**ORIGINAL ARTICLE**

DEPRESSION IN PRIMARY CAREGIVERS OF PATIENTS OF PSYCHOACTIVE SUBSTANCE USE

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# ABSTRACT

**OBJECTIVE**

Todetermine the frequency and severity of depression in primary caregivers of patients of psychoactive substanceabuse.

# STUDY DESIGN

Descriptive cross sectional study.

# PLACE AND DURATION OF STUDY

Thestudy wasconductedin CMH Quetta from August

2018to 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 (SDI). The mean total BDI scores were calculated and correlated withthesocio-demographic variables.

# RESULTS

Total mean BDI score of 134 caregivers was 14 (depression cutoffscoreis>9).Outof 134caregivers,64

(47.8%) showed sub-clinical /no depression,41(30.6%) showed milddepression, 22(16.4%) showed moderate depression and 7 (5.2%} showed severe depression on BDI. The results showed a c.onsiderable caregiver burden in relatives of substance abuse patients. The illiterates, caregiver wives, female caregivers and caregivers with lowest monthly income (<15000 Rs) showedhighest meantotalBDIscores.The jobstatusof thecaregivers hadnoeffect 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 isneeded to enhance their copingskills.

# KEYWORDS

Drugdependence,Depressivedisorder,Burden of Care.

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# INTRODUCTION

Care giving is acommon 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 experiencesand emotional burden of caregivers with respect to common psychiatric disorders'. 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'. The recent estimates indicate that 33 to 66 % chronic psychiatricpatients live withinImmediate families members whoaresignificantly affected by this caregiving responsibility'.Psychoactive substance abuseisvery common in Pakistan. Any oneonce falla prey to this menace of substanceabuse, it is not difficult to predict that a substantial number of devastating consequencesfollow,bothfortheaffictedas wellas for the family'.

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'.Emotionalimplicationslikeanxiety,depression andemotional exhaustion have been studied and are said to be associated with care giving of certain psychiatricillnesses like bipolaraffective disorder, depression, schizophreniaand substance abuse•'. 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 shouldariseandit should be screened'.

The psychological and emotional inflictions over caregivers have a wide range and canvary from frustration, fear, anxiety to grief anddepression and finally the guilt forhaving these feelings.Frequency of subclinical andclinical depression is far greaterin caregivers of such patients than thecomparison groupof sameage; therfskpersistsfor many years evenaftertheendof caregiving incaseof deathor recoveryof thecare-recipient".

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". A more negative appraisal prevailed about care giving in the first degree relatives especially in situations where the patient was unemployed, younger, hadlonger duration of Illnessand poor social functioning".

A studyfoundthatover athird of more than5,000caregivers reported sixormore symptoms of depression".Caregiver depression was predicted by early years of age,low educational back ground, lessmonthlyincome,andspendingmorethan 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''. Some other researchers have also

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shown that caregivers lacking self-efficacy and self-satisfaction from their role were found vulnerable to develop depressive symptoms".

Patientsand caregiversshouldbe considered asa wholeby members of the health care system and provided psycho-education to minimize the negative psychological consequences on caregivers1°. 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 thenyieldingmeasurescanbe adopted for reducingit andaugmenting caregivers' copingskills.

## SUBJECTS ANDMETHOD

### 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 illnesshaving knownassociation withpsychiatric symptoms including depression and those with current or past history of substance use/misuse were excluded. A brief history was takenbyclinicianfromthe caregiverregarding durationof substance abuseandthe relationship of caregiver withthepatient.

### 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 subjectswereprovided withadetaileddescription of the study and were only inducted into the study after written Informed consent fromthem.

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,incomeper month and BDI scores. Frequency (%) wascalculated for depression, gender, education, marital status, and job status, duration of caregiving and relationship with patient of substanceabuse.

## RESULTS

The demographic dataof 134 participants along with their meanand standard deviation of total BDI scores are shown in table 1. No participant of thisstudydroppedout.ThemeantotalBDIscoreof 134 caregivers was 14.0 (cut off score for depression is >9). Out of 134 caregivers, 47.8%(n=64) showedsubclinicalor no depression, 30.6% (n=41) showed mild depression, 16.4% (n=22) showed moderate depression and 7 5.2%(n= 7)showedseveredepression on BDI(table 2). These results showed that caregiver of substance abuse patients had significantlevelsofdepression.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 levelshad highmean on total BDI scores but the differences amongst all the groups were not veryhigh anddid not followaspecific patterni.e.scoreswerenot lowest amongst the graduates (educated group). 9% (n=12) Widowed and3%(n=4) separatedcaregivershad highest meantotal 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)hadhighest meantotalBDIscores.

