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A Study of Family Burden of Close Caretakers of Drug Addict Patients

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ABSTRACT

Drug addiction, in its most form is serve and usually long lasting, causing maximum disability. The burden of care on the family members of patients with drug addiction becomes much more compared to other mental disorders. 60 drug addict patients diagnosed as per ICD-10 criteria with at least two years duration of illness were identified in Psychiatry Department, BPS Govt. Medical College Khanpur Kalan, Sonepat. The close care takers of family members of these patients were studied by administering the scale of family burden (Family Burden Schedule). The result of study have revealed that longer the duration of illness greater the overall burden. The study has shed significant light on family and social consequences of drug addiction.

KEYWORDS : Drug Addiction, Burden, Family Members.

INTRODUCTION

Substance abuse and other addictive behaviour disorders are among the most prevalent mental health disorders in most of the societies all over the world. Significant health and social costs are attributed to excessive involvement with alcohol, nicotine, illicit, drugs, prescription drugs, industrial solvents and impulse control problems. Current substance abuse or dependence is present in 11% of the population and nearly 27% have met criteria during their life time (Kessler et al, 1994). Alcohol is the most widely used intoxicating substance. Illicit drug use has increased in recent decades and prevalence rates of individual substances fluctuate over time. Nearly 36% of US population over the age 12, has used on illicit drug in their life time (SAMHSA, 1995). Illicit drugs present particular medical risks because the content of any drug obtained on the street is specified. These drugs are at risk for HIV, hepatitis infections, vein deterioration and endocarditic (Peterson et al, 1998).

From the beginning of the community mental health movement in the era of 1960's there has been a shift from traditional custodial care to community care. Majority of the psychiatric patients and addicts live in community with their families. Treating such patients at home although decrease the load on the hospital, reduces financial strains, helps early recovery and prevents chronic handicap but it increase the burden on the family and the community. Family burden as per the Goldberg and Huxley (1980) is defined as the adverse effect the patient has upon his family. Pai & Kapur (1981) state burden as difficulties felt by the family of an addictive patient. Addictive behaviour disorders, and the disabilities associated with them, place a burden on the care givers and the family as a whole in the areas such as financial, social and emotional. The care-givers are likely to experience prolonged depression, guilt, shame or anger over the patients or at themselves. Caregivers of addictive patients experienced significant family burden. This observation prompted us to measure the family burden of caregivers of addictive patients in our clinical setting.

MATERIAL AND METHODS:

The present study was carried out in the Psychiatry Department, BPS Govt. Medical College Khanpur Kalan, Sonepat.

SAMPLE:

60 drug addict patients along with their caretakers attending the Psychiatry Department, BPS Govt. Medical College Khanpur Kalan, Sonepat comprised the study sample. The subjects were caretakers of drug addicts who accompanied the patients to the Psychiatry department and de-addiction centre for treatment purpose.

DIAGNOSIS:

The patients were diagnosed as per DSM-IV criteria for addictive behavior disorders. Only those addictive patients with duration of illness 6 month or more were included in the study.

RESEARCH DESIGN

A comparative research design was adopted for the study to compare the family burden between two groups of caretakers of addictive patients based on duration of illness. First group consisted of shorter duration of addictive illness (<2 yrs) whereas the second group consisted of the relatives of longer duration of addictive illness (>2yrs). Information regarding socio-demographic variables was collected. Family burden was assessed by using the schedule for the assessment of family burden (SAFB, Pai and Kapur, 1981). The total scores of family burden in the caretakers of addictive patients were compared on the basis of shorter (<2yrs) and longer (>2yrs) duration of addiction. The data obtained was statistically analyzed by't' test.

TOOL OF ASSESSMENT

Schedule for the Assessment of Family Burden (SAFB, Pai and Kapur, 1981): This is a semi structured interview schedule to assess the burden on families of psychiatric patients living in the community. Reliability of the interview schedule was about 90% for 20 items and between 87 and 89% for the other 4. Regarding validity the reported coefficient of correlation is 0.72 (d.f. = 1).The objective burden was calculated by adding up the scores. The maximum objective score that could by scored was 48. A score of 0-24 was assigned moderate burden and 25-48 severe burdens respectively. The relatives were made to understand the purpose of the study. They were encouraged to answer the questions of the questionnaire honestly without any bias. The data so obtained was subjected to statistical analysis.

TABLE- I SOCIODEMOGRAPHIC PROFILE OF THE SAMPLE (CARETAKER)

Variables	No of caretakers (n= 60)	% age
1. Gender		
Males	30	50%
Females	30	50%
2. Marital status		
Married	56	93.33%
Unmarried	4	6.66%
3. Domiciles		
Urban	22	36.66%
Rural	38	63.33%
4. Relationship with patient		
Parents	35	58.33%
Spouse	18	30%

Children	2	3.33%
Others	5	8.33%
5. Employment status		
Employed	18	30%
Unemployed	22	36.66%
Other	20	33.33%

