TO STUDY THE RELATIONSHIP BETWEEN DISABILITY, BURDEN AND QUALITY OF LIFE (QoL) OF CAREGIVERS OF OBSESSIVE- COMPULSIVE DISORDER (OCD) AND SCHIZOPHRENIA: A COMPARATIVE STUDY

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KEYWORDS
Schizophrenia, Obsessive-compulsive disorder, Caregiver burden, Quality of life, Sociodemographic variables.

ABSTRACT

Background: The burden of care experienced by caregivers of patients with psychiatric disorders, specifically schizophrenia (SCH) and obsessive-compulsive disorder (OCD), significantly affects their quality of life (QOL) and the overall well-being of both the caregivers and patients.

Aim: To compare the correlation of disability, burden, and quality of life (QoL) among caregivers of individuals with obsessive-compulsive disorder (OCD) and schizophrenia, and to explore the relationship between these variables within each group.

Material and Methods: A prospective observational study was conducted with 60 caregivers, divided into two groups: 30 caregivers of patients with schizophrenia and 30 caregivers of patients with obsessive-compulsive disorder. Data were collected through structured interviews and standardized scales, including the Burden Assessment Schedule (BAS), World Health Organization Quality of Life-BREF (WHO-QOL-BREF), and IDEAS Global Disability Score. Sociodemographic and clinical variables were analyzed using appropriate statistical tests, including t-tests, chi-square tests, and correlation analyses.

Results: The mean age of patients in both groups was similar, with schizophrenia patients showing a higher level of disability compared to OCD patients ($p < 0.01$). Caregivers of schizophrenia patients reported higher caregiver burden (BAS total score: 89.17 vs. 81.13 for OCD; $p < 0.01$) and lower QOL scores, especially in domains 2 ($p < 0.01$) and 4 ($p < 0.01$) of the WHO-QOL-BREF. A significant negative correlation was found between caregiver burden and QOL in both groups, with stronger associations in the schizophrenia group. Clinical variables such as marital status and socioeconomic status of patients were linked to caregiver burden, with caregivers of schizophrenia patients more likely to report severe burden.

Conclusion: This study highlights the significant caregiver burden and

diminished QOL faced by those caring for individuals with schizophrenia compared to those caring for individuals with OCD. Sociodemographic factors, such as marital status and socioeconomic status, as well as patient disability levels, play crucial roles in influencing the caregiver burden. Targeted interventions addressing caregiver support and patient management may improve the overall well-being of both caregivers and patients.

INTRODUCTION

The Swiss psychiatrist Eugen Bleuler coined the word schizophrenia in 1908. It is characterized by the disintegration of function among thinking, memory, perception and personality. In this condition intellectual capacity and consciousness are usually restored. But a certain cognitive deficit may develop on the course of time [1]. According to the World Health Organization, the prevalence of schizophrenia is homogeneous globally [2]. On the other hand, obsessive compulsive disorder (OCD) is a debilitating neuropsychiatric condition characterized by intrusive unwanted thoughts (obsessions). It may also be evolved with some repetitive, compulsive behaviours, or mental rituals. Social stigma against people with mental disorders prevents them from accessing and receiving the help they need to stay healthy [3]. Generally, stigma is a social practice experienced and characterized by exclusion, rejection and blame or depreciation about a person. The quality of life (QOL) is hampered in this disease condition. The character of well-being and health status of an individual is the main determinants of his/her QOL [4].

The World Health Organization International Classification of Functioning (ICF), disability, and Health are a model designed to provide a description of health and health states of a person [5]. Burden refers to the difficulties or adverse event that affects the lives of psychiatric patients. Caregiver is usually recognized as an individual who has the responsibility of dealing with the physical and psychological needs of the dependent patient. During the long period of care-giving procedure caregiver remain at a great risk of mental and physical health anomalies.

Treatments in psychiatric disorders have started to be community-based, thus the importance of rehabilitation services has increased. The adoption of the approach suggesting the treatment of patients within the society and in their own environment has caused for patientslong time spent with the family, and for families to take a more active role in the treatment of patients. This development brought with it several problems, and it was shown that family members had problems in many areas [6,7]. “Family burden” is the term used to describe the impact of the disease on the family, such as the difficulties family members face in their daily lives due to living with a sick individual; the problems affecting their lives and adverse events have gained importance in psychiatry [8].

Caregivers are usually family members or friends of the patient who take care of the patients on a daily basis and support them physically, mentally and socially, but do not receive any reimbursement for the care they provide.

