

## Assessing Anxiety and Generalized Anxiety Disorder among the Caregivers of a Selected Psychiatric Hospital: A Survey

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### Abstract

*Background:* The role of long-term effects of caregiving is stressful, often because of the social isolation, repetitive demands and sleep disruptions that come with the role. They become physically, mentally and emotionally weak over a period of time and making them vulnerable to stress, anxiety and anxiety disorders. *Objectives:* To assess the level of anxiety and anxiety disorders among the caregivers. *Methodology:* The survey was conducted at Institute of Mental Health in Telangana. 30 caregivers (accompanied by patients) attending outpatient department were selected. The caregivers were interviewed in interview room. Convenient sampling technique was used. The caregivers of patients were interviewed through Hamilton Anxiety Rating scale (HAM-A) and Generalized Anxiety Disorder Scale-7 (GAD-7). *Results:* The study findings revealed that half of the caregivers that is 15 (50%) experienced mild anxiety, 6 (20%) had mild to moderate anxiety and 9 (30%) had moderate to severe anxiety. As regards to Generalized anxiety disorder, majority of the caregivers 12 (40%) reported to have mild anxiety. Severe anxiety was present among 10 (33.33%). Moderate anxiety was also present among 8 (26.66%) population. The most significant contribution of the survey is that it provides future implications for research and prevention. It also helps the caregivers to realize the early warning signs of anxiety disorders and prevent further deteriorating of their mental health, taking equal share of responsibility by each member of the family prevents burdening of single caregiver.

**Keywords:** Anxiety; Generalized Anxiety Disorder; Anxiety Disorder.

### Introduction

Family caregivers provide the majority of care for people with acute or chronic disorders and experience significantly higher levels of psychological morbidity, depression, stress and burden than their counterparts who are not caregivers. Caring for an ill family member consumes a huge amount of energy, time, and money over potentially long periods of time. Due to the consuming nature of the caring task, care giving can be psychologically stressful and exhausting.

'Caregiver burden' [1] may be divided into the physical, psychological, social and financial demands of caring for someone or, alternatively, into 'subjective' and 'objective' burden, with subjective burden referring to the emotional consequences of care giving. The sources of stress may vary according to the caregiver's own situation: spouses, being older, may experience strain due to physical or financial problems, whereas adult children may have conflicting responsibilities, such as work or children.

Pinquart and Sorenson's [2] study found that there was a higher rate of depression in older caregivers but a higher prevalence of anxiety in younger caregivers. A survey conducted by Cheffings [3] of over 1000 caregivers indicated that nearly half of the respondents reported that their health was negatively affected by their care giving role. Comparable results were found in a survey by Carerswhere the most common negative emotions reported by caregivers were feelings of being mentally, emotionally, and physically drained.

Although caregiving can have a negative impact on caregivers' health and well-being, research demonstrates its effects can be alleviated at least

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partially by an assessment of family caregiver needs that leads to a care plan with support services; caregiver education and support programs; respite to reduce caregiver burden; financial support to alleviate the economic stress of caregiving; and primary care interventions that address caregiver needs [4,5,6].

Thus, it is important to assess the mental health status and attend to the needs of caregivers as they are patient's support system. Increasing appropriate mental health services and medical care for family caregivers are important steps toward addressing caregivers' health.

## Methodology

The study was conducted at Institute Of Mental Health, Telangana. Administrative permission was taken to conduct the study. An informed consent was taken from each subject individually to participate in the study. 30 caregivers were selected from outpatient

department attending the hospital. Those caregivers whose family members had more than once repeated episodes of mental illness was selected. Primarily caregivers whose family members had psychosis conditions were taken into account. The caregivers were interviewed by using Hamilton Anxiety Rating scale and Generalized Anxiety Disorder Scale-7 (GAD-7). The Hamilton Anxiety Rating Scale (HAM-A) consists of 14 items with 4 point Likert Scale and Generalized Anxiety Disorder Scale-7 (GAD-7) consists of 7 items with 3 point Likert Scale. Both the tools were standardized. The interview were administered in OPD. Part-A included 4 items on demographic profile. Part-B consisted of Hamilton Anxiety Rating scale and Generalized Anxiety Disorder Scale-7 (GAD-7).

## Results

Findings related to Sample characteristics.