TABLE – II COMPARISON OF FAMILY BURDEN IN CARETAKERS BASED IN DURATION OF ILLNESS OF DRUG ADDICT PATIENTS

Sr. No.	Variables	Group - I Short Duration of Illness (<2years)		Group – II Longer Duration of Illness (>2years)		t-values	P value
		Mean	SD	Mean	SD		
1	Financial Burden	3.27	1.96	5.53	1.99	4.38	P<0.05 Significant
2	Effect on Family Routine	3.77	2.09	3.43	2.50	0.565	P>0.05 NS
3	Effect on Family Leisure	2.63	1.67	3.27	2.53	1.142	P>0.05 NS
4	Effect on Family Interaction	2.53	2.03	2.8	2.22	0.486	P>0.05 NS
5	Effect on Physical Health of other Family members	1.13	0.97	1.53	1.07	1.498	P>0.05 NS
6	Effect on Mental Health of other Family members	1.7	0.87	2	0.87	1.321	P>0.05 NS
	Total	15.03	6.13	18.57	8.09	1.88	P>0.05 NS

RESULTS:-

Table II shows the following results of family burden of caretakers. The overall family burden mean scores of caretakers of longer (18.75 ± 8.09) and shorter (15.03 ±6.13) duration of addictive patients do not show statistical significance.

Financial Burden mean scores were statistically more significant among caretakers of addictive patients with longer duration of illness (mean 5.33 ±1.99) as compared to that of shorter duration of illness (mean 3.27 ±1.96). Finding shows that longer the duration of illness, greater is the burden experienced.

However, mean scores of family burden on various items like effect on family routine, effect on family leisure, effect on family interaction, effect on physical health of other family members, effect on mental health of other family members and subjective burden were higher for the caretakers of longer duration of drug addiction as compared to that of shorter duration of illness, but result were not statistically significant. The nature of addictive illness being chronic and disabling impacts burden on the caretakers of addictive patients.

DISCUSSION:

This was a hospital based study on substance dependent individuals registered in the Psychiatry Department, BPS Govt. Medical College Khanpur Kalan, Sonepat. Initial one to one interaction helped to establish rapport, then a formal interview with subjects and subsequently with their family was conducted. Almost always information was forthcoming, except for current legal status, and illegal activities. Although a bit evasive, fairly adequate information could be gathered on persuasion, even in these areas. The study examined the burden perceived by family members of addictive patients using the 'Family Burden Schedule 'Pai and Kapur, 1981 of close caretakers of addictive patients. The term burden is defined and perceived differently by different people. For the research purpose, burden has been operationally defined as 'effects of subject upon family' on various areas, namely financial, family routine, family leisure, family interaction, and physical & mental health of others. The financial burden, one of the major burden areas, is likely to be experienced by the families due to loss of patient's income and use up of funds to procure substances they are dependent upon (Bush et al., 1996). Substance abusers generally lack social skills and, thus have difficulties in engaging in appropriate and rewarding forms of interpersonal interactions which are necessary for satisfaction of human needs (O'Leavy and Donovan, 1976).

Out of 60 caretakers 30 were males and rest was females. Most of the caretakers (93.33%) were married and majority of the belonged to rural area. Care giving to the addictive patient was provided chiefly by parents.

The main findings of this study are that caretakers of both the groups of shorter and longer duration of drug addict patients experienced burden in the areas assessed which include financial, effect on family routine, effect on family leisure, effect on family interaction, effect on physical health of other family members and effect on mental health of other family members. While studying family burden in drug addict patients observed that more than 50% of key relatives reported 'severe' burden. Gautam and Nijhawn in their study reported that 52.0% of relatives of chronic lung disease patients had perceived moderate burden, 44.0% had perceived severe burden, and only 4.0% perceived no burden Gautam and Nijhawan, 1986 and Baily, 1962. Opioid dependent individuals are likely to cause increased burden because schizophrenia patients are comparatively less troublesome for others, except during excitation phase, whereas opioid dependent individuals exhibit not only their deviant behavior under the influence of or during withdrawal, but they are more quarrelsome, demanding, incapable of managing money matter, stealing, selling properties leading to making life miserable.

The burden experienced in the financial areas was significantly high among the caretakers of longer duration of illness (>2yrs) as compared to caretakers of shorter duration of illness (<2yrs) of drug addict patients. This is evident that due to longer duration of illness, specifically if the patient is bread earner in the family than the income incurred by the patient, stops. Similarly, the caregivers due to the chronicity of the illness have to spend a part of their income on them, may also stop earning/loose their job because of care giving process for a longer time. Moreover, similarly due to choronicity cost of maintains of treatment, frequent hospitalization etc. increased the financial burden. Sequeira et al. (1990) and Beckett (1974) reported that longer duration of drug addiction placed more burdens in the family.

Prasad (1996) assessed family burden and orientation toward mental and reported that financial difficulties were perceived as most burdensome illness by the caregivers of drug addict patients. This is in consensus with the findings of the present study.

CONCLUSION:

The present study is an attempt to compare family burden among caregivers of drug addict patients on basis of duration of illness. The findings of this study indicate that there is

significant difference in the burden experienced by the caretakers of longer duration of illness of patients in the financial area. These findings have a bearing for the psychological management of drug addict patients, implicating that considerations should be given to the financial aspect of drug addict patients with a longer duration of illness. While managing the cases medication should, be provided on concessional rates to meet the financial needs. Drug addict patients may be involved in occupational therapy so that they become less dependent on their families and they learn to be gainfully employed in some activity.

LIMITATION:

Our sample size is small, only 60 caretakers represented the study sample. However, results with larger number of caretakers would have been more meaningful.

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