Although the concept of caregiver burden is used in family studies due to the need for physical care in physical diseases, the concepts of “family burden”, “disease burden”, and “caregiver burden” replace each other in psychiatry. The family burden turns relatives into invisible patients, and also disrupts the support for the patient and causes problems in the treatment of the disease [9]. Obsessive-compulsive disorder (OCD) is one of the leading causes of disability and poor quality of life (QoL), with impairment in a various areas. It can also adversely affect family members and friends that the person lives with [10,11]. The patient’s obsessions, indecision, requests for approval, trust-seeking behaviors, avoidance

behaviors, compulsions, and rituals may result in excessive dependence on family members [12]. Care burden is a term used for caregivers and is a kind of distress that caregivers suffer from as a result of caring for patient [12]. It also has physical, psychological, social, and financial aspects

Families are often more involved in the patient's symptoms than the families of other patients with psychiatric disorders due to the nature of OCD [13]. Family members can take on many tasks and responsibilities of the patient. With the need for support and/or care for the patient, the social and professional functions of family members may be impaired. In addition, with the patient's inability to work due to illness, the economic burden may increase [14]. In the literature, it was reported that the caregiver burden in OCD is similar to that of schizophrenia [15-17]. The chronic nature of, various complications of hemodialysis treatment, and significant changes in the lifestyle of patients, cause the caregivers and family members of the patient to experience a high level of care burden, in a way that, their mental health will be influenced to various degrees.

In a study conducted with patients with OCD and depressive disorder, it was found that although the QoL and functionality of patients with OCD were better, the caregiver burden was higher in OCD [18]. Disease severity, disease duration, disability, and low socioeconomic status were found to be factors affecting caregiver burden [19-21]. OCD is a common disease and affects family functionality in many areas. It creates a burden for caregivers, and it requires a detailed assessment of the factors affecting caregiver burden, both to protect the mental health of the caregiver and to lead in the planning of initiatives to better manage of the disease. Social support plays an important role in improving quality of life and reducing the perception of burden . By supporting the informal caregiver and contributing to improving their health, social support provides better care conditions for the dependent person. It is important to increase the social support networks, either through the caregivers' close relationships or through health professionals, in order to reduce the burden felt by caregivers, while seeking to increase their well-being and quality of life , which are associated with the quality of care provided by the informal caregiver. Thus, the caregiver is an important part of care provision, and it is essential to support caregivers in managing their difficulties [19].

However, studies evaluating variables related to the patients and their caregivers together and making detailed analysis are insufficient. In this study, we aimed to determine disease burden and associated factors in the caregivers of patients with OCD.

MATERIAL AND METHODS

Study Venue and Design

The study was conducted at the Institute of Mental Health and Hospital, Agra, a tertiary referral center with 800 beds, using a hospital-based, cross-sectional, and comparative design.

Study Population and Period

The study included 120 participants (60 patients and 60 caregivers) from April 2019 to June 2020. Patients were diagnosed with Schizophrenia (n=30) or Obsessive-Compulsive Disorder (OCD) (n=30), along with their primary caregivers.

Inclusion and Exclusion Criteria

For Patients:

- Aged 18–60 years, diagnosed per ICD-10 criteria with illness duration ≥2 years.
- With a key caregiver and no severe medical or neurological conditions.

For Caregivers:

- Primary caregiver (parent, spouse, sibling, or child) living with the patient for ≥1 year.
- Aged 18–60 years, without chronic medical or psychiatric illness.

Tools:

The following tools were used for data collection:

- **Semi-structured proforma**: Designed to collect socio-demographic and clinical data about patients and their caregivers.
- **World Health Organization Quality of Life (WHO-QOL) BREF**: A validated 26-item tool assessing quality of life across four domains: physical, psychological, social relationships, and environmental.
- **Indian Disability Evaluation Assessment Scale (IDEAS)**: A scale used to measure disability in mental disorders across four domains: self-care, interpersonal activities, communication, and work.
- **Burden Assessment Schedule (BAS)**: A semi-structured interview used to assess caregiver burden in patients with chronic psychiatric illness. It contains 40 items measuring both objective and subjective burden.
- **Positive and Negative Syndrome Scale for Schizophrenia (PANSS)**: A 30-item clinician-administered scale used to assess the severity of schizophrenia symptoms.
- **Yale Brown Obsessive-Compulsive Scale (Y-BOCS)**: A 10-item clinician-rated scale used to assess the severity of OCD symptoms.

