Original article

Effect of Psychoeducation on Caregivers' Burden of Patients Suffering from Obsessive Compulsive Disorder

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ABSTRACT

Background: In chronic mental disorders a considerable burden is placed on persons involved in care. Therapeutically, an evidence-based intervention for patients and their families is psychoeducation that provides information and support to help such individuals having a better understanding of the illness to cope well with it. The objective of study was to determine the effect of psychoeducation on caregivers' burden of patients suffering from obsessive-compulsive disorder.

Subjects and methods: A randomized double-blinded controlled trial was conducted at the psychiatry department of Sir Ganga Ram Hospital on 80 caregivers having scores above 23 on the family burden interview schedule and did not have any psychoeducation session in the previous 6 months. They were divided into two equal groups (40 each). The intervention group received four psychoeducation sessions for one month and the control group was not provided psychoeducation sessions. At the end of four weeks, the family burden interview schedule scores were noted down on proforma and SPSS version 23.0 was used to enter and analyze the data.

Results: The mean age of participants in the intervention versus control group was 28 $\pm$ 4.84 *vs.* 29 $\pm$ 4.62 years. With respect to gender, in the interventional group, there were 18 (24%) males and 20 (26.7%) females and in the control group there were 14 (18.7%) males and 23 (30.7%) females There was a significant difference in mean FBIS score at 4 weeks was 21 $\pm$ 4.29 and 33 $\pm$ 5.87 respectively (p-value<0.05).

Conclusion: Psychoeducation was effective in reducing the caregivers' burden of patients suffering from obsessive-compulsive disorder.

Keywords:
Obsessive-compulsive disorder, Caregiver, Burden

INTRODUCTION

Obsessive-compulsive disorder (OCD) is a common debilitating psychiatric condition.[1] It is described by repetitive intrusive irresistible and distressing thoughts, images or impulses and/or behaviors. The lifetime prevalence of obsessive-compulsive disorder is approximately determined to be around 1-3%.[2] The symptoms can last long despite treatment leading to poor quality of life and ultimately entanglement of caregivers.[3,4]

A caregiver burden is emotional, financial, social and occupational dysfunction affecting unfavorably family members of chronic mental.[5,6] Caregivers often manage changing demands and unexpected problem behaviors of patients.[7] Psychoeducation is evidence based therapeutic intervention for patients and their families that provide information and support to better understand and cope with illness.[8]

Research on the psychological intervention of family behaviours showed that there was a considerable decrease in family accommodation after guidance and a decrease in illness severity in patients.[9] A study conducted by Heidari on the effect of family empowerment by psychoeducation on caregiver's burden of obsessive-compulsive disorder showed a considerable reduction in caregiver's burden after intervention in the experimental group as compared to the control group.[10]

A randomized controlled study on family-based intervention in obsessive-compulsive disorder concluded that the intervention group responded better as illness severity in patients and family accommodation and expressed emotion decreased significantly in caregivers.[11] Limited data is available to see the role of family based intervention techniques in caregivers of obsessive compulsive disorder patients in Pakistan. So

Conflict of interest: The authors declared no conflict of interest exists.
Citation: Naz M, Fatima A, Butt A, Rashid A. Effect of Psychoeducation on caregiver's burden of patients suffering from obsessive compulsive disorder. J Fatima Jinnah Med Univ. 2024; 18(1):000-000.

DOI: http://doi.org/10.37018/1257

current study not only provided insight into caregiver's issues, measuring severity of burden of care but also gave knowledge of how family intervention techniques like psychoeducation can help in reducing severity of burden. The results of this study can be used in future making psychoeducation a routine practice to help caregivers. Therefore the present study was conducted to determine effect of psychoeducation on caregiver's burden of patients suffering from obsessive-compulsive disorder.

