxiety and depression among caregivers specifically of psychiatric patients.

# LIMITATIONSAND SUGGESTIONS

1. The datashould be increased to get moregeneralizedresults.
2. The demographic characteristics of sample should be compared.
3. The other aspects of stress associated with care giver burden

should alsobe addressed.

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# FUTURE IMPLICATIONS

The study has tried to investigate a comparatively ignored area because there is paucity of research in comparing care give burden and associated psychological problems among care givers of psychiatric and medical patients. Hopefully, this research will let other researchers to put efforts in thisfield by comparing c.,re giver burden among caregivers of different physical and mental disorder patients and also planning and conducting diverse counseling and managementprogramsfor caregivers.

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