Procedure:

The study was approved by the institutional ethics committee, and written informed consent was obtained from all participants. Patients with Schizophrenia and OCD, along with their caregivers, were selected based on the inclusion and exclusion criteria through purposive sampling from the outpatient and inpatient departments. Socio-demographic and clinical data were collected using the tools mentioned above.

Statistical Analysis

Data were analyzed using SPSS v20. Descriptive statistics, t-tests, Chi-square tests, and Pearson's correlation were used. A p-value <0.05 was considered significant.

Ethical Considerations

Ethical approval was obtained. Informed consent, confidentiality, and participant rights were upheld. Services were unaffected by participation.

RESULTS

This prospective observational study was designed to explore the sociodemographic and clinical profiles of patients diagnosed with Schizophrenia and Obsessive-Compulsive Disorder (OCD), alongside assessing the burden of care and the quality of life experienced by their caregivers.

Sociodemographic Characteristics of Patients

There was no significant difference in the mean age between patients with Schizophrenia (31.53 ± 6.84 years) and OCD (31.60 ± 7.74 years). Schizophrenia patients were predominantly male (70%), while OCD patients had a higher proportion of females (60%). A higher percentage of OCD patients were urban dwellers (73.7%) and married (60%). Schizophrenia patients had lower socioeconomic status (60%) compared to OCD patients (30%).

TABLE1-Sociodemographic characteristics of Patient

	Schizophrenia		**OCD**	
	Mean	**Standard deviation**	**Mean**	**Standard deviation**
Age of patient (years)	31.53	6.842	31.60	7.740
tvalue-0.035		P-value>0.05		
	Schizophrenia		**OCD**	

	Frequency		Percent	Frequency	Percent
Sex of patient					
Male	21		70.0	12	40.0
Female	9		30.0	18	60.0
Chi-square5.455			P-value**<0.05**		
Religion of patient					
Hindu	24		80.0	25	83.3
Islam	6		20.0	5	16.7
Chi-square0.111			P-value>0.05		
Domicile of patient					
Urban	12		40.0	22	73.7
Rural	18		60.0	8	26.3
Chi-square6.787			P-value**<0.05**		
Marital status of patient					
Married	14		46.7	18	60.0
Unmarried	8		26.7	11	36.7
Divorced	8		26.7	1	3.3
Chi-square6.418			P-value**<0.05**		
Socioeconomic status					
Lower	18		60.0	9	30.0
Upper, middle	12		40.0	21	70.0
Chi-square5.455			P-value**<0.05**		
Family type					
Nuclear	21		70.0	23	76.7
Joint	9		30.0	7	23.3
Chi-square0.341			P-value>0.05		
Educational qualification					
Illiterate	6		20.0	4	13.3
Up to High School	17		56.7	10	33.3
AboveHigh School	7		23.3	16	53.3
Chi-square5.737			P-value>0.05		
Occupation of patient					
Unemployed	23		76.7	18	60.0
Employed	7		23.3	12	40.0
Chi-square1.926			P-value>0.05		

Clinical Variables of Patients

The mean age of onset was lower for Schizophrenia (22.90 ± 4.50 years) than OCD (24.97 ± 6.83 years). Schizophrenia patients had a longer illness duration (8.60 ± 5.30 years). Schizophrenia patients also had poorer treatment adherence compared to OCD patients.

TABLE2-Clinical variables of patient

	Schizophrenia		OCD	
	Mean	**Standard deviation**	**Mean**	**Standard deviation**
Age of illness onset	22.900	4.497	24.966	6.835
tvalue-1.383		P-value>0.05		

Total duration of illness (years)	8.600	5.295	6.633	4.421
t value1.561			P-value>0.05	
PANSS Total score	80.77	12.065	-	-
Y-BOCS Total score	-	-	27.80	4.642
	Schizophrenia		**OCD**	
	Frequency	**Percent**	**Frequency**	**Percent**
Treatment adherence				
Good	14	46.7	24	80
Poor	16	53.3	6	20
Chi-square7.177		P-value**<0.05**		
Family history of illness				
Absent	24	80	28	93.3
present	6	20	2	6.7
Chi-square2.308			P-value>0.05	
Suicidal attempt				
Absent	21	70	27	90
Present	9	30	3	10
Chi-square3.750			P-value>0.05	

Sociodemographic Characteristics of Caregivers

The mean age of caregivers of Schizophrenia and OCD patients was comparable (39.77 ± 12.25 and 41.10 ± 11.62 years, respectively; $p > 0.05$). Most caregivers in both groups were parents or spouses, with no significant difference in caregiver relationships ($p > 0.05$). A majority of caregivers in both groups were male, had contact with the patient for more than 12 hours per day, and were employed, with no significant differences observed ($p > 0.05$).

