

Cross Sectional Study of Depression in Spouse of Patients with Schizophrenia-Correlation with Severity

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Conflict of interest: Nil

Abstract:

Background: Symptoms of depression are not uncommon in spouse of schizophrenia patient especially in those who lives in nuclear family.de-institutionalization, socioeconomic factors, age of spouse, duration of schizophrenia further augments depressive symptoms. only few studies have focused on caregiving distress among married patients with schizophrenia

Objectives: The aim of this study is to observe the prevalence of depression among spouse of schizophrenia patients and to correlate severity of depression in their spouse.

Methods: Patients(n=62) attending the department of psychiatry in AIMSS diagnosed with schizophrenia according to ICD-10 criteria, living together with their spouse, after obtaining written informed consent basic demographic characters were collected, patients administered PANSS and spouse were given Beck depression inventory (BDI) Tamil version self-rating scale to rate depression.

Results: In current study 62 patients along with their respective spouse were recruited. male spouse was older than female, most of the patients from rural background, unemployed, or unskilled. female patients had more negative symptoms and more score on Beck depression inventory (BDI). up to 30(48.3%) caregiving spouse had mild to moderate depression while none had severe depression, male caregivers had more depressive symptoms when their spouse had predominant negative symptoms.

Conclusion: Depression was common among spouse with low education level, urban background, and longer duration of schizophrenic illness. presence of negative symptoms in female patients associated with more depressive symptoms in male caregivers.

Keywords: Cross sectional study, Schizophrenia, Depression, Spouse, Positive and Negative Syndromal Scale, Beck depression inventory.

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Introduction

Schizophrenia is among the most severe mental disorder affecting around 5/1000 individual, its global prevalence is 0.3-0.7% [1] each year 01 in 10,000 people aged 12-60 years develop schizophrenia, it is diagnosed 1.4 times more frequently in males (20-28 years) than in females and typically appear earlier in male as compared to female (26-32 years) further male has bimodal age of onset with peaks at 21.4 years and 39.2 years. it affects patients along with their families and societies adversely. the caregivers of schizophrenia patients are prone to encounter increasing level of burden and stress [1-6] studies have suggested that lower income group patients have their disorder diagnosed later after the onset of symptoms relative to those of better economic condition patients [7] though its prevalence is lower than mood disorders however it is most burdensome and cost consuming illnesses worldwide [8-9]

Study was conducted from July 2015-Jan2016 at AIMSS Tiruchirappalli, Tamil Nadu

Materials and Methods

Inclusion criteria:

- 1) Patients diagnosed as schizophrenia according to ICD-10 criteria
- 2) Both OPD and IPD patients visiting the psychiatric department
- 3) Spouse are legally married partner and living with the patient consistently over the last 01 year
- 4) age group of patients and spouse 18-80 years.

Exclusion criteria:

- 1) Presence of psychotic symptoms in spouse
- 2) sick spouse
- 3) Patient or spouse not given consent

4) Psychoactive substance dependence

Research design: Hospital based, cross sectional and comparative study. Out of 139 patients interviewed 62 satisfied inclusion criteria and are considered for study. Information regarding demographic characteristics, age of onset of illness, duration, and life stressors were obtained. Clinical characteristics of patients were obtained using Positive and Negative Syndromal Scale (PANSS), their respective spouse was given a self-rating scale Beck Depression Inventory (BDI)-Tamil version.

Data analysis: Data obtained was analyzed using SPSS 16 software, Independent t-test, Chi square test

Results

During course of study 26 male and 36 female patients and their respective spouse were evaluated, age of male caregiving spouse was significantly older than female caregiver spouse. There were more patients from rural background.

