Original Article

# A Descriptive Study to Determine the Severity of Depression in Primary Caregivers of Patients of Drugs Use



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## ABSTRACT

**Objective:** The purpose of this study is to identify depression among main cares of drug-using patients.
**Study Design:** Descriptive study
**Place and Duration of Study:** This study was conducted at the Sahara Medical College Narowal from October, 2021 to April, 2022.
**Materials and Methods:** In this study, a total of 116 patients of both sexes were presented. The patients ranged in age from 20 to 60 years. After receiving informed written consent, the patient's full details, including age, sex, and body mass index were collected. In the primary caregivers of patients who used psychoactive substances and depression were measured. The SPSS 24.0 version was used to examine all the data.
**Results:** Among 116 caregivers, females were higher in numbers 67 (57.8%) as compared to males 49 (42.2%). Majority of the cases 75 (64.7%) were married and had poor socio-economic status in 86 (74.1%) cases. Most common abusive drug was alcohol, followed by heroin and cannabis. Family history of mental illness found in 20 (17.2%) cases. We found majority of the cases 80 (68.9%) had duration of care >3years. Frequency of depression was found among 83 (71.6%) caregivers in whom most of the cases 52 (62.7%) had severe, followed by moderate depression in 26 (31.3%) cases.
**Conclusion:** We came to the conclusion that caregivers of patients with substance use disorders are more likely to experience depression, and that early treatment is necessary to improve their mental health.

**Key Words:** Depression, Caregivers, Substance use, Severity

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## INTRODUCTION

Mental disorder is a psychotic disorder whose symptoms are primarily characterized by behavioral or psychological impairment of function, measured in terms of deviation from some normative concept; associated with distress or disease, not just an expected response to a specific event or limited to relationships between a person and society[1]. Although serious mental illnesses such as schizophrenia, major depressive disorder, bipolar disorders, and other types of mental illnesses are categorized in different groups of mental as well as behavioral problems, they all fall under the general category of mental illness[1,2].

This includes neurodevelopmental disorders such as intellectual disability (ID), autism spectrum disorder (ASD), attention deficit/hyperactivity disorder (ADHD), communication disorder, and others.

Mental health issues in kids and teenagers have risen recently, and a World Health Organization (WHO) research from 2001 predicts that by 2020, they will have grown by 50%[3]. According to the WHO, 85% of children with impairments live in underdeveloped nations like Ethiopia[4], where the number is estimated to be between 15-20%[4]. A diagnosis of ADHD had ever been made in around 6.1 million American children between the ages of 2 and 17 as of 2016[5]. Approximate 7.8 million children under the age of 19 in India had disabilities, according to the 2011 Census of India [6]. The total frequency of mental illness was 9.49% in a research done on kids and teenagers in Northeast China. The most prevalent disorders among these mental diseases were anxiety disorders (6.06%), depression (1.32%), oppositional defiant disorder (1.21%), and attention-deficit hyperactivity disorder (0.84%)[4]. The percentage of people with intellectual impairments in Ethiopia was 6.5%, and 30.9% of the overall population with disabilities fell into this age range[5]. Major activities including language, movement, learning, self-help, and independent life are challenging for kids with developmental delays[6,7].

High levels of psychological discomfort and sadness, as well as an increase in the prevalence of medical diseases and personal, monetary, familial, and other

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social issues, are experienced by caregivers of patients with neurological disorders[8]. According to estimates, the prevalence of depression among those who care for people who have mental illnesses is more than twice as high as in the general population[9]. Disruption in daily routines, social interactions, leisure pursuits, and employment are all a part of the burden of sadness experienced by carers of patients with mental illness. Increased physical morbidity and a lower quality of life for carers are also linked to mental illness[10,11].

The younger age of the caregiver and lower levels of education[12], assault by the patient, perceived stigma by the caregivers, more hours of care (per week), older age and length of caregiving[13], lack of religion[14], and a weak social support network[14] have all been found to be positively associated with depression in caregivers of patients with mental illness. The experience of depression among carers of mentally ill patients has also been reported to be positively predicted by increasing length of mental illness and higher number of hospitalizations[12]. Depression further depletes the resources available to the caregiver, raising the expense of care for both the caregiver and the care receiver. Caregiver burnout is more likely to occur and the painful choice to place a loved one in a nursing home may be made when they are sad and overburdened by their caregiving responsibilities. The requirements of the people they look after take precedence above the needs of the care-givers themselves[15]. As a result, caregiver depression is a significant issue[15].

