Some Demographic Variables of Chronic Psychiatric Patients and their Caregivers

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Abstract:

Background: Social care services and relative caregivers constitute an important part of the supportive network around patients with chronic psychotic illness. Family intervention reduces relapse and admission rate, and improves compliance. Good family outcome is predicted by the period of hospitalization, level of education, gender, marital status, and the age at onset of psychosis.

Objectives: To explore the effect of demographic variables of patients with psychotic and mental disorders on their relative caregivers.

Methodology: A total number of (438) medical files of patients with chronic psychiatric and mental disorders were studied. Demographic data were collected about the patients in addition to data about social relationship of their family-members who care for them.

Results: Males attended visits at a higher rate than females. There was no significant association between the social relationships of the family-members with the patient's educational level, while it was significantly associated with marital status of the patients.

Conclusion: Patient's demographic characters play a role in determining the level of the family care. Better understanding is needed through further studies to enhance the relationship between the patients and their caregivers.

Keywords: demographic variables psychiatric caregivers

Introduction:

A well functioning and supportive network around a person with mental illness has been shown to reduce relapses [1,2]. An earlier study conducted by Ostman and Hansson [3] reported a relationship between the relatives mental health and family burden, as well as participation in care and the relatives own need for support.

One of the early trials showed that a combination of psychological treatment (a social intervention to reduce family tension) and anti psychotic drugs were more effective than drugs on their own [4]. Family intervention reduces relapse and admission rate, improves compliance [5] but it imposes additional cost through household expenditure, travel costs or lost earning. There is also the opportunity cost of career's time; the impact on particular families can obviously be large, although difficult to measure accurately [6]. Relatives who show warmth to the patient can improve the outcome of the illness [7]. A poor outcome in term of social functioning and community integration is associated with loss of employment, while good outcome is predicted by short period of inpatient hospitalization, high level of education, being married male gender, and not having a late onset of psychosis [8].

Health professionals should encourage patients and families to join others in similar situation to find mutual support, affirmation and possibly to become active in the consumer movement [9].

Objective:

To explore the effect of the demographic variables of the patients with mental and psychiatric illnesses on their relative caregivers.

Methodology:

This study was conducted at Al-Rashad teaching hospital for mental and psychiatric diseases from 10th April through May 2004. This hospital is the biggest specialized hospital that serves patients from all provinces of Iraq. The psychiatric aspect managed by well qualified psychiatrists assisted by well trained medical staff.

Medical files (case sheets) belonging to 438 inpatients with chronic psychiatric illnesses were revised, medical files of patients admitted to the forensic psychiatric ward had been excluded. Information about age, sex, educational level, marital status, and residency were collected; additional information about the patients and their visitors were taken from the responsible nurse of each ward, who was very alert to the patients under his responsibility and to their family caregivers. Family-members visits and patient's leaves (usually few days) were taken as indicators of social relationship with patients.

Data were grouped and analyzed by computer using Access program 2000, Results were tested by chi-square test of significance to identify the relationship between different variables using Epi Info version 6 program. P-value of 0.05 was used as cut off level for significance.

Results,

Patients visited by their family members constitute (262) out of (423) in a rate of (62%), the remaining (15) medical files were excluded because the age was not recorded. Young age group at 20-29 years had the highest rate of family visits (76%), this rate decreased with the increasing age. Chi-square test was significant for family member visiting (X^2 = 9.23, p = 0.026). Leaves were very low and limited to young age group (Chi-square test with Fissure Exact correction after pooling of rows was 0.52, p = 0.228) which is not significant. **(Table 1)**

Table-1- Distribution of patient's visits and leaves according to age group of the patients.

Age	Patient's visit*					Leaves**				
	Yes		No		total	Yes		No		total
	No.	%	No.	%		No.	%	No.	%	
20-29	56	76	18	24	74	6	8	68	92	74
30-39	109	63	65	37	174	15	9	159	91	174
40-49	56	57	43	43	99	3	3	96	97	99
50-59	36	56	28	44	64	-		64	100	64
60-	5	42	7	58	12	-		12	100	12
Total	262	62	161	38	423	24	23	399	77	423¤

¤ (15) Case sheets were excluded (Age was not recorded).
* X^2 = 9.23, df = 3, P-value = 0.026
** X^2 = 0.52, df = 2, P-value = 0.228

Males attended visits at a rate of (69%), it was higher than that of females (55%).there was a significant association between visiting and sex (X^2 = 0.14, df =1,P = 0.0043), in addition to that z-test showed that there was a significant difference between male and female patients in being visited by their family-members (P = 0.0013). Male has got higher rate of leaves (8%) than female (4%) but there was no significant association (X^2 = 3.2, df = 1, P-value = 0.07), yet z-test showed that there was a significant difference between both sexes (p = 0.03). **(Table-2)**

There was no significant association between visits and leaves on one hand and patient's educational level on the other hand (X^2 = 8.78, df = 4, P value = 0.0667) and (X^2 = 0.49, df = 2, P value = 0.78) respectively. **(Table-3-)**

Table-2- Distribution of patient's visits and leaves according to patient's sex.