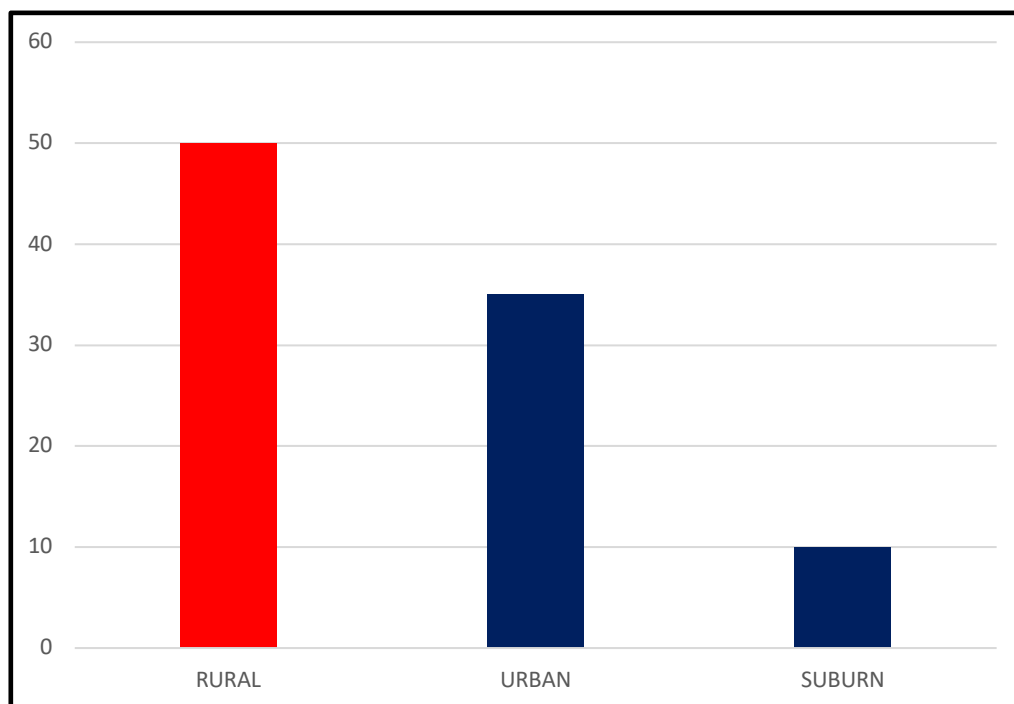


Figure 1: Residence of sample population

Table 1: Residence of patients and the depression in spouse

Residence of Patients/ spouse	Mean BDI scores	Number	Standard Deviation	Standard Error of Mean
Urban	12.90	21	3.87	0.84
Sub urban	15.75	08	3.32	1.17
Rural	15.45	33	5.99	1.04

P<0.05

Table 2: Presence of negative symptoms in patients associated with significant increase in depressive symptoms in their spouse

Patients	Spouse	Numbers	Mean	Standard Deviation	Std. Error Mean
Positive symptoms	No depression	30	18.43	2.12	0.38
	Depression	32	19.46	3.93	0.69
Negative symptoms	No Depression	30	26.65	4.59	0.81
	Depression	32	28.70	3.14	0.57
General psychopathology	No depression	30	57.53	6.41	1.17
	Depression	32	56.50	7.58	1.34
Total PANSS score	No depression	30	104.27	9.10	1.66
	Depression	32	104.16	14.02	2.47

P<0.05

Discussion

Studies has been done in order to assess the level of burden ,stress levels ,coping skills among the caregivers of patients of schizophrenia[10] however few attempts have been made to elucidate prevalence and severity of depression among the caregivers and it appears that caregivers are unprepared for the longitudinal course and longer duration of illness like schizophrenia[11].The diagnosis of schizophrenia in a family member can result to development of mixed affective symptoms ,frequent hospitalization with acute exacerbation of schizophrenic symptoms which further aggravate depressive symptoms among caregivers[12-13] In India majority of schizophrenic patients live with their families and caregivers are distressed ,receive insignificant social support[14].some studies have found that positive symptoms which are more common in short duration schizophrenia causes more burden to caregivers while other studies revealed more burden of care of patients having predominantly negative symptoms[15-20] as with this study some other studies also reveals males experience more burden then females[21-22].depressive symptoms were associated with increased number of hours per week for providing care, older age of care givers and duration of care giving[23]. Studies reveals high level of depression in caregivers of schizophrenia patients and commonest variables associated with features of depression were gender, socioeconomic status, marital status, family size, education [24-28]

Conclusion:

Nearly half of the caregiver spouse had mild-mod depressive symptoms on self- rating scales. depression is common among spouse with low educational level, urban background and longer duration of schizophrenic <http://illness.in/> current study there were no statistical difference found in monthly income of spouse, their employment and the depressive symptoms. there is need for addressing stress levels of the caregivers in order to help them improve their quality of life and to enhance their wellbeing.

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