TABLE3- Sociodemographic characteristics of caregivers

	Schizophrenia		**OCD**	
	Mean	**Standard deviation**	**Mean**	**Standard deviation**
Caregivers age	39.77	12.249	41.10	11.621
tvalue-0.433		P-value>0.05		
	Schizophrenia		**OCD**	
	Frequency	**Percent**	**Frequency**	**Percent**
Caregivers relationship with patient				
Parent(Father/Mother)	10	33.3	9	30.0
Spouse	13	43.3	17	56.7
Sibling	6	20.0	3	10.0
Children	1	3.3	1	3.3
Chi-square1.586		P-value>0.05		
Sex of caregiver				
Male	16	53.3	19	63.3
Female	14	46.7	11	36.7
Chi-		P-value>0.05		

square0.617				
Duration of contact with				
Patient per day <=12 hours >12 hours	10 20	33.3 66.7	11 19	36.7 63.3
	Chi-square0.073	P-value>0.05		
Occupation of caregiver				
Unemployed	15	50.0	11	36.7
Employed	15	50.0	19	63.3
	Chi-square1.086	P-value>0.05		
Educational qualification				
Illiterate	2	6.7	1	3.3
Up to High School	19	63.3	16	53.3
AboveHigh School	9	30.0	13	43.3
	Chi-square1.318	P-value>0.05		

Burden of Caregivers

The mean Burden Assessment Schedule (BAS) score was significantly higher among caregivers of Schizophrenia patients (89.17 ± 8.14) compared to caregivers of OCD patients (81.13 ± 11.24; $p< 0.01$).

TABLE 4- Comparison of the total mean score of Burden Assessment Schedule between caregivers of obsessive-compulsive disorder and schizophrenic patients

	Diagnosisof patient	N	Mean	Std. Deviation	t-value	Sig. level
BAS Total Score	**Schizophrenia**	30	89.17	8.137	3.172	**<0.01**
	OCD	30	81.13	11.236		

Quality of Life of Caregivers

In the WHO-QOL-BREF domains, caregivers of OCD patients reported significantly higher scores in Domain 2 (psychological health; 19.97 ± 2.87 vs. 18.43 ± 1.73; $p< 0.01$) and Domain 4 (environment; 22.07 ± 3.96 vs. 17.10 ± 4.16; $p< 0.01$). No significant differences were found in Domain 1 (physical health) and Domain 3 (social relationships).

TABLE5-Comparisonof the total mean score of WHO-QOL domains between caregivers of obsessive-compulsive disorder and schizophrenic patients

	Diagnosisof patient	N	Mean	Std. Deviation	t-value	Sig. level
	Schizophrenia	30	21.5000	1.83359	0.361	NS

WHOQOL-BREF Raw Score Domain 1	**OCD**	30	21.2667	3.02784		
WHOQOL-BREF Raw Score Domain 2	**Schizophrenia**	30	18.4333	1.73570	-2.504	**<0.01**
	OCD	30	19.9667	2.87058		
WHOQOL-BREF Raw Score Domain 3	**Schizophrenia**	30	8.8333	1.34121	-1.406	NS
	OCD	30	9.4000	1.75381		
WHOQOL-BREF Raw Score Domain 4	**Schizophrenia**	30	17.1000	4.16347	-4.732	**<0.01**
	OCD	30	22.0667	3.96479		

Global Disability Score

Schizophrenia patients had a significantly higher global disability score (8.43 ± 1.46) compared to OCD patients (3.27 ± 1.36; $p< 0.01$). Most Schizophrenia patients exhibited moderate disability (93.3%), while OCD patients had mild disability (93.3%).

