

Original Research Article**Demographic Profile of Caretakers of BPAD Patients- Study from Tertiary Care Hospital**

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Abstract

Background: Bipolar affective disorder (BPAD) is a serious, commonly occurring psychiatric condition that is characterized by recurrent episodes of depression and mood elevation (mania or hypomania). Caretakers play a vital role in the management of bipolar patients.

Aims: To study the demographic profile of the caretakers of BPAD patients.

Materials & Methods: The present observational, cross-sectional study involved 130 caretakers of patients suffering from BPAD. Various demographic parameters like age, sex, residence, education, occupation, religion, type of family and relation with patient etc were studied.

Results: In the present study, the mean age of caretakers was 61.01(±19.45) years while majority i.e. 44.6% caretakers were above 60 years of age. Female caretakers (60%) outnumbered males. About 75.4 % caretakers were married, 67.7% were from rural areas, 58.5% caretakers were living in joint families and 56.2% of them were completely illiterate. 50% caretakers were unemployed while 58.5% were from lower socioeconomic class.

Conclusion: From present study, it has been concluded that majority of the caretakers of the BPAD patients were above 60 years of age, uneducated, unemployed, females from rural areas living in joint families and were of low socioeconomic status. Thus various psychoeducational programmes should be started to assist these caretakers.

Keywords: Caretakers, Demography, BPAD.

Introduction

Bipolar affective disorder (BPAD) is a serious, commonly occurring psychiatric condition that is

characterized by recurrent episodes of depression and mood elevation (mania or hypomania).¹ These disorders had been known to mankind since

ancient times. The term mania was coined by Hippocrates and the first person who described that mania and depression can occur in same illness was Aretaeus.² Bipolar I disorder is characterized by one or more episodes of mania and sometimes major depressive episode whereas bipolar II is characterized by episodes of major depression along with hypomania. The annual incidence of bipolar disorder is less than 1 percent. The age of onset of bipolar disorder ranges from 5 or 6 years to 55 years or even more with mean age of onset is 30 years. Manic episodes occurs more in males whereas depressive episodes occurs more in females. During manic episodes comorbid substance abuse is very common.³

Caretakers play a vital role in the management of bipolar patients. There is no doubt that the caretakers are affected by the condition of their near ones. In addition to practical help and personal care, they also provide emotional support to their patient. The well-being of the patient is directly related to the nature and quality of the care provided by the caretaker. The caretakers responsibility has been increased from the few decades as trends were shifting from institutional care to family and community care. The role of the caretaker in case of bipolar patients can be more difficult and demanding as bipolar disorder is often associated with behavioral problems.⁴

Methodology

The present observational cross-sectional study involved 130 caretakers of patients suffering from bipolar disorder was conducted over a period of 2 months at tertiary care hospital of north India. Informed consent from all participants were taken prior to conduct of study. Various epidemiological parameters like age, sex, residence, occupation etc were recorded.

Statistical analysis

Analysis of data was done using statistical software MS Excel / SPSS version 17.0 for windows. Data presented as percentage (%) as discussed appropriate for quantitative and qualitative variables.

Observations and Results

Table 1 shows that majority of the caretakers i.e. 44.6% were above 60 years of age (28.6%) followed by the age group 51 to 60 years accounting for around 23.8%. About 15.4% caretakers were in the age group of 41 to 50 years. The least number of caretakers were in the age group of 31 to 40 years, and below 30 years with 10.8% and 5% respectively. It was seen that the mean age of caretakers in our study was 61.01(\pm 19.45) years. The percentage of female caretakers (60%) was higher than that of male caretakers (40%). Majority (45.4%) of the caretakers were parents followed spouses (33.1%). The least were siblings (8.5%) and others (13.1%). Maximum percentage of caretakers i.e. 67.7% were from rural areas and only 32.3 % were from urban areas. 76.2% caretakers were Hindus followed by Muslims (26%) and others (3.8%). As per marital status, 75.4 % caretakers were married while 13.1 % were unmarried. About 7.7% caretakers were widowed and 3.8 were divorced. Majority i.e. 58.5% caretakers were from joint as compared to 41.5% which were from nuclear families.

