Depression and Anxiety in Caregivers of Cancer Patients

Brar Reetinder, Kaur Simarpreet

Abstract: ***Anxiety is often automatically linked with stress that is because those of us who have been, or are caregivers, know what a difficult job it can be at times. Although anxiety is different then stress, the features can overlap and also the response to self-help or other therapy strategies. The diagnosis of cancer has not only a significant impact on the affected patients, but also on their families, and may cause emotional responses of shock, doubt, anxiety, and depression. The present investigation was conducted to gain insight into Depression and Anxiety in caregivers of cancer patients. The sample consisted of caregivers (25 years and above) of cancer patients selected randomly who were living with their spouses within Chandigarh. It was found that mostly female caregivers were providing most of the physical care as compared to male caregivers. Female caregiver reported high levels of depression and anxiety and anxiety in caregivers was significantly correlated with depression***

Keywords: Anxiety, because, diagnosis, (25 years and above), Depression

I. INTRODUCTION

A caregiver is an unpaid or paid person who helps another individual with impairment with his or her activities of daily living. Any person with health impairment might use care giving services to address their difficulties. Care giving is most commonly used to address impairments related to old age, disability, a disease, or a mental disorder. A primary caregiver is a person who consistently assumes the responsibility for the housing, health or safety of the applicant (patient). This may be an individual or the owner, operator or employee of an appropriately licensed clinic, facility, hospice, or home health agency. Cancer has increasingly become a chronic disease, characterized by a high and continuous care demand and with a long-term treatment often implemented in home settings. In general, the growing prevalence of chronic diseases, the early hospital discharges and the greater reliance on outpatient care has shifted from professional caregivers towards family members who provide care to patients at home. With a high and still increasing prevalence of cancer, family caregivers play an essential role in the care system. Although it is generally acknowledged that the role of informal caregivers is important, little is known about the consequences of giving care to cancer patients. Care giving requires time and effort and usually also material expenditures. Therefore, the consequences of care giving have often been described as burdensome to the caregiver.

The diagnosis of cancer has not only a significant impact on the affected patients, but also on their families, and may cause emotional responses of shock, Doubt, anxiety, and depression. With cancer rapidly developing into a continuous care problem because of increasing incidence rates, longer survival times, and a trend toward outpatient treatment, providing support and managing care has placed added responsibilities on caregivers. Family caregivers must deal with many unfamiliar situations and unexpected demands, as cancer patients have multifaceted needs which include disease and treatment monitoring, symptom management, medication administration, assistance with personal care, and emotional support. Patients, particularly those undergoing active treatment, may experience severe symptom distress, which may influence social and physical function, curtail patient-caregiver interaction, and lead to emotional responses of anxiety, anger, frustration or depression in the caregiver. There is dearth of study in this area especially in our country but with growing demand of caregivers the need was seen to study the problems faced by them.

Revised Version Manuscript Received on September 13, 2016.

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II. OBJECTIVES

1. To assess the socio demographic profile of the caregiver of cancer patient.
2. To compare the male and female caregivers on depression.
3. To study the gender differences of the caregivers on their anxiety levels.
4. To examine the interrelationship between depression and anxiety level of caregivers.

A. Limitations Of The Study

1. The study was limited only to caregiver's staying in urban areas of Chandigarh.
2. The sample size was limited to 50 caregivers (25 – male) and (25 – female).
3. The study was limited to the spouse of patient and to the specific age group that is 30 years and above.

III. METHOD

The present study was conducted on 50 caregivers (25 males and 25 females) belonging to the age group of 25 years and above. The respondents were selected randomly. Care was taken to see that caregiver was staying with their spouses. It was seen that care receiver was always the spouse in this case and were from middle class income group. The male and female were equal in number. None of the respondents were single all of them had their spouses staying with them.

Tools used for study: The selection of tools was done keeping in mind the objectives of the study and the efforts were made to ensure that tools have adequate psychometric properties.

Tools used for measuring various variables of the study have been given in table -1.

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Table -1

S. No.	Variables	Tools
1	Socio demographic profile ▪ Emotional health ▪ Physical health ▪ Family support ▪ Finances ▪ Daily schedule	The C.A.R.E Tool developed by the investigator
2	Anxiety	State-trait anxiety inventory for adults by Charles D. Spielberger (1983)
3	Depression	Beck depression inventory – II by Aaron T. Beck (1996)

A. Statistical Analysis

The obtained data was coded and tabulated. The following statistical tests were applied:

- **Percentages** were used to find out the percentage distribution with regard to various variables of the study.
- **t-Test** was used to see the differences between the means of the variables.
- **Karl Pearson's coefficient** of correlation was applied to find out the inter-correlation among various variables of the study.

IV. RESULTS AND DISCUSSIONS

1. **Socio demographic profile:-** This section was composed of 11 sections that covered different aspects of a caregiver situation.

Sections were as following:-

- Physical care to care recipient
- Helping care recipient in household work
- Support and supervision to care recipient
- Coordination
- Transportation
- Other responsibilities except care giving
- Financial issues
- Physical health of caregiver
- Emotional health of caregiver
- Appreciation
- Future concern

Percentages were used to calculate the results of the sections. Equal numbers of male and female caregivers were taken from middle income group. It was observed that majority of females gave the physical care, help in preparing meals and shopping, arranged the appointments, faced problems in managing children and the care receiver and were more concerned about the future plans and worries as compared to males. On the other hand in case of males it was observed that majority of males' helped in banking and had knowledge of tax related programs, more number of males faced problems in managing the job and the care giving. It was observed that both male and female caregivers faced changes in physical health.

