

## BURDEN ON FAMILIES OF SCHIZOPHERNIC AND CHRONIC LUNG DISEASE PATIENTS<sup>1</sup>

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### SUMMARY

With the aims to find out the comparative burden on families of schizophrenics and patients with chronic lung disease and to study the areas of burden on families of two groups of patients, randomly selected samples of relatives of 25 patients in each group were studied by using a structured interview schedule. Socio-demographic data were recorded and Burden on the family interview schedule was administered. Results revealed more burden on families of schizophrenic patients in the financial area, effects on family leisure, family routine, family interaction and mental health of other family members. Among the schizophrenic's families more financial burden was seen where male member had the illness. The implications of these findings in management and rehabilitation of the patients have been highlighted.

With the advancement of treatment modalities for management of psychiatric patients there has been an increasing trend towards community based treatment. More and more schizophrenic patients are managed at home. Even if they need hospitalisation for management of acute illness, the tendency is to discharge the patient as early as possible and treat him in the community.

Tooth and Brooke (1961) reported that the policy of treating mental patients at home reduces the load on hospitals and may help early recovery and prevent chronic handicap. Most countries have launched large scale community mental health programmes without assessing the burden that the family may have to face and the possible effects on the family members (Pai and Kapur, 1981). So far only a few attempts have been made to assess the type and degree of burden placed on the families of patients treated at home.

Earlier workers studying the discharge of chronic patients into the community, attempted to assess social

burden by readmission of the patients or relapse in his symptoms. Mandelbrote and Folkard (1961 a and b) and Wing *et al.* (1964) pointed out that the stress caused to families by patients disturbing behaviour was an important factor in determining the patients' acceptance by the families or alternatively their readmission to mental hospital. Subsequent workers such as Grad and Sainsbury (1963) made a headway in assessing the burden felt by families on a three point scale. Hoeing and Hamilton (1966) added another dimension to this assessment by trying to differentiate between the objective and subjective burdens felt by family members. The economic and cultural conditions in India being vastly different may reveal a different pattern of stress on the families.

The authors while working in an out-patient department experienced that the relatives of schizophrenics often expressed that had it been a physical disease they could have somehow tolerated it, it is a different matter when one is dealing with a mental patient. We therefore

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decided to investigate burden on families of schizophrenics and compared the same with patients of physical diseases requiring long management (Chronic Lung disease).

#### AIMS OF THE STUDY

1. To find out burden on families of schizophrenics and chronic lung disease patients.
2. To compare the burden in two groups.
3. To find out areas of burden on families and make a comparative study of two groups.

#### MATERIAL AND METHOD

In order to fulfill the above aims, 25 schizophrenic patients on O. P. D. treatment at Psychiatric Centre Jaipur, were selected randomly. The diagnosis of schizophrenia was made according to ICD-9. Two psychiatrists independently diagnosed the cases and agreement was found in all. First five patients registered with a diagnosis of schizophrenia on five consecutive days were included and the relatives of these patients were interviewed by using a specially designed proforma (Structured Interview).

Similarly 25 patients with chronic lung disease, undergoing treatment at S. M. S. Hospital Medical Out-Patient Department were selected and their relatives were also interviewed by using the same proforma. The chronic lung disease patients included 11 patients of chronic obstructive pulmonary diseases, 5 patients with Chronic Bronchitis with Emphysema, 4 patients with Corpulmonale with Bronchiectasis, 2 patients with Bronchial Asthma, and 2 patients with Pneumonitis and Tubercular Plural Effusion. They were all suffering from Chronic Lung disease for at least 6 months duration.

The proforma consisted of sociode-

mographic data-sheet which enquired in to patients' age, sex, marital status, literacy status, family income per month, type of family and family size, and the burden on the family Interview Schedule developed by Pai and Kapur at Bangalore (Pai and Kapur, 1981). This Schedule measures burden on the family in various areas e. g. financial, effect on family routine, effect on family leisure, effect on physical health of other family members and effect on mental health of other family members.

#### RESULTS

TABLE 1

	Schizophrenia (N=25)	Chronic Lung Disease (N=25)
<i>Age (in yrs.)</i>		
16-25	15	2
26-35	9	2
36-45	1	—
46-55	—	7
56 and above	—	14
	$X^2=36.40, d. f.=4, p<0.001$	
<i>Sex</i>		
Male	5	13
Female	20	12
	$X^2=5.55, d. f.=1, p<.01$	
<i>Marital Status</i>		
Unmarried	3	—
Married	17	19
Divorced/widowed		
Separated	5	6
	$X^2=3.20, d. f.=2, N.S.$	
<i>Family Income (In Rs. per month)</i>		
Upto 300	13	9
301-700	7	12
701-1000	3	4
More than 1000	2	—
	$X^2=4.77, d. f.=3, N.S.$	

TABLE 1—(Contd.)