Table 1 also reveals the status of educational level of the study participants. While 56.2% of them were completely illiterate, 13.8% had studied upto class 10th. 12.3% had studied upto class 8th, 9.2 % upto class 5th, and 5.4% upto class 12th. The least were graduates and above (3.1%). It must be noted that exactly half of the caretakers were unemployed which was followed by farmers which has share of 13.1 % of caretaking role and only 2.3 % caretakers were student. Table 1 also depicts the socioeconomic status of our study participants. Maximum percentage of the caretakers i.e. 58.5% were from lower whereas 34.6% were from middle socioeconomic class. The least were from upper socioeconomic class (6.9%).

Table 1 shows other demographic parameters of caretakers of the BPAD patients

	Number of caregivers	Percentage (%)
Age (in years)		
≤30	7	5.4
31-40	14	10.8
41-50	20	15.4
51-60	31	23.8
Above 60	58	44.6
Sex		
Males	52	40
Females	78	60
Relation with patient		
Parents	59	45.3
Spouses	43	33.1
Siblings	11	8.5
Others	17	13.1
Residence		
Rural	88	67.7
Urban	42	32.3
Religion		
Hindu	99	76.2
Muslims	26	20
Others	5	3.8
Marital status		
Married	98	75.4
Unmarried	17	13.1
Divorced	5	3.8
Widowed	10	7.7
Type of family		
Joint	76	58.5
Nuclear	54	41.5
Education		
Uneducated	73	56.2
Primary (upto 5 th class)	12	9.2
Middle (upto 8 th class)	16	12.3
Secondary (upto 10 th class)	18	13.8
Senior secondary (upto 12 th class)	7	5.4
Graduation and above	4	3.1
Occupation		
Students	3	2.3
Unemployed	65	50
Government sector	11	8.5
Private sectors	16	12.3
Farmers	17	13.1
Others	18	13.8
Socio economic class		
Upper	9	6.9
Middle	45	34.6
Lower	76	58.5

Discussion

In the present study, 44.6% caretakers were above the age of 60 years followed by 23.8% in the age between 51 to 60 years. Caring for a relative with a mental health problem is not a static but is a

continuous process which may be prolonged upto years as the needs of the patients changes with the progression of the disease.⁴ Since the process of caretaking continues for years,⁵ as a result of which majority of the caretakers may be above the age of 50 or 60 years or even more.⁶ Our finding can be supported by Christopher J et al who found that 46.2% caretakers of BPAD patients were above 50 years of age⁷ whereas Gania AM et al had found 34% caregivers of BPAD patients were between 50-60 years and 5% caregivers were above 60 years.⁸ The mean age of caretakers in this study was 61.01(±19.45) years. Other studies done by Perlick DA et al, Bauer R et al, Jayakrishnaveni C et al and Chakrabarti S et al had found mean age of 50.2 (± 13.1), 46.8, 45.2 ± 15.11 and 39.16(±9.32) years respectively.^{9,10,11,12} The reason for higher mean of caretakers in the present study can be that the younger caretakers may not have accompanied their patients to psychiatric hospital due to stigma related to psychiatric illnesses.¹³

In the present study, majority i.e. 60% caretakers of BPAD patients were females. In the developing countries like India, cultural issues dictates the womens to perform the primary caretaker role of whole family as the womens are usually trained by their parents to perform the role of caretaker since childhood They nearly perform all the household work which includes cooking food, washing clothes, taking care of childrens, providing medicine to sick family members etc and if the sick patient is male, they are usually cared by their wife, mother or daughter in law.¹⁴ Our finding is in accordance with Bauer R et al and Jayakrishnaveni C et al who found that 68.8% and 64% caretakers of BPAD patients were females respectively.^{10,11} Similarly other studies had also found that females outnumbered males as caretakers of BPAD patients^{9,15,16} whereas some studies had shown that males exceeded females as caretakers of BPAD patients.^{8,15,17}