SUBJECTS AND METHODS

The sample of 80 was calculated by maintaining the confidence level of 95%, power of study of 80%, and mean caregivers burden score of 33.52 with a standard deviation of 7.87 in the interventional group after psychoeducation as compared to 29.89 with a standard deviation of 2.15 in the control group.[10] All the caregivers of obsessive-compulsive disorder patients who have a cutoff score of 23 or above on the family burden interview schedule before psychoeducation sessions, caregiving duration of at least 6 months, aged between 18-45 years old and can read and understand Urdu were enrolled in the current study. Any medical and psychiatric illness in caregivers and those who have attended any other psychoeducation session in the previous six months were excluded from the study. After IRB and ERC approval a randomized controlled trial was conducted from March 2021 to March 2022 at the Psychiatry Department of Sir Ganga Ram Hospital Lahore on a total of 80 patients (40 in each group). Only those who signed the informed consent form, and their demographic information such as age, gender, education and occupation were gathered by filling out the proforma. The family burden interview schedule scores having six subscales were noted down at baseline by the principal investigator.

The caregivers were then categorized by co-investigator-1 into two equal groups using randomized block technique. Concealment was also done by co-investigator-1 using sequentially numbered, sealed and stapled envelopes containing details of the allocated group. The caregivers in the interventional group were provided with 4 psychoeducation sessions for one month by a clinical psychologist (co-investigator -2). One session per week was conducted and the duration was 30-40 minutes.

The caregivers in the control group were not provided psychoeducation sessions as per the study protocol. However, during the study, few caregivers were found to have severe psychological issues he/she was given crisis intervention.

At end of four weeks, family burden interview schedule was noted down on proformas for both intervention and control group by principal investigator and findings were subjected to statistical analysis. During the entire study period, if any caregiver needed any help or assistance it was provided to him/her.

SPSS version 23.0 was used to enter and analyze the data. For quantitative variables like age and family burden interview schedule score, mean+/- SD were calculated. For qualitative variables like gender, marital status, occupation and education, frequencies and percentages were assessed. Data was stratified for age, gender and family burden interview schedule score. Independent sample t-test and paired sample t-test were applied to compare the effect of both groups and p-value <0.05 was regarded as significant

RESULTS

A total of 80 patients were enrolled in the study out of which 5 patients dropped out. 2 participants dropped out of the intervention group and 3 participants dropped out of the control group. So, 38 patients in the interventional group and 37 patients in the control group completed the study. The demographic characteristics are given in (Table 1). The mean scores on different subgroups of FBIS at baseline and at 4 weeks in (Table 2) showed no significant difference at baseline but a statistically significant difference was present at the 4th week.

Table 1: Baseline characteristics of caregivers

Characteristics	Control group	Intervention group
Age(Mean±SD)	28±4.84	29±4.62
Gender		
Male	14 (18.7%)	18 (24%)
Female	23 (30.7%)	20 (26.7%)
Education		
Illiterate	3 (4%)	3 (4%)
Matriculation	11 (14.7%)	13 (17.3%)
Graduation	18 (24%)	19 (25.3%)
Post Graduation	6 (8%)	2 (2.7%)
Marital status		
Single	16 (21.3%)	14 (18.7%)
Married	19 (25.3%)	22 (29.3%)
Separated/divorced	2 (2.7%)	2 (2.7%)
Occupation		
Employed	23 (30.7)	19 (25.3%)
Unemployed	14 (18.7%)	19 (25.3%)
Relationship with patient		
Mothers	16 (21.3%)	15 (20%)
Fathers	1 (1.3%)	1 (1.3%)
Siblings	3 (4%)	3 (4%)
Wives	6 (8%)	6 (8%)
Husbands	11 (14.7%)	11 (14.7%)

Table 2: Mean scores on different burden subscales of FBIS at baseline and at 4 weeks in both groups

Burden subscales	Control group	Intervention group	p-value[a]
Financial			
At baseline	8±1.65	8±1.55	0.435
At 4 weeks	9±1.46	5±1.47	0.545
Routines			
At baseline	9±1.53	8±1.55	0.848
At 4 weeks	9±1.74	5±1.18	0.041
Leisure			
At baseline	5±0.83	4±0.84	0.500
At 4 weeks	4±1.00	3±0.71	0.031*
Interaction			
At baseline	3±1.03	5±1.07	0.066
At 4 weeks	4±1.00	3±0.76	0.000*
Physical health			
At baseline	3±0.75	3±0.75	0.698
At 4 weeks	3±1.3	2±0.57	0.047*
Psychological health			
At baseline	5±1.37	5±1.37	0.529
At 4 weeks	5±1.29	3±1.00	0.036*

