

Comparison of Resilience and Depression among the Caretakers of Patients with Depression and Bipolar Affective Disorder

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ABSTRACT

Background: Mood disorders not only causes changes in the mood but affects all aspects of the individual's life including appetite, regulation, libido, cognition and psychomotor activity.³ The two most prominent mood disorders which most frequently encountered in clinical practice are depression and bipolar affective disorder (BPAD).

Aims: To compare resilience and depression among the caretakers of patients with depression and bipolar affective disorder (BPAD).

Materials & Methods: The present comparative study involved 120 caretakers of patients suffering from depressive disorder and 130 caretakers of patients suffering from bipolar affective disorder, was conducted over a period of 2 months at tertiary care hospital of north India. The caretakers of both these disorders were assessed by using HAM-D Scale and 25 Item Resilience Scale.

Results: Mean HAMD score of caretakers of patients with BPAD (17.42 ±8.21) was significantly higher than the mean HAMD score of caretakers of patients with depression (14.92 ±7.96) [p value =0.001]. Similarly mean resilience score of caretakers of BPAD patients (119.45±24.73) was significantly higher than that of caretakers of patients with depression (118.08±24.73) [p value =0.001].

Conclusion: From present study, it has been concluded that both resilience and depression are higher among caretakers of patients with BPAD as compared to caretakers of patients with depressive disorder. However very little research is available regarding this, hence more research is recommended.

Keywords: Caretaker, Depression, BPAD, Resilience, HAMD Score, Burden

INTRODUCTION

The most common turmoil in one's family is the onset of mental illness in any family member as in majority of the cases family is not prepared to deal with these kind of disorders in any of the family members, have little or no knowledge regarding these disorders and had to deal with the attitude and stigma of the society.

[1] Mood can be defined as the internal experience of the sustained and pervasive emotional state that colors one's individual experience of the world around him and choice of way he respond to it. [2] Pervasive disturbances in the emotional state is the hallmark of mood disorders. Mood disorders not only cause changes in the mood but affect all aspects of the individual's life including appetite, regulation, libido, cognition and psychomotor activity. [3] The two most prominent mood disorders which most frequently encountered in clinical practice are depression and bipolar affective disorder (BPAD). [4] There is significant societal burden which is associated with depression. [5] Presently, among the most disabling medical illness depression ranks 4th but as per World Health Organization it is going to be the 2nd most disabling illness by 2020. [6]

In spite of availability of resources and presence of adequate strength, caring for a family member with mental illnesses including mood disorders can be devastating stressor [7] as these illnesses are associated with severe social and occupation dysfunction and also with disruption of family functioning in many ways. [8-10] While providing care to their patient, the caretaker experience considerable amount of burden and stress as they had to take care of patients medical, social and financial needs. [11-13]

Resilience is defined as the positive adaptation in the face of trauma and stress. [14] It is characterized by development of many protective mechanisms that causes successful adaptation despite the presence of risk factors, challenging or threatening circumstances. [15] It enables a person to deal with complex life situations and other life changes. [14] Since no study has been done to compare depression and resilience in caretakers of patients suffering from bipolar disorder and depression in our set up, hence we conducted a study to do the comparison between resilience and depression among the caretakers of patients suffering from bipolar affective disorder (BPAD) and depression.

METHODOLOGY

The present comparative study involved 120 caretakers of patients suffering

from depressive disorder and 130 caretakers of patients suffering from bipolar affective disorder, was conducted over a period of 2 months at tertiary care hospital of north India. Informed consent from all participants was taken prior to conduct of study. The caretakers of both these disorders were assessed by using HAM-D Scale [16] and 25 Item Resilience Scale. [17]

Primary caretakers of patients suffering from depression and BPAD, who were above 21 years of age and were living with the patient for at least last 1 year were included in the study.

Statistical analysis:

Analysis of data was done using statistical software MS Excel / SPSS version 17.0 for windows. The statistical techniques t test was used for comparison. The p value of ≤ 0.05 was considered to be statistically significant whereas p value of ≤ 0.001 was considered highly significant.

RESULTS

Table 1 shows that mean HAMD score of caretakers of patients with BPAD was 17.42 (± 8.21) whereas the mean HAMD score of caretakers of patients with depression was 14.92 (± 7.96). The difference between the mean HAMD of the two groups was 2.5 with a p-value of 0.001 which was statistically highly significant.

