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Association of Caregiver Burden with Insight and Quality Of Life in Persons Suffering From Schizophrenia and Bipolar Affective Disorder.

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Abstract:
Introduction: *Caregivers play a pivotal role in the maintenance part of the management of psychiatric disorders. Psychiatric illnesses not only effect the patients, but also the lives of their caregivers. Insight is one of the most important aspects of the patients' illness and plays an important role in drug compliance and thereby the maintenance of the remission.Quality of life of the persons with psychiatric illnesses may affect the caregivers' suffering. As there are few studies determining the association between the insight, quality of life on caregiver burden, this study is performed to find the association between the caregiver burden and the insight and quality of life.*
Aim: *To find the correlation between the caregiver burden with insight and quality of life of the patients attending the Government Hospital for Mental Care, Visakhapatnam with the experienced by their attendants.*
Methods:*A sample of 60 patientsdiagnosed with Schizophrenia and BPAD as per ICD 10 criteria were takenand Birchwood Insight Scale for insight, WHO-QOL BREF scale for quality of life and Burden Assessment Scale for the caregiver burden were used.Correlation statistical tests were applied.*
Results:*There was a significant positive correlation between insight and quality of life (r = 0.668), negative correlation between quality of life and the caregiver burden (r = - 0.367) in both the groups whereas there was a correlation between insight and the caregiver burden, it was not statistically significant.*
Conclusions:*Insight and quality of life are lower in schizophrenia as compared to bipolar affective disorder. Caregiver burden is higher in schizophrenia compared to bipolar affective disorder. Insight and quality of life are positively correlated. Quality of life of the patients and the burden of their caregivers are negatively correlated.*

Key Words: *Insight, Quality of life, Caregivers, Burden.*

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I. Introduction

Caregivers play a pivotal role in the maintenance part of the management of psychiatric disorders. Psychiatric illnesses not only effect the patients, but also the lives of their caregivers. Caregivers experience high levels of burden while dealing with the patients' sufferings, meeting their demands of taking care of them. Caregiving could be highly stressful.

Studies were done on the families of patients with schizophrenia and found that the families experience significant burden due to the illness. Perlick et al.[1] in their studyinvolving caregivers of bipolar disorder have shown that 93% of caregivers report moderate level of burden and 54% caregivers report severe level of burden.

Few studies were done comparing the burden among caregivers of schizophrenia and bipolar disorder. Different opinions were obtained among the studies. One study[2] showed that caregivers of schizophrenia patients experience more burden than those of bipolar disorder whereas another study revealed that patients with schizophrenia and bipolar disorder impose a similar level of burden on their caregivers and they use similar types of coping methods to deal with the burden.

Insight refers to the conscious awareness and understanding of one's own psychopathology. It is one of the most important aspects of the patients' illness and plays an important role in drug compliance and thereby the maintenance of the remission. In studies comparing insight in schizophrenia and bipolar disorder, Michalakeas et al.[3], reported that patient with schizophrenia and mania did not differ on insight

Quality of life (QOL) and mental health have a correlation thatQOL is a direct consequence of mental health. QoL is considered to be important in research on treatment outcome for bipolar disorders and

schizophrenia. Several QOL studies on bipolar patients revealed that they experience lower functioning and well- being even in the euthymic phase of the disorder. K. Latalova et al.[4] in their study concluded that the subjective quality of life in bipolar patients in clinical remission is higher than that of schizophrenic patients in clinical remission.

Quality of life of the persons with psychiatric illnesses may affect the caregivers' suffering. As there are few studies determining the association between the insight, quality of life on caregiver burden, this study is performed to find the association between the caregiver burden and the insight and quality of life.

Aim:To find the correlation between thecaregiver burden with insight and quality of life of the patients attending the Government Hospital for Mental Care, Visakhapatnam with the experienced by their attendants.

II. Methods

Study Design: Cross sectional observational study
Sampling Method: Convenience sampling
Study Group:The study group consisted of 30 Schizophrenic and Bipolar Affective Disorder patients and their caregivers attending Government Hospital for Mental Care, Visakhapatnam, who were taking regular maintenance treatment.