In the present study, 45.3% caretakers were parents of their patients whereas only 33% spouses had taken the role of caretaker. The parents of sick patients were usually concerned about the health of their child and takes the illness seriously and hence

they themselves take up the role of caretaker.¹⁸ Our finding is in accordance with Patel JS et al who found that 43.33% caretakers of BPAD patients were parents.¹⁹ Our finding can further be supported by Perlick DA et al who found that 37.6% parents, 36.4% spouses had taken the role of caretaker among the BPAD patients.⁹ However some studies had shown that siblings outnumbered parents as caretakers.^{8,10,11}

67.7% caretakers were from rural areas and only 32.3% were from urban background. Due to lack of psychiatrists in primary health centres, community health centres, district hospitals etc, patients of BPAD are being referred to Psychiatric diseases hospital, Jammu as this is the only hospital in this state especially in jammu division which has both OPD and IPD facilities for psychiatric patients and in the developing country like India majority of the population lives in rural areas than in urban areas.¹⁴

Patel JS et al had found that 90% of the caretakers of BPAD patients were from rural areas¹⁹ whereas Chakrabarti S et al had found 66% caretakers were from urban background.¹²

In the present study Hindus were the majority caretakers i.e. 76.2% followed Muslims (20%) and others (3.8%). Our finding is in agreement with Patel JS et al who found that majority i.e. 96.67% caretakers of BPAD patients were Hindus.¹⁹ Similarities in results of both studies can be explained by the fact that both of them were carried out in India and though India is a secular country, population wise it is dominated by Hindus followed by Muslims and others.²⁰

In the present study, 75.4% caretakers were married whereas 13.1% were unmarried, 3.8% were divorced and 7.8% were widowed. The reason might be that in our study majority of the caretakers were parents and were above the age of 50 years and by this age marriage had already been taken place in Indian culture. Our finding is in agreement with Perlick DA et al and Patel JS et al who found that 74% and 66.67% caretakers of BPAD patients were married.^{9,19} Similar results were found by other studies.^{10,17}

In the present study, 58.5% caretakers lives in joint family and only 41.5% lives in nuclear family. This

could be explained by the fact that the majority of the caretakers in this study were from rural areas and the peoples from rural India prefers to live in joint family.²¹ Patel JS et al had found that 80% caretakers of BPAD patients were from joint family¹⁹ whereas Chakrabarti S et al had found 61% caretakers were from nuclear families.¹²

In the present study, 56.2% caretakers were uneducated in contrast to 43.8% which were educated. Majority of caretakers in this study were from rural background and in developing countries like India literacy rates are lower in rural areas.²¹ Our finding is in accordance with Gania AM et al who found that 48% caretakers of BPAD patients had no formal education.⁸

In the present study 50% caretakers were unemployed. Majority caretakers from this study are with rural background and employments rates are lower in rural India.²⁰ Our finding is in agreement with Jayakrishnaveni C et al who found that 44% caretakers of patients with BPAD were unemployed.¹¹ Other studies had found variable amounts of unemployment among caretakers of BPAD patients which ranges from 18% to 38%.^{7,9,17}

In the present study majority i.e. 58.5% caretakers were from lower socioeconomic class whereas 34.6% were from middle and 6.9% were from upper class. Though the incidence of bipolar affective disorders were high in upper socioeconomic classes, caretakers from these classes prefer to go to private clinics due to stigma related to mental diseases and psychiatric hospitals.¹³ Our finding is in agreement with Gania AM et al who found that 60% caretakers of BPAD patients were from lower socioeconomic class.⁸ However Swaroop N et al had shown that 75.3% caretakers of mental illnesses belongs to higher socioeconomic class.¹⁶

Conclusion

From present study, it has been concluded that majority of the caretakers of the BPAD patients were above 60 years of age, uneducated, unemployed, females from rural areas living in joint families and were of low socioeconomic

status. Hence it is recommended that psychiatric health professionals, social health workers, government officials and researchers should start various psychoeducational programmes to assist these caretakers.

Acknowledgement

Thanks from the core of my heart GOD and my parents for their blessings.

Declaration

Funding: No funding sources

Conflict of interest: None declared

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