	Schizophrenia (N=25)	Chronic Lung Disease (N=25)
<b>Education</b>		
Illiterate	15	15
Primary	4	7
Secondary	4	3
Degree & above	2	—
	$X^2=4.10, d.f.=3, N.S.$	
<b>Family type</b>		
Nuclear	14	13
Joint	11	12
	$X^2=0.08, d.f.=1, N.S.$	
<b>Family Size</b>		
Upto 4	11	11
5-10	13	9
11 and more	1	5
	$X^2=3.39, d.f.=2, N.S.$	
<b>Burden perceived by the families</b>		
No burden	—	1
Moderate burden	4	13
Severe burden	21	11
	$X^2=8.89, d.f.=2, p<0.05$	

TABLE 2 *Difference in categories of Burden Felt*

S. Category of No. burden	Schizophrenia (N 25) Mean +s.d.	Chronic lung disease (N 25) Mean +s.d.
I Financial	6.00±2.56 $t=2.03, d.f.=48, p<0.05$	4.72±2.54
II Effect on family routine	6.68±2.45 $t=8.84, d.f.=48, p<0.01$	2.96±1.57
III Effect on family leisure	5.60±2.46 $t=18.65, d.f.=48, p<0.01$	2.96±1.15
IV Effect on family interaction	6.08±2.80 $t=7.67, d.f.=48, p<0.01$	1.56±1.06
V Effect on physical health of other family members	0.68±0.83 $t=1.18, d.f.=48, N.S.$	0.20±0.00
VI Effect on mental health of other family members	1.96±0.35 $t=4.07, d.f.=48, p<0.01$	1.00±0.63

TABLE 3 *Difference in categories of burden felt in schizophrenic patients as regards sex distribution.*

S.No. Category of burden	Male (N=5) (Mean +s.d.)	Female (N=20) (Mean±s.d.)
I Financial	8.00±1.67 $t=2.67, d.f.=23, p<0.05$	5.50±2.54
II Effect on family routine	7.60±1.96 $t=1.11, d.f.=23, N.S.$	6.45±2.52
III Effect on family leisure	5.40±1.02 $t=0.46, d.f.=23, N.S.$	5.65±1.32
IV Effect on family interaction	7.40±1.36 $t=1.92, d.f.=23, N.S.$	5.65±3.054
V Effect on Physical Health of Family members.	0.20±0.40 $t=0.89, d.f.=23, N.S.$	0.80±0.97
VI Effect on Mental Health of Family members	2.00±0.00 $t=0.58, d.f.=23, N.S.$	1.95±0.39
Total Score	30.60±3.55 $t=1.89, d.f.=23, N.S.$	26.00±7.21

## DISCUSSION

In the present study, age break up shows that most of the Schizophrenic patients are under 35 years while most of the Chronic Lung Disease patients are in the above 35 years age group. This is quite expected as both the diseases are more prevalent in the respective age groups. In this sample there are more females included in Schizophrenic group while both sexes are more or less equally represented in the chronic lung disease group. This is a chance finding. Marital Status, economic status and literary status of the patients is similar in both the groups studied. Analysis of type of family and family size reveal no differences.

From the findings it is quite clear that the burden perceived by the families of schizophrenic patients on OPD treatment is significantly high as compa-

red to families of chronic lung disease patients. More families experienced severe burden (84%) in this group. While analysing difference in various categories of burden it was found that there was significantly high financial burden. Effect on family leisure, family routine and family interaction were also significantly high on families of schizophrenic patients. It was found that there was no difference in terms of physical health of other family members while effect on mental health of other family members was also high in families of schizophrenic patients.

When we tried to further analyse whether the burden on families of schizophrenics of two sexes differ in various areas, it was found that excepting financial burden which was significantly high in male patients (Table 3), the rest of the categories of burden revealed no statistical difference. The total scores also did not show any significant difference amongst the two groups. Greater financial burden on the family in male patients is self explanatory since male is traditionally the source of income in families.

Our findings support the view expressed by Mandelbrote & Folkard (1961 a & b) and Wing *et al.* (1964) that the stress caused to the family members by patients' disturbing behaviour was an important factor in deter-

mining the patient's acceptance by the families. Since we are aware of various areas in which the burden is felt more, it gives an indication that the therapeutic programme in community management of schizophrenic patients should include group sessions with the family members in order to make the therapeutic milieu more helpful in the recovery of the patient.

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