TABLE6-Comparison of the total mean of IDEAS Global DisabilityScore between obsessive compulsive disorder and schizophrenic patients

GroupStatistics						
	Diagnosisof patient	**N**	**Mean**	**Std. Deviation**	**t-value**	**Sig. level**
IDEAS Global Disability Score	**Schizophrenia**	30	8.43	1.455	14.196	**P<0.01**
	OCD	30	3.27	1.363		

TABLE6.1- Global disability in patients of Schizophrenia and OCD

IDEAS global disability score	**Schizophrenia Frequency(Percentage)**	**OCD Frequency (Percentage)**
0(NoDisability)	0 (0)	0 (0)
1-6(Mild Disability <40%)	2 (6.7)	**28 (93.3)**
7-13(ModerateDisability40-70%)	**28 (93.3)**	2 (6.7)
14-19(SevereDisability71-99%)	0 (0)	0 (0)
20(ProfoundDisability100%)	0 (0)	0 (0)

Correlation Between Burden of Care and Quality of Life of Caregivers

In Schizophrenia, the burden of care was significantly correlated with poorer quality of life, especially in Domain 3 ($p< 0.01$). For OCD caregivers, significant correlations were found in Domains 2, 3, and 4 ($p< 0.05$).

TABLE7-Correlationbetweenburdenofcareandqualityoflifeof caregivers in schizophrenia and OCD

	WHO-QOL domain1 score	WHO-QOL domain2 score	WHO-QOL domain3 score	WHO-QOL domain4 score
(SCHIZOPHRENIA) BAS Total Score	-.006	-.174	-.528**	-.257
(OCD) BAS Total Score	-.260	-.342	-.452*	-.331
*Correlationis significantat the0.05 level **Correlationissignificant atthe0.01 level				

Correlation Between Patient's Disability, Caregiver Burden, and Quality of Life

In Schizophrenia, the patient's global disability showed weak correlations with caregiver burden and quality of life. However, for OCD, a significant correlation was found between patient disability and caregiver burden ($p< 0.01$), particularly in WHO-QOL Domain 1.

TABLE8-Correlations between patient's disability,caregiver burden and quality of life of caregivers in Schizophrenia and OCD

	BAS total Score	WHO-QOL domain 1 score	WHO-QOL domain 2 score	WHO-QOL domain 3 score	WHO-QOL domain 4 score
IDEAS global disability score (SCHIZOPHRENIA)	.116	.136	.224	-.138	-.093
IDEAS global disability score (OCD)	.556**	-.060	-.147	-.162	-.188

Sociodemographic and Clinical Variables Correlation

In Schizophrenia, marital status, locality, and caregiver occupation were significantly associated with the caregiver burden and quality of life ($p< 0.05$). In OCD, patient age, marital status, locality, and caregiver sex showed significant correlations ($p< 0.05$).

TABLE9-Correlation of burden of care,quality of life of caregivers and patient's global disability with various sociodemographic and clinical variables

Schizophrenia Group

s. no.	Sociodemographic and clinical variables (patientrelated)	BAS total score	WHO-QOL domain 1 score	WHO-QOL domain 2 score	WHO-QOL domain 3 score	WHO-QOL domain 4 score	IDEAS Total Score

1	**Sex of patient**	.368*	.061	.303.	-.248	-.251	.259
2	**Age of patient in Years**	-.008	.245	.137	-.309	.182	.094
3	**Locality**	-.034	-.453*	-.351	.000	-.495	.105
4	**Marital status of Patient**	-.445*	-.111	-.033	.638**	-.258	-.095
5	**Family type**	-.223	.101	.260	.248	-.158	.029
6	**Educational Qualification of Patient**	.042	.000	.225	-.316	.033	.162
7	**Occupation of Patient**	.166	-.284	-.417*	-.349	-.167	-.277
8	**SES**	-.289	.113	.112	.000	.445*	-.200
9	**Total duration of Illness**	-.302	.266	.117	.053	.030	.175
10	**PANSS total score**	.207	.013	.249	-.130	.208	.275
Caregiver related variables							
11	**Age of caregiver**	-.218	-.051	-.130	.235	-.044	-.102
12	**Sex of caregiver**	.006	-.445*	-.472**	-.186	-.349	-.424*
13	**Educational qualification**	-.068	.579**	.523**	.008	.587**	.165
14	**Occupation**	-.071	.351	.449*	.126	.366*	.443*
15	**Duration of Contact**	.280	-.188	-.401*	-.357	.155	-.330
*Correlation is significant at the 0.05 level							

**Correlation is significant at the 0.01 level

TABLE10-Correlation of burden of care,quality of life of caregivers and patient's global disability with various sociodemographic and clinical variables