Thus it was concluded that

- *Mostly female caregivers were providing most of the physical care as compared to male caregivers.*
- *Majority of females were helping in preparing meals and shopping.*
- *Mostly it is males who did banking job.*
- *Both males and females encouraged the care receiver and gave physical support to the care receiver.*
- *Majority of the female caregiver were appreciated by the care receiver and relatives for care giving.*
- *Females were more concerned about the future plans and worries than males.*

2. t-ratio comparisons

Significance of difference between means (t-ratios) were worked out between male and female caregivers in the area of depression and anxiety. Significant differences in depression were shown in a table below:

Table 2. Gender differences in the means of depression of males and females caregiver

Variable	Sample	Mean	S.D.	t-value
Pessimism	Male female	0.64 1.16	0.810 0.943	**2.090***
Guilty feeling	Male female	0.08 0.68	0.276 0.476	**5.447****
Punishment feelings	Male female	0.48 1.44	0.585 1.044	**4.009****
self-dislike	Male female	0.44 0.88	0.583 0.665	**2.485***
Agitation	Male female	0.56 1.04	0.506 0.734	**2.688****

It was seen that

- *There were significant differences between male and female caregivers in some of the sub variables of depression (pessimism, guilty feeling, punishment feeling, self-dislike and agitation).*
- *In all the areas of depression females had higher means as compared to males. Significant differences were found in male and female caregivers' level of depression.*
- *Female caregiver reported high level of depression and anxiety even in non-significant areas.*

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- *There were no significant differences were found in the anxiety level of male and female caregivers.*

The findings has been supported by Carter, Patricia A et.al (2000) who investigated the sleep and depression in cancer caregivers - A cross-sectional, correlational design was used to describe and explore the relation between caregiver sleep and depression. It was seen that most of the female caregivers (95%) expressed severe sleep problems and more than half of them were experiencing depressive symptoms at a level that would suggest risk for clinical depression. AzadehTavoli et.al (2007) who worked on Anxiety and depression in patients with gastrointestinal cancer also showed that there were no significant differences between gender on anxiety and depression scores.

V. CORRELATION ANALYSIS

In this section inter correlation worked out between state-trait anxiety and depression among the caregivers.

Inter correlation were found between dimensions of depression and state-trait anxiety among the caregivers. There was a positive correlation between sadness, past failure, loss of pleasure, punishment feeling, self-dislike, crying, agitation, changes in sleeping pattern, concentration difficulty, tiredness or fatigue, loss of interest in sex (variables of depression) at 0.01 level and self-criticalness, suicidal thoughts or wishes, worthlessness and loss of energy at 0.05 level, with state-trait anxiety. The significant correlations have been shown in the table no 3 below

Table-3. Inter-correlation between depression variables and state-trait anxiety

Variables	State anxiety	Trait anxiety
Sadness	0.47**	0.51**
Past failure	0.55**	0.51**
Loss of pleasure	0.63**	0.66**
Punishment feeling	0.49**	0.46**
Self-dislike	0.46**	0.42**
Self-criticalness	0.29*	0.35*
Suicidal thoughts or wishes	0.34*	0.29*
Crying	0.41**	0.40**
Agitation	0.59**	0.62**
Worthlessness	0.31*	0.30*
Loss of energy	0.26	0.31*
Changes in sleeping pattern	0.45**	0.44**
Changes in appetite	0.46**	0.51**
Concentration difficulty	0.41**	0.44**
Tiredness or fatigue	0.50**	0.47**
Loss of interest in sex	0.57**	0.62**
Total depression score	0.70**	0.73**

**correlation is significant at 0.01 level
*correlation is significant at 0.05 level

Thus it could be concluded that

- *State-trait anxiety was significantly correlated with depression.*
- *State-trait anxiety was positively correlated with sadness, past failure, loss of pleasure, punishment feeling, self-dislike, crying, agitation, changes in sleeping pattern, concentration difficulty, tiredness or fatigue, loss of interest in sex, self-criticalness, suicidal thoughts or wishes, worthlessness and loss of energy.*

The findings have been supported by Rachel Mahoney et al. (2005) who worked on anxiety and depression in family caregivers. The findings showed that in all, 23.5% of caregivers scored at or above level for anxiety. Similar finding were reported by Holland, Jimmie C. (1989) who also revealed that depression in caregivers is related to anxiety.

VI. IMPLICATIONS OF THE STUDY

- The results of the present investigation have clearly highlighted the status of male and female caregivers in the area of depression and anxiety. They results can contribute to increase in awareness about the physical and emotional distress of the family members who take care of a loved person.
- Counselors can utilize the results of the present study. Persistent burden of care giving can lead to depression and anxiety among the caregivers. Family counselors can make sure that the caregivers are living in a conducive environment where their family members and care receiver appreciate them for care giving.
- The results can be utilized by the government authorities in providing free counseling, guidance centers for teaching the care giving techniques and ways to overcome any psychological stress faced by the caregiver. They can also organize seminars and workshop on care giving.
- The study can also contribute to the research being conducted in the area of mental health of caregiver. The caregivers who have been regularly facing issues in care giving can also benefit from this research.

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