

PSYCHOLOGICAL DISTRESS AMONG CARE GIVERS OF PATIENTS WITH CONVERSION DISORDER

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ABSTRACT

Background: The aim of this study was to assess the level of psychological distress in care givers of patients with conversion disorder and to determine its association with various demographic variables of the carers.

Material and Methods: It was a descriptive hospital based study in Psychiatry Department of Khyber Teaching Hospital, Peshawar. The study was conducted from July 2015 to June 2016. One hundred care givers fulfilled the criteria and were included in study. The different variables were recorded on specially designed proforma. SRQ-20 with a cut-off score 10 and above was used to determine the level of psychological distress.

Results: Sixty four (64%) of the carers scored more than 10 and were having psychological distress. Mean age was 43.22 ± 13.21 years. Females outnumbered males having 68.7% distressed. It was more common in illiterate carers (71.8%) and with low education level. Most of the distressed carers were unemployed (73.43%) and low socioeconomic conditions.

Conclusions: Psychological distress is quiet common and prevalent in those taking care of patients with conversion disorder. Yet they lack the psychological support from service providers.

KEY WORDS: Psychological distress; Conversion disorder; caregiver.

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INTRODUCTION

Psychological distress is found not only in patients but in the family members and care givers also.¹ Psychological distress is observed in carers of patients with chronic physical illness as well as mental illnesses². Care givers of mental illnesses are having more distress than those of physical illnesses.³ The quality of life is also reduced in patients with mental illnesses and their care givers.⁴ The possible reasons for the distress in care givers may be the functional disability⁵ and the chronic nature of the disorders. It is because of this chronic nature of most of the mental illnesses which adversely affect the attitude of patients and their care givers towards psychotropic medications and further treatment.⁶ Conversion disorder previously referred to as hysteria is an ill-understood, complex and controversial subject in

psychiatry. Historically it was attributed to wandering uterus (Hysteros means uterus) and the psychoanalytic theory of Freud, the most forceful proponent of this disorder, also pointed almost to the same repressed or distorted sexual desires and impulses as the cause of conversion disorder. Whereas the West has largely shifted from this concept, under developed and developing countries like ours are still greatly influenced by these old themes. This is so evident in the "Therapeutic management" offered to patients and their families by many of the healers, doctors and non doctors alike. In our culture, many patients and families would also attribute this illness to evil eyes, possession by "Jins" and ghosts or other supernatural forces or magic.

Psychiatric disorders including conversion disorder cause great psychological stress in care givers⁷ because of the nature of symptoms in the patient, lack of understanding by the family members, denial, prejudice and stigma.⁸ It is further aggravated by inadequate financial resources, chronicity of illness and confusion regarding the source of help and efficacy of treatment.

Since we lack support from the state, the families provide major chunk of long term care, thus bearing tremendous load of care yet this subject is not been deservingly studied.⁹

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Since the care givers are the important component of the overall management plan in conversion disorder, high level of distress in them will compromise the outcome of treatment. The aim of this study is to determine the frequency of psychological distress in care givers of these patients in our culture.

MATERIAL AND METHODS

It was a descriptive study conducted in Psychiatry unit Khyber Teaching Hospital Peshawar. Care givers of patients diagnosed as conversion disorder according to ICD-10 criteria were assessed for psychological distress. The study was conducted from July 2015 to June 2016. One hundred care givers were selected based on convenient sampling. Carers were defined as people providing unpaid care by looking after an ill, frail or disabled family, friend or partner, having spent at least three months with the patients¹⁰. Demographic variables were recorded in semi-structured proforma. After obtaining their consent, SRQ-20 was applied which is a self reporting questionnaire with 20 items. It is a reliable tool recommended by World Health Organization for screening of mental disorder in different countries and cultures of varying demographic characteristics.¹¹ Cut off score of more than 09 was taken as having psychological distress, in adoption of Indian studies. Care givers having spent at least 03 months with the patient, age between 18 to 60 years and having blood relation with the patient were included in the study. Carers with diagnosis or past history of major psychiatric illness, drug abuse or major medical illness were excluded from the study. The data obtained was analyzed using SPSS 16.

RESULTS

In this study, 64% of the care givers scored more than 10 on SRQ-20 which is significantly higher than general population. The female care givers 44(68.7%) were having higher distress compared to males 20(31.25%). The mean age was 43.22 ± 13.21 years. Among those having higher psychological distress, 50(78.12%) were married, 2(3.12%) were divorced, 8(12.5%) widows/widowers and 4(6.25%) were never married. Our results further showed that most of them were either illiterate 46(71.8%) or having lesser education, 10(15.62%) had primary education, 5(7.81%) were matriculates and only 3(4.68%) had college education. Regarding employment status, majority of those with higher scores were un-employed 47(73.43%) and only 17(26.56%) had some sort of employment. Thirteen (20.31%) had income of less than Rs.15000 /month, 27(42.18%) had Rs.15000 to 30,000/month and 14(21.87%) had monthly income of greater than Rs.30000. We found that the majority of the carers were parents of the patients 47(73.43%), 7(10.93%) were siblings, 7(10.93%) were children of the patients and 3(4.68%) were other near relatives.

DISCUSSION

In Pakistan as well as in the entire region no study has been done to assess the frequency of psychological distress in those taking care of patients with conversion disorder. Even developed countries do not seem to have addressed this area. The conversion disorder by no means causes less distress than other mental illnesses in the caregiver because of its usually abrupt, dramatic and bizarre onset. The symptoms could be of great warning to the families since they can mimic any serious neuro medical disease of potentially life threatening severity.

In spite of extensive search, we could not find any study in which the carers of conversion disorder are studied for psychological distress. Our findings, however, can be compared to the distress in carers of patients with other mental illnesses including schizophrenia. Some studies suggest increased distress to the extent of mortality¹² whereas others show no effect at all.¹³ Interestingly their findings propose that looking after mentally ill patients in fact enhance psychological well-being in the carers.

In our study female care givers substantially outnumbered males which is in accordance with findings from Verama¹⁴ who conducted a study and found that anxiety and depression were more prevalent in female care givers compared to males. They also reported increased workload related sleep disturbance in care givers. Campbell LD and Martin-Mathews added that females serve as care givers more frequently than men and have higher stress levels compared to males.¹⁵ These findings can be explained by the fact that anxiety & depression is more prevalent in females in general population.¹⁶

Lower level of education was more closely associated with psychological burden in care givers. These findings are similar to that of Kurihara¹⁷ Low level of education could represent overall lower functioning in the community.¹⁷

This study showed that lower socioeconomic status was significantly correlated to psychological distress in the carers. Similar findings were reported by Salva and Fortinsky.^{18,19} This is in accordance to increased level of psychopathology in people from lower socioeconomic status. The cause and effect explanation for which is yet not clear.

Current study showed that parents were most frequently affected by stress. Relationship and family type have been reported to be of significance by Kaushik P.²⁰ The quality of life of the family care givers is diminished and can be improved by identification and better psycho education of the at-risk care givers.²⁰

CONCLUSION

Psychological distress is found in majority of carers of patients with conversion disorder which

is comparable to the distress found in the carers of other mental illnesses. The care givers must also be included in the management plan of conversion disorder with special emphasis on their psychological distress and its reasons.

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CONFLICT OF INTEREST

Authors declare no conflict of interest.
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None declared.

AUTHORS' CONTRIBUTION

Conception and Design:	IK, MI
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