Table I

Tomi BDI Scores demographic data,i.1ise in the caregivers

|  |  |  |  |
| --- | --- | --- | --- |
| **Dtmognphk d2ta** | **n** | **Menn IOI.al BDI store** | **Std de•lalion** |
| All caregivers | 134 | 14.00 | 11.47 |
| **Agegr0U()5** | | | |
| 18-24 years | II | 12.36 | 6.10 |
| 25-34 years | 32 | 13.65 | 15.70 |
| 35-44 years | 36 | 11..\8 | 7.80 |
| 45-54 years | 28 | 16.71 | 12.96 |
| 55-60 years | 27 | 15.48 | 9.45 |
| **Gmder** |  |  |  |
| Female | 65 | 15.96 | 12.24 |
| Male | 69 | 12.14 | 10.46 |
| **"Educalional 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 11atus** | | | |
| Single | 18 | 10.50 | 5.95 |
| Married | 97 | 13.56 | 12.44 |
| Separated | **4** | 20.75 | 7.41 |
| Divorced | 3 | 1300 | 6.55 |
| \Vi<lOwt3d | 12 | 20.75 | 8.76 |
| **Job status** |  |  |  |
| Unemployed | 43 | 16.16 | 12.23 |
| Employed | 91 | 12.97 | 11.02 |

Table continues to the next page

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Table I continued

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highlevel of depression; withhigher burdenfor female caregivers as compared with malecaregivers.They also found that the depression was higher in caregivers who had been recently providing care. A plausibleexplanation might bethat in the initial stages of treatment, everything is novel for the caregiver and he/she is concerned not only about the patient but also aboutthe otherfamily members and thewayto deal withthementalillness of the patient.Thus it becomes an additional burden over a period oftime fortheprimary caregiver due to reasons earlier explained.

|  |  |  |  |
| --- | --- | --- | --- |
| **'\tonthly** iDC(IDll' | | | |
| < 15000 rupees | 3 | 28.3 | 24.21 |
| I50()0-30000 rupees | 16 | 17.18 | 15.42 |
| 30000-60000 rupees | 39 | 12.30 | 9.85 |
| 60000-90000 rupees | 38 | 15.78 | 12.63 |
| :> I00000 rupees | 38 | 11.47 | 7.23 |
| **Caregi"ing duration** | | | |
| < I year | 36 | 15.69 | 13.87 |
| 1-5 yenrs | *55* | 13.61 | 12.22 |
| 5-10 years | 22 | 13.36 | 8.16 |
| :>10 years | 21 | 12.76 | 7.62 |
| **Rel:Hioo wilh patient** | | | |
| Paren1 | 48 | 17.85 | I1.06 |
| Spouse | 40 | 14.62 | 14.08 |
| Sibling | 30 | 9.56 | 7.96 |
| Off,pring | 13 | 9.76 | 6.28 |
| ..cousin | J | 6.66 | 2.08 |

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 aboutfactorsinfluencing thatburden,,..,\_

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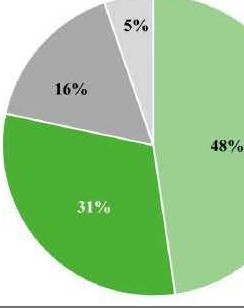
Tahle2

Degree of severity of depresslon in tlw caregivers:

|  |  |  |  |
| --- | --- | --- | --- |
| **Tolal BDrscore** | **n** | **Mean** | **Sid. l>e lalion** |
| ()..9 (nod<prossion) | 64 | 5.93 | 2.21 |
| lO•l9 (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** I

Degree of s v rity ordepre!)sion in the study pa.rticipam (n= l34)



nodepression

* mild depression
* moderate depres.si-on sever depression

## DISCUSSION

The focus of this study was to identify the frequency and severity of depression amongst caregivers of patients of substance abuse. The resultsshow that there isconsiderable caregiver burden in relatives of substance abuse patients. The illiterates and caregiver wives had the highest mean total BDI scores. Female caregivers and caregivers withlowest monthly income (<15000 Rs) showed higher meantotal BDIscores thanmaleandfinancially stablecaregivers.

The results of thisstudydid correspond with thatofBasheer et al'.The authors found that caregivers of substance abuse had significantly

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Socio demographic factorsinfluencing caregivershavebeenstudied individually in many studies. Regarding gender, Noh and Turner reported higher burden in female caregivers'•. On the other hand, study by Sugiura et al on gender differences in care giving depicts that these differences are almost negligible". Results of our study showed thilt 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 thiscould be thatinour culture, traditionally females are expectedto provide careandnurture, so theordealof care giving isalso assigned to the female members moreoften than to the male counterparts. This service is rendered in addition to their already existing responsibilities and obligations thus the result is obvious, 'theburnout'.

The present studyshowed that the comparatively youngercaregiver groups(aged 35-44years) had the highest meantotalBDI scores.The international studieshave yielded mixed results regarding the ageof caregivers. In some studies, the young age of caregivers was associated with high levels of overall burdenespecially increased stigma, fears abouttheirown safetyand 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"·".

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 g·iving 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 parentstend to be moreemotionally over involved thanspouses'.

As regarding educational status, present study revealed that illiterateshad 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'• and Kate et al" showed that family members

withlesseducation werefoundto bemoredistressed.

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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 substanceabusepatients sufferclinicaldepression 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 copingskills.

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