Given the lack of international or national data on the topics and care policies that place the family as the focus of attention, this study aids in raising awareness among this population and provides information that can support the planning of clinical practice interventions with the aim of minimizing individual and societal harm brought on by drug dependence. This study aims to evaluate the quality of life and the existence of depressive symptoms in those who provide care and those who take medication.

## MATERIALS AND METHODS

This descriptive cross-sectional study was conducted in Sahara Medical College Narowal comprised of 116 patients. After receiving informed written consent, patients' full demographics, including age, sex, and body mass index were collected. This research excluded patients with organic brain disorders, chronic illnesses, and mental retardation.

Patients were aged between 20-60 years of age. The sociodemographic information, drug abuse cases, and the attendants or caretakers for these cases were all thoroughly documented. A patient's clinical profile was also noted, along with information about the drug (alcohol, heroin, marijuana, and cocaine). Caretakers were asked for written informed permission. The DSM-5 criteria for depressive disorders were applied to caregivers during the researcher's interviews with respondents. Everything was written down on a performa. The socioeconomic classification was poor (monthly family income 300,000). Education can be classified as primary if it has reached the fifth standard, secondary if it has reached the tenth standard, and higher if it has reached the higher level. SPSS 24.0 was used to analyses all of the data.

## RESULTS

We found 52 (44.8%) cases had age 21-35 years, 36 (31.3%) cases had age 36-50 years and 28 (24.1%) cases were aged between 51-60 years.(figure 1)

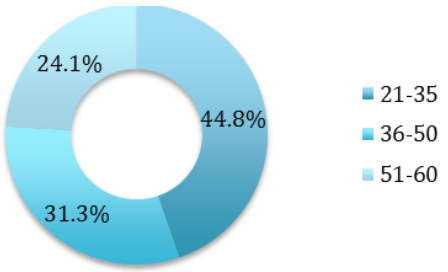


**Figure No.1: Presentation of caregivers with age**

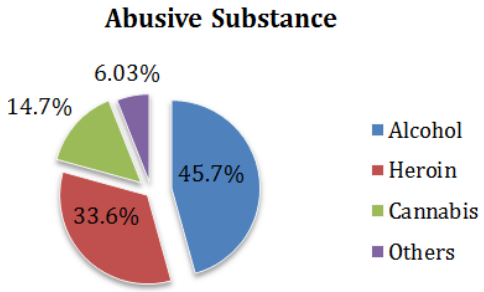


**Figure No.2: Most common abused drug was alcohol, followed by heroin and cannabis.**

Among 116 caregivers, females were higher in numbers 67 (57.8%) as compared to males 49 (42.2%). Majority of the cases 75 (64.7%) were married and had poor socio-economic status in 86 (74.1%) cases. Frequency of un-educated cases were 68 (56.6%).(Table 1)

**Table No.1: Characteristics of Caregivers**

| Variables | Frequency | Percentage |
|---|---|---|
| **Sex** | | |
| Male | 49 | 42.2 |
| Female | 67 | 57.8 |
| **Marital Status** | | |
| Yes | 75 | 64.7 |
| No | 41 | 35.3 |
| **Poor-socioeconomic status** | | |
| Yes | 86 | 74.1 |
| No | 30 | 25.9 |
| **Educated** | | |
| Yes | 48 | 43.4 |
| No | 68 | 56.6 |

Family history of mental illness found in 20 (17.2%) cases. We found majority of the cases 80 (68.9%) had duration of care >3years. (table 2).

**Table No.2: Family history and duration of care**

| Variables | Frequency | Percentage |
|---|---|---|
| **Family history of mental illness** | | |
| Yes | 20 | 17.2 |
| No | 96 | 82.8 |
| **Duration of care** | | |
| <3years | 36 | 31.1 |
| >3years | 80 | 68.9 |

**Table No.3: Frequency of depression**

| Variables | Frequency | Percentage |
|---|---|---|
| **Depression** | | |
| Yes | 83 | 71.6 |
| No | 33 | 28.4 |
| **Age (years)** | | |
| >35 | 24 | 28.9 |
| 25-35 | 55 | 66.3 |
| 21-24 | 4 | 4.8 |

Frequency of depression was found among 83 (71.6%) caregivers in whom most of the cases were age between 25-35 years. (table 3)

Among 83 cases of depression, 52 (62.7%) cases had severe, followed by moderate depression in 26 (31.3%) cases and 5 (6.02%) cases had mil depression. (figure 3)

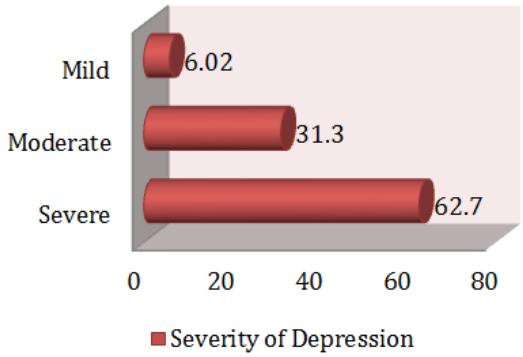


**Figure No.3: Severity of depression among all cases**

# DISCUSSION

We think that our nation is diverse, has the biggest population in the world, and has a sizable number of drug abuse cases. Younger age groups are consuming more alcohol,[16,17] showing a growing worry about substance misuse. Therefore, it is important to comprehend the numerous facets of the relationship between drug use disease and the family in the setting of Pakistan.