Sex	Patient's visit*					Leaves**				
	Yes		No		total	Yes		No		total
	No.	%	No.	%		No.	%	No.	%	
Male	150	69	69	31	219	18	8	201	92	219
Female	121	55	98	45	219	9	4	210	96	219
Total	271	62	167	38	438	27	6	411	94	438

* X^2 = 0.14 df = 1 P-value = 0.004 z-test reveal P=0.0013
** X^2 = 3.2 df = 1 P-value = 0.07 z-test reveal P=0.03

Table-3- Distribution of patient's visits and leaves according to patient's educational level.

Educational status	Patient's visit*					Leaves**				
	Yes		No		total	Yes		No		total
	No.	%	No.	%		No.	%	No.	%	
Illiterate	85	57	65	43	150	8	4	144	96	150
Primary	68	68	31	32	99	7	9	90	91	99
Intermediate	33	60	22	40	55	5	7	51	93	55
Secondary	24	68	11	32	35	2	9	32	91	35
Higher	25	61	16	39	41	2	5	39	95	41
Total ¤	235	62	145	38	380	24	6	356	94	380

¤ (58) Case sheets were not included because the educational level was not recorded.
* $X^2 = 8.78$ df = 4 P-value = 0.067
** $X^2 = 0.49$ df = 2 P-value = 0.78

Marital status of the patients have got significant association with family member's visiting ($X^2 = 15.98$, df = 3, P. value = 0.001) but not with patient's leaves ($X^2 = 2.14$ df = 2, P = 0.343. Unmarried were visited at a highest rate (67%), while the widowed came at the bottom of the list (42%). **(Table-4-)**

The majority of patients 340(84%) came from urban area. Still families from both sectors: urban & rural visited their patients in nearly equal rates (64%) & (68%) respectively. Statistically there was no significant association between residency and patient's visiting ($X^2 = 0.52$, df = 1, P = 0.47) and leaves (Fissure exact correction reveal P. value of 0.331). **(Table-5-)**

Table-4- Distribution of patient's visits and leaves according to patient's marital status.

Marital status	Patient's visit*					Leaves**				
	Yes		No		Total	Yes		No		Total
	No.	%	No.	%		No.	%	No.	%	
Married	31	63	18	37	49	2	4	47	96	49
Unmarried	182	67	88	33	270	19	7	251	93	270
Divorced	35	44	44	56	79	2	3	77	97	79
Widowed	6	42	8	58	14	1	1	13	93	14
Total ¤	254	62	158	38	412	24	6	388	92	412

¤ (26) Case sheets were excluded because the marital state was not recorded.
* $X^2 = 15.98$ df = 3 P-value = 0.001
** $X^2 = 2.14$ df = 2 P-value = 0.343

Table-5- Distribution of patient's visits and leaves according to residency.

Residency	Patient's visit*					Leaves**				
	Yes		No		total	Yes		No		Total
	No.	%	No.	%		No.	%	No.	%	
Urban	216	64	124	36	340	24	7	316	93	340
Rural	45	68	21	32	66	3	5	63	95	66
Total ¤	261	64	145	36	406	27	7	379	93	406

¤ (32) Case sheets were excluded because the residency was not recorded.
* $X^2 = 0.52$ df = 1 P-value = 0.47
** X^2 (Fissure Exact correction) P-value = 0.331

Discussion:

Good Family care directed toward young patients with recent onset diseases is expected but with the time and due to the chronic course of such diseases, families started to fade up so their care decreased. Males took a higher rate of care probably because of the social norm in our society in their attitude toward different sexes; some males have got a job prier to their illness that is why they were taken in short leaves in order to receive their payments; lastly families may feel more stigmatized with the female patients.

Unmarried has got high social support from their parents, brothers and sisters that reflect good familial links, while the husband and the wife may feel more embarrassed with the illness of their partners or the illness had resulted in a lot of marital problems or separation.

There was no difference in care between families from rural or urban origin. As expected, families in the same province pay a higher rate of

visiting to their patients, because of the security limitations, difficulties in transportation, and the cost wise matter which was affected by the deteriorated economic status of the Iraqi families and as the mental disorders may run in families or had some hereditary background.

Conclusions:

Patients and their families are in need to be supported economically and to be covered in a better way by the governmental and non governmental sectors.

Social variables played a role in determining the level of family relationship. Better understanding is needed through further studies to enhance this relationship.

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