Inclusion criteria:
• Age: 18 to 60 years
• Diagnosis of Schizophrenia and Bipolar Affective Disorder according to International Classification of Diseases 10 criteria

Exclusion criteria:
• Patients with medical or neurological illness
• H/O head trauma.
• Mental retardation
• Patient meeting International Classification of Diseases-10 criteria for drugdependence.
• Patient who refused to participate.

Patients fulfilling the inclusion criteria were taken up for the study. These cases were enrolledafter taking informed consent from them to be included in the study. After detailed history andmental status evaluation a diagnosis of Schizophrenia and Bipolar affective disorderwas confirmed according to International Classification of Diseases-10 criteria. Then these patients were evaluated clinically.

The patient's socio-demographic data and illness history were obtained. The caregivers' sociodemographic data was also taken. Following this, their insight, quality of life and the caregivers' burden was assessed using relevant rating scales.

Ethical Issues:

Informed consent was obtained from each patient and their caregiver prior to inclusion into thestudy. All were explained regarding the nature and the rationale of the study.

Study Tools:
Self-designed semi-structured Performa was used. It included the following:
(a) Socio-demographic data sheet.
(b) Clinical profile sheet.

Birchwood Insight Scale: It consists of 8 statements which are rated on a 3-point scale. A total scale score is derived by summing the three subscale scores, with a higher score indicating higher levels of insight.The Birchwood Insight scale has moderate internal reliability (Cronbach's alpha= 0.75) and high test-retest reliability (0.90).

WHO QOL-BREF:The WHOQOL-BREF is a 26-item version of the WHOQOL-100 assessment[6].It is a sound, cross-culturally valid assessment of QOL.Measures the quality of life in 4 domains - physical, psychological, social and environmental.The WHOQOL-BREF has good to excellent psychometric properties of reliability and performs well in preliminary tests of validity.

Burden Assessment Schedule:Burden Assessment Schedule was developed at the Schizophrenia research foundation (SCARF), Chennai, India, to assess caregiver burden[7]. Inter-rater reliability for the scale is 0.80 (kappa, $p<0.05$). The test –retest reliability, computed for a period of 3 months, is 0.91, and the alpha coefficient is 0.92. This was used in the present study as it was developed in the Indian setting and thus helps to understand and interpret burden in the cultural context.

Statistical analysis:Statistical analysis of the data was carried out using SPSS software version 23. Mean and standard deviation were presented for all the continuous variables.To examine the relationship between insight, quality of life and the caregiver burden, relevant statistics were applied.

III. Results

Statistical analysis of the data was carried out using SPSS software version 23. Mean and standard deviation were presented for all the continuous variables.To examine the relationship between insight, quality of life and the caregiver burden, relevant statistics were applied.

Table 1: Socio-demographic data of patients and care-givers

		Schizophrenia (n=30)	Bipolar Affective Disorder (n=30)
Patients	Male	14 (46.7%)	13 (43.3%)
	Female	16 (53.3%)	17 (56.7%)
	Age	31.3 years (S.D: 8.1)	39.2 years (S.D: 7.6)
	Duration of illness	5.55 years (S.D :3.1)	3.23years(S.D. :2.1)
Caretakers	Male	21 (70%)	20 (66.67%)
	Female	9 (30%)	10 (33.33%)
	Employment	30 (100%)	30 (100%)

Among the patients with Schizophrenia, number of males were 14 and the number of females were 16 with a mean age of 31.3 years. Among the patients with Bipolar affective disorder, number of males were 13 and the number of females were 16 with a mean age of 39.2 years. The mean duration of illness of Schizophrenia was 5.55years with a SD of 3.1 and the mean duration of illness of Bipolar affective disorder was 3.23 years with a SD of 2.1. In the caretakers of Bipolar affective disorder patients, 10 were females and 20were males, whereas in the caretakers of schizophrenia patients, 9 were females and 21 were males.All the caregivers were employed in various fields.

The mean insight of Schizophrenia patients was 7.06 with a S.D: 1.59 and Bipolar affective disorder patients was 8.16 with a S.D: 2.18 and the difference was significant with a p value less than 0.05 (0.029).

The mean quality of life of schizophrenia patients was 185.3 with a S.D: 26.60 and that of Bipolar Affective Disorder patients was 239.73 with a S.D. of 17.93 and the differencewas significant with a p value less than 0.001 (0.00024)

The mean caregiver burden among the caretakers of schizophrenia patients was 76.20 with a S.D. of 7.09 and among those of Bipolar Affective Disorder patients was 63.66 with a S.D. of 9.17 and the difference was significant with a p value less than 0.05 (0.034).