In our study 116 caregivers were presented. Majority was females 57.8% and had poor socio-economic status. Results of our study was comparable to the previous researches in which women were double in numbers than men.[18,19] In current study, frequency of depression was found among 83 (71.6%) caregivers in whom most of the cases were age between 25-35 years. A recent Egyptian research that examined populations with clinical drug abuse found a substantial correlation between depression and anxiety disorders, depression, and clinical substance misuse. 97% of the population suffers from some form of depression, according to their statistics.[20] Geoffrey Maina and colleagues[21] discussed their experiences providing care for people with substance use disorders, revealing that 77.27% of the participants were female. They also revealed that providing care for people who are addicted to substances can exacerbate issues like depression, anxiety, worry, guilt, and anger in the family. It was determined that caring for someone with a drug use disorder had a major influence on mental and physical health, necessitating the development of certain techniques to assist the caregiver in taking care of themselves.

Another study done in Mumbai, India, found that 34 out of the 80 primary cares of patients with substance dependence exhibited severe forms of depression.[22] These results validate our conclusions. In our analysis, among 83 cases of depression, 52 (62.7%) cases had severe, followed by moderate depression in 26 (31.3%) cases and 5 (6.02%) cases had mil depression. The severity of depression symptoms typically gets worse as the length of treatment lengthens. Depression was substantially related with the lack of a second caregiver at home for kids and teenagers who had mental illnesses. Respondents who had no additional caregivers had around a threefold increased risk of getting depression compared to those who did. The research conducted in Muscat[23] was consistent with this. The stress of caring and limitations on social interaction, which cause feelings of despair and loneliness, may be the cause. Another thing that is not unexpected is that depression develops when there isn't another family member available to help out with caring.

The age of the kid has a substantial influence on the caregivers' psychological well-being, according to a research by Obembe et al[24,25]. A Korean study on family functioning and the burden of parents of children with CP also demonstrates this. The causes of such a discovery might be attributed to many pressures in a caregiver's life, including the physical stress of transferring the kid, the emotional stress of worrying about the child's future, and the financial stress of paying for the child's medical care.[26]

According to a local survey, there is a prevalence of sorrow and anxiety among caretakers of people with drug use disorders of 65 percent and 46.2%, respectively. According to reports, "caregivers" with drug use disorders frequently experience "depression and worry." The strategies for caregiver wellbeing

should be used in order to enhance the entire rehabilitation process.[27]

Another qualitative trial[28] outlines caregiver requirements, challenges, and coping mechanisms. They demonstrate how family caregivers and drug users may significantly impact social, psychological, and economic elements, and how, as a result of this social stigma, the caregivers have little access to social assistance in their surroundings. Caregiving may be hampered as a result of internal family conflicts caused by this factor. The caregivers noted that in order to meet the requirements of people with drug use disorders, financial support is a priority since these people frequently have to sell their property in addition to taking out loans or borrowing money.

# CONCLUSION

We came to the conclusion that caregivers of patients with substance use disorders are more likely to experience depression, and that early treatment is necessary to improve their mental health.

**Author's Contribution:**

| | |
|---|---|
| Concept & Design of Study: | Ghulam Hassan |
| Drafting: | Muhammad Tariq, Nauman Mazhar |
| Data Analysis: | Nauman Mazhar, Iqra Akram |
| Revisiting Critically: | Ghulam Hassan, Muhammad Tariq |
| Final Approval of version: | Ghulam Hassan |