**Table 1:** Frequency and percentage distribution of caregivers by sample characteristics (n=30)

Sample Characteristics	Frequency	Percentage
<b>Age(in years)</b>		
• 25-30	10	33.33%
• 31-35	2	6.66%
• 36-40	1	3.33%
• 41 and above	17	56.66%
<b>Gender</b>		
• Male	2	6.66%
• Female	28	93.33%
<b>Duration of suffering from anxiety</b>		
• Past 6 months	11	36.66%
• Less than 1 year	6	20%
• Less than 1 and ½ year	12	40%
• Never	1	3.33%
<b>Number of times hospitalized due to anxiety</b>		
• Never	13	43.33%
• Less than 2 times	12	40%
• Less than 6 times	3	10%
• Less than 8 times	2	6.66%
<b>Do you experience anxiety more after a family member with mental illness?</b>		
• Yes	27	90%
• No	3	10%

### Section-II

Hamilton's anxiety scale was administered to 30 caregivers. The scores were interpreted in the as per Hamilton's anxiety scale in following way. The scores were in range of 0 to 56.

17 or less indicates mild anxiety severity.

18 to 24 indicates mild to moderate anxiety severity.

25 to 30 indicates a moderate to severe anxiety severity.

**Table 2:** Levels of anxiety

Scores	Frequency	Percentage
Mild	15	50%
Mild to moderate	6	20%
Moderate to severe	9	30%

Table 2 showed 15 (50%) of the caregivers had mild anxiety, 6 (20%) had mild to moderate anxiety and 9 (30%) had moderate to severe anxiety

*Findings related to Generalized Anxiety*

The interpretation as per GAD-7 scale was as

follows:

>10-Probable diagnosis of generalized anxiety disorder; confirm by further investigations

5-Mild anxiety

10-Moderate anxiety

15-Severe anxiety

**Table 3:** Levels of Generalized Anxiety Disorder (n=30)

Scores	Frequency	Percentage
Mild	12	40%
Moderate	8	26.66%
Severe	10	33.33%

Table 3 shows 12 (40%) caregivers reported to have mild generalized anxiety disorder. Severe generalized anxiety disorder was present among 10 (33.33%). Moderate generalized anxiety was also present among 8 (26.66%) population.

**Discussion**

An exploratory study was done in Ludhiana [7] to assess the prevalence of anxiety and anxiety disorders among adolescents of a selected senior secondary school, Ludhiana, Punjab, India. To assess anxiety disorders a standardized tool-Screen for Child Anxiety Related Disorder (SCARED) was used. The items of tool were formulated to diagnose anxiety disorders - Panic Disorder, Generalized Anxiety Disorder, Separation Anxiety Disorder, Social Anxiety Disorder and School Avoidance among adolescents. In the present study, it was observed that 15 (50%) of the caregivers had mild anxiety, 6 (20%) had mild to moderate anxiety and 9 (30%) had moderate to severe anxiety. Majority of the caregivers 12 (40%) reported to have mild generalized anxiety disorder. Severe generalized anxiety disorder was present among 10 (33.33%). Moderate generalized anxiety disorder was also present among 8 (26.66%) population.

A study conducted in Italy [8] revealed that Stress, anxiety and depression were positively correlated with caring hours, sleep problems in caregivers and behavioral disturbances of the patients; and were negatively correlated with free time and time spent out of the home. The aim of this study was to evaluate the levels of stress, anxiety and depression in women caregivers of Alzheimer’s disease patients. A convenience sample of 37 women caregivers living with the patients was studied using a descriptive-correlational design. A sociodemographic

questionnaire with scales measuring the variables taken into consideration were utilized. Caregivers were 60 years old, devoted to the patients 17 hours of caring per day and had only 1 hour for their personal needs. 29% of the sample had high levels respectively at the stress, anxiety and depression scale. In the present study depression and stress were not studied.

However, it was observed that 15 (50%) of the caregivers had mild anxiety, 6 (20%) had mild to moderate anxiety and 9 (30%) had moderate to severe anxiety. Majority of the caregivers 12 (40%) reported to have mild anxiety. Severe anxiety was present among 10 (33.33%). Moderate anxiety was also present among 8 (26.66%) population

**Conclusion**

Anxiety often goes unnoticed and unreported, thereby aggravating in the form of generalized anxiety disorder. As a nurse practitioner, not only one must be actively involved in caring for the patient but also be observant in detecting the early signs of anxiety disorders among the caregivers. A large and growing body of evidence reveals that providing care for mentally ill patients can have harmful physical, mental, and emotional consequences for the caregiver.

As families struggle to care for others, their own health is put in danger. As a result, caregivers’ health is quickly becoming a public health issue that requires more focused attention from health professionals, policy makers and caregivers themselves to ensure the health and safety of those individuals dedicating their lives to the care of others. Improved recognition and treatment of physical and psychological symptoms among caregivers is a growing health concern and should be considered a public health priority.

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