Table 2: Scores obtained on the scales of insight, quality of life and caregiver burden

	CHIZOPHRENIA	IPOLAR AFFECTIVE DISORDER
lean Insight	.06 (S.D: 1.59)	.16 (S.D: 2.18)
lean Quality of Life	85.3 (S.D: 26.60)	39.73 (S.D: 17.93)
lean Caregiver Burden	6.20 (S.D: 7.09)	3.66 (S.D: 9.17)

Analysis was done using Independent samples Mann Whitney U Test, with the null hypotheses that insight, quality of life and the caregiver burden were same across the two categories of diagnosis, the null hypothesis was rejected, thereby showing that the variables were different across the two diagnoses used.In schizophrenia patients, a statistically significant negativecorrelation between insight and duration of illness was observed (r= -0.454).

There was a significant positive correlation between insight and quality of life (r = 0.668), negative correlation between quality of life and the caregiver burden (r = - 0.367) in both the groups whereas there was a correlation between insight and the caregiver burden, it was not statistically significant.

Using the caregiver burden as the dependent variable and the insight and the quality of life as predictors, linear regression was calculated.The R was 0.527 with a p-value of 0.003(<0.05) which indicates statistical significance.

IV. Discussion

The percentage of females in both the schizophrenia and bipolar affective disorder groups is higher compared to the males. However, majority of the caregivers were males and are all employed as in most cases males are the sole breadwinners of the family.

The mean duration of illness of schizophrenia in our study is 5.55 years which is more compared to the mean duration of illness of bipolar affective disorder 3.3 years which is probably due to the chronicity and continuity of the schizophrenia.

The mean insight scores were lower in the schizophrenia patients and have a statistically significant correlation with the duration of illness.This could be because people with schizophrenia have more severe and pervasive deficits compared to bipolar affective disorder and also that bipolar affective disorder patients reach premorbid level of functioning during the course of illness and are more aware of the disease.

This is in agreement with an Indian study done by AS Ramachandran et al.[8], which showed that insight showed significant differences between schizophrenia and bipolar affective disorder.

The quality of life was also lower in the schizophrenia group compared to the bipolar affective disorder group in our study. This can be explained by the fact that schizophrenia has a debilitating course and affects the life of the patients more than the bipolar affective disorder which is an episodic illness with periods of complete remission in between the episodes during which the patients reach normal level of their functioning and lead a better life.

The lack of awareness of the symptoms on part of the patient might lead to a decrease in the sociopsychological functioning of the patient which is reflected in the statistically significant positive correlation between insight and the quality of life

The present study showed that the caregivers of both schizophrenia and bipolar disorder experience burden. However, the extent of burden in caregivers of schizophrenia was higher than bipolar disorders and was statistically significant.

Though both disorders have long course and require prolonged treatment, the difference of experience of burden between the two disorders may be due to the fact that bipolar disorders being episodic nature and expectation of near normal functioning in between episodes, and patients in remission can take care of themselves, whereas, schizophrenia patients even though they become stable they may have some residual symptoms which are to be addressed by caregivers.

We found a statistically significant correlation between caregiver burden and the quality of life of the patients in both the groups.As the burden placed upon the caregivers depend on the social, functional and psychological domains of the patient, the caregiver burden increases as the condition of the patient deteriorates.

The caregivers may also face severe psychological issues as the patients' quality of life further worsens.Even though there was a negative correlation between the insight and the caregiver burden, it was not statistically significant.The positive relation might be again due to the more chronic and debilitating course of schizophrenia compared to bipolar affective disorder.

V. Conclusions

Insight and quality of life are lower in schizophrenia as compared to bipolar affective disorder.Caregiver burden is higher in schizophrenia compared to bipolar affective disorder.Insight and quality of life are positively correlated. Quality of life of the patients and the burden of their caregivers are negatively correlated.Insight and caregiver burden are also inversely related.

Limitations: Our study was a cross sectional study. As both the diseases are progressive, a prospective study would have been more useful.A larger sample would have more practical implications.As the study was carried out in a hospital setting, it cannot be generalized to community.

Conflict of Interest: None

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