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

# REFERENCES


1. Sadock BJ, Sadock VA. Kaplan and Sadock's synopsis of psychiatry: behavioral sciences/clinical psychiatry: Lippincott Williams & Wilkins; 2011.
2. Edition F. Diagnostic and statistical manual of mental disorders. Am Psychiatr Assoc 2013.
3. Organization WH. The world health report 2001: mental health: new understanding, new hope: World Health Organization; 2001.
4. Organization WH, Organization WH. Disability and rehabilitation WHO action plan 2006–2011. Geneva, Switzerland: World Health Organization; 2006.p.1–7.
5. Gragnolati M. India's undernourished children: a call for reform and action: World Bank Publications; 2006.
6. Xiaoli Y, Chao J, Wen P, Wenming X, Fang L, Ning L, et al. Prevalence of psychiatric disorders among children and adolescents in Northeast China. PLoS One 2014;9(10):e111223.
7. Estes A, Munson J, Dawson G, Koehler E, Zhou XH, Abbott R. Parenting stress and psychological functioning among mothers of preschool children with autism and developmental delay. Autism. 2009;13(4):375–87.
8. Verama R, Sharma S, Balhara YPS, Mathur S. Anxiety and depression among the caregivers of patients with neurological illness. Delhi Psychiatr J 2011;14(1):120–123.
9. Magana SM, Ramirez Garcia JI, Hernández MG, Cortez R. Psychological distress among Latino family caregivers of adults with schizophrenia. Psychiatr Serv 2007;58(3):378–384.
10. Sobieraj M, Williams J, Marley J, Ryan P. The impact of depression on the physical health of family members. Br J Gen Pract 1998;48 (435):1653–1655.
11. Caqueo-Urízar A, Gutiérrez-Maldonado J, Miranda-Castillo C. Quality of life in caregivers of patients with schizophrenia: a literature review. Health Qual Life Outcomes 2009;7:84.
12. Singh M, Sousa AD. Factors affecting depression in caregivers of patients with schizophrenia. J Ment Health Hum Behav 2011;16(2):87–94.
13. Murray-Swank AB, Lucksted A, Medoff DR, Yang Y, Wohlheiter K, Dixon LB. Religiosity, psychosocial adjustment, and subjective burden of persons who care for those with mental illness. Psychiatr Serv 2006;57(3):361–365.
14. Song LE, Biege DE, Milligan SE. Predictors of depressive symptomatology among lower social class caregivers of persons with chronic mental illness. Community Ment Health J 1997;33(4): 269–284.
15. Murray-Swank AB, Lucksted A, Medoff DR, Yang Y, Wohlheiter K, Dixon LB. Religiosity, psychosocial adjustment, and subjective burden of persons who care for those with mental illness. Psychiatr Serv 2006;57(3):361–365.
16. Sun X,Ge J, Meng H, Chen Z,Liu D The influence of social support and care burden on depression among caregivers of patients with severe mental illness in rural areas of Sichuan. China Int J Environ Res Public Health 2019;16:1961
17. Nisa Z, Haider A, Monica V, Das K, Raza R. Depression and anxiety in caregivers of substance users. JPPS 2019;16(2): 31-5.
18. Minichil W, Getinet W, Derajew H, et al. Depression and associated factors among primary caregivers of children and adolescents with mental illness in Addis Ababa, Ethiopia. BMC Psychiatr 2019;19:249.
19. Derajew H, Tolessa D, Feyissa GT, Addisu F, Soboka M. Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia. BMC Psychiatr 2017;17(1):88.

20. Mohamed II, Ahmad HEK, Hassaan SH, et al. Assessment of anxiety and depression among substance use disorder patients: a case-control study. Middle East Curr Psychiatr 2020;27:22.
21. Maina G, Ogenchuk M, Phaneuf T, et al. I can't live like that": the experience of caregiver stress of caring for a relative with substance use disorder. Subst Abuse Treat Prev Policy 2021;16:11.
22. Nageswaran K, et al. Level of Depression among Primary Caregivers of Patients with Substance Abuse. Int J Recent Sci Res 2017;8(5):16920-22
23. bembe OB, Adeyemo S, Ogun OC, Ijarogbe GT. The relationship between coping styles and depression among caregivers of children with cerebral palsy in Nigeria, West Africa. Arch Clin Psychiatr 2019;46:145–50.
24. Lee HJ, Eo YS. A study on family functioning and burden of parents with cerebral palsy children. Child Health Nursing Research. 2000;6:199–211
25. Terzi R, Tan G. Musculoskeletal system pain and related factors in mothers of children with cerebral palsy. Agri 2016;28:18–24.
26. Delgado PG. Sobrecarga do cuidado, solidariedade e estratégia de lidanaexperiência de familiares de Centros de AtençãoPsicossocial. Physis-Revista de Saúde Coletiva 2014;24(4):1103–26.
27. Perkonigg A, Settele A, Pfister H, Hofler M, Frohlich C, Zimmermann P, Wittchen HU. Where have they been? Service use of regular substance users with and without abuse and dependence. Soc Psychiatry Psychiatr Epidemiol 2006;41(6): 470–479.