Table 1 shows mean HAM-D score of caretakers of patients with BPAD and depression

	Number of caretakers	Mean HAM-D score	Difference in mean HAMD score	P-value
BPAD	130	17.42 (± 8.21)	2.5**	0.001
Depression	120	14.92 (± 7.96)		

*P-value significant at the level of 0.05

**P-value highly significant at the level of 0.001

Table 2 shows that the mean resilience score of caretakers of BPAD patients was 119.45 (± 24.73) and that of caretakers of patients with depression was 118.08 (± 24.73). The difference between the mean resilience score of the two groups was 1.37 the p-value of comparison between the groups is 0.001 which was statistically highly significant.

Table 2 shows mean Resilience score of caretakers of patients with BPAD and depression

	Number of caretakers	Mean Resilience score	Difference in mean Resilience score	P-value
BPAD	150	119.45 (± 24.73)	1.37**	0.001
Depression	120	118.08 (± 23.13)		

*P-value significant at the level of 0.05

**P-value highly significant at the level of 0.001

DISCUSSION

Across the globe, the burden of mental disorder is increasing and is expected to increase at a rapid rate in future. [18] The two most common type of mental illness with which the patient presents to clinicians are depression and bipolar affective disorders (BPAD). These illnesses affect peoples of all ages, cultural backgrounds, economic statuses and educational levels and produces substantial amount of effect on their caretakers. [4] The symptomatology of these patients includes loss of interest in pleasurable activities, psychomotor retardation, suicidal tendencies in case of depression whereas in case of manic episodes it includes euphoric/irritable mood, increase participation in risk activities, psychomotor hyperactivity, violent episodes, excessive spending of money etc; which makes caretaking a tough job. [19]

Caretakers of patients with mental illnesses suffer from high rates of physical illnesses; social, family, person and financial problems: and high rates of depression and psychological distress. [20] There is a reduction in caretaker's quality of life [21] and is associated with increased physical morbidity. [22-24] Moreover caretakers of these psychiatric illnesses suffer from twice the rate of depression compared to general population. [25,26] In order to deal with these stressful situations, the caretaker develops a psychological process which is known as resilience which protects an individual from the adverse effects of these stressful situations. [27]

The mean HAMD score of the caretakers of patients with BPAD is 17.42 (± 8.21) whereas that of patients with depression is 14.92 (± 7.96). The difference in the mean HAMD score of the two groups is 2.5 with a p value of 0.001 which is statistically significant. Our finding shows the depression in caretakers of BPAD patients is significantly higher than that of depression patients. The reason for this could be that the manic patients and their caretakers are usually outcasted and

stigmatized by the society resulting in social isolation of caretakers with withdrawal of social support which is a contributing factor for development of depression. [28] Also the caretakers of BPAD patients had higher burden of caretaking as compared to depression and there is positive association of caretaker for being depressed with feeling of higher burden of caretaking. [29] Moreover the majority of the BPAD patients who were visiting in our hospital were usually in the state of acute mania with high energy, paranoid state, violent behavior and were assaulting their family members, and there is positive association of depression in the caretakers who were assaulted by their family member/patient. [30]

In the present study the mean resilience score of the caretakers of BPAD patients is 119.45 (± 24.73) which is significantly higher than the mean resilience score of the caretakers of the patients with depression (118.08 ± 23.13). The difference between the mean resilience score of the two groups is 1.37 and the p value of the comparison between the two groups is 0.001 which is statistically highly significant. Our finding suggests that resilience higher in caretakers of bipolar patients than that of depression patients. This could be explained by the fact that bipolar affective disorder is chronic illness with relapsing and remitting course and over the passage of the time the caretakers of BPAD patients gets adjusted to the cyclic nature of the disease, develops more resources to deal with the stressful situation which occurs during the acute exacerbation of the manic episode and hence becomes resilient. [31]

To the best of our knowledge our study is a unique study which compared depression and resilience among the caretakers of patients suffering from BPAD and depression as we didn't find any such study in the previous literature.

CONCLUSION

From present study, it has been concluded that both resilience and depression are higher among caretakers of

patients with bipolar affective disorder as compared to caretakers of patients with depressive disorder. However very little research is available regarding this, hence more research is recommended.

Conflict of interest: None declared

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How to cite this article: Manhas RS, Banal R, Akhter R et.al. Comparison of resilience and depression among the caretakers of patients with depression and bipolar affective disorder. *Galore International Journal of Health Sciences & Research.* 2019; 4(3): 128-132.