[an] independent sample t-test, p-value<0.05 was considered as significant

Table 3: Comparison of mean FBIS score and paired sample t test at baseline and at 4 weeks between both groups

Group	N	At Baseline	At 4 Weeks	p-value
Intervention	38	34±5.45	21±4.29	0.660
Control	37	35±5.78	33±5.87	0.016*

The overall mean FBIS score at baseline and at 4 weeks is given in (table 3). Independent t-test was used to compare the overall FBIS score at baseline and at 4 weeks and it was revealed that there was no difference in the mean FBIS score at baseline (p=0.660), however at 4 weeks there was a significant difference in the mean FBIS score in both groups (p=0.016) (Table3).

DISCUSSION

Substantial evidence has been yielded by previous researches regarding effects of psychoeducation on high levels of burden, emotional distress, financial issues and stigma attached to the illness for caregivers.[12] Therefore this study was conducted to see the effects of psychoeducation on these domains. The current study revealed that for decreasing the severity of caregiver's burden of patients with obsessive compulsive disorder, psychoeducation was significantly effective in reducing the mean scores on family burden interview schedule scale compared to control. A study carried out by Heidari showed that there was a significant decrease in the mean scores of depression, anxiety and stress in the group that received psychoeducational intervention compared to the control group. There was a significant decline in the caregiver's burden score in the interventional group compared to the control group (F=24.70, p<0.001).[10]Baruah and colleagues carried out a study to assess the effectiveness of brief psychotherapeutic intervention which was given as an adjunctive treatment to selective serotonin reuptake inhibitors in patients who had obsessive-compulsive disorder and found that there was a significant decline in the severity of illness, accommodation behaviour of family and expression of emotions over time in the group which received brief psychotherapeutic intervention in comparison to the usual exercise group[11] supporting our findings.

Another study identified the primary concerns of family caregivers for people with mental disorders as types of care, challenges, coping and support, perceptions of public awareness, and messages to others. Caregivers face various burdens and need diverse support, including educational training on coping strategies and psychological support through counseling or group therapy.[12]

Sin revealed that psychoeducation of the family members of individuals suffering from mental disorders led to an increased independence and enhanced the ability of the family member for providing routine care, reduced medication dependency and need for hospital care.[13] The findings of the current study are important because there is paucity of local data regarding the effectiveness of psychoeducation in alleviating the burden of caregivers of OCD patients.

A study conducted by Baskaran M showed significant effect of psychoeducation on caregiver's burden as well as on patient's improvement supporting findings of current study.[14] Moreover a systematic

review found that psycho-educational programs are crucial for enhancing caregivers' knowledge and skills. Researchers assert that these programs effectively reduce stigma and the burden of care, while also promoting family tolerance, improving caregivers' quality of life, emotional regulation, and alleviating psychological symptoms.[15]

Despite numerous international researches, yet there was a need to look at the local data as psychiatric patients in Pakistan are looked after by their family and the current study supported the role of psychoeducational intervention for reducing caregiver burden of OCD patients.

In the current study, the majority of the caregivers were females and also the severity of burden was found to be high in females compared to males, therefore, special attention should be paid to their needs so that they can be helped out and the responsibilities dealt by them can be shared by engaging other members of the families and community based mental health services or other alternative facilities should be available in such low income developing countries. The current study results can help the policy makers in developing programs for managing such patients and their families thus improving overall quality of life, enhancing support and reducing disease related morbidities in the patients and adverse effects on the families.

CONCLUSION

The current study concluded that psychoeducation was an effective intervention in terms of reducing caregiver's burden of patients with obsessive compulsive disorder and must be routinely incorporated while managing such patients in order to address the concerns and problems faced by the patients as well as their family members so that maximum support is extended to them and the caregivers burden is reduced.

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