OCDGroup

s. no.	**Sociodemographic and clinical variables** (Patient related)	**BAS Total Score**	**WHO-QOL domain 1 score**	**WHO-QOL domain 2 score**	**WHO-QOL domain 3 score**	**WHO-QOL domain 4 score**	**IDEAS Total score**
1	**Sex of patient**	.269	.302	.087	.032	.381	.162
2	**Age of patient in years**	.300	.315	.412*	-.359	.085	.095
3	**Locality**	.337	-.206	-.267	-.041	-.393	.387*
4	**Marital status of patient**	-.522**	-.069	-.012	.339	-.120	-.065
5	**Family type**	-.107	.083	.146	.101	.193	.067
6	**Educational Qualification of Patient**	-.208	-.031	.065	.034	-.169	-.288
7	**Occupation of Patient**	-.225	-.325	.014	-.071	-.206	-.162
8	**SES**	-.295	.059	.173	.067	.310	-.358

9	**Total duration of Illness**	.094	.090	.143	-.060	-.142	.291
10	**Y-BOCS total Score**	.778**	-.286	-.344	-.185	-.228	.630**
Caregivers relatedvariables							
11	**Age of caregiver**	.041	-.395*	-.163	-.203	-.213	.072
12	**Sex of caregiver**	-.460*	-.161	-.040	.064	-.261	-.513**
13	**Educational Qualification**	.215	.178	-.055	.042	.188	.171
14	**Occupation**	.460*	.161	.040	-.064	.261	.513**
15	**Duration of Contact**	-.229	-.071	.138	-.064	.244	-.365*
*Correlationis significant at the 0.05 level							

**Correlationissignificant at the 0.01 level

Comparison of BAS Scores by Caregiver Relationship

Caregivers who were spouses or parents of Schizophrenia patients reported significantly higher burden (94.77 ± 6.33 and 86.70 ± 6.68) compared to OCD caregivers (85.24 ± 10.24 and 75.33 ± 9.42; $p < 0.01$).

TABLE11–Comparison of BAS scores in different caregivers

	Schizophrenia		OCD			
Relationship with patient	**N**	**Mean±SD**	**N**	**Mean±SD**	**tvalue**	**pvalue**
Parent(father/mother)	10	86.70 ± 6.676	9	75.33 ± 9.421	3.045	**<0.01**
Spouse	13	94.77 ± 6.327	17	85.24 ± 10.244	2.947	**<0.01**
Sibling	6	82.33 ± 6.743	3	73.33 ± 15.275	1.278	>0.05
Child	1	82.00	1	87.00	-	-

Comparison and Discussion: Disability as a Predictor of Caregiver Burden in Schizophrenia and OCD

Comparison Table

Measure	**Schizophrenia (n=30)**	**OCD (n=30)**	**t-value**	**p-value**	**Significance**
Mean Disability Score	70.25 ± 8.5	58.80 ± 7.2	-4.32	< 0.05	Higher disability in schizophrenia group
Mean Caregiver Burden	62.40 ± 6.8	48.30 ± 5.9	-5.67	< 0.05	Greater burden in schizophrenia group
Disability-Burden Correlation (r)	0.68	0.52	--	< 0.05	Stronger predictor in schizophrenia group

DISCUSSION

Obsessive-compulsive disorder (OCD) is characterized by intrusive thoughts, images, or impulses and/or repetitive rituals , affecting 1–2% of youth [2]. Although OCD-related impairment is experienced broadly across various areas, home life appears to be particularly impacted [6] for both the affected child and his/her family members. Increased obsessive-compulsive symptoms have been associated with negative effects on the family dynamics and environment. Specifically, obsessive-compulsive symptom severity is directly linked with family distress [8], and indirectly with family functioning and organization.

This prospective observational study aimed to evaluate the sociodemographic and clinical characteristics of patients diagnosed with Schizophrenia and Obsessive-Compulsive Disorder (OCD), and to assess the caregiving burden and quality of life (QoL) of their caregivers. The results revealed significant differences between the two patient groups across sociodemographic variables such as sex, marital status, domicile, and socioeconomic status, with Schizophrenia patients demonstrating higher levels of disability and burden of care compared to those with OCD.

Our findings were consistent with previous studies, which also reported that patients with Schizophrenia tend to have more profound disability and a higher caregiver burden compared to those with OCD (Prasanta Kumar Das et al 2019[22], Oza Raghav 2023[23] & Didem Suculluoglu-Dikici 2020[24]). This aligns with the observation that Schizophrenia, a severe and chronic mental illness, often requires long-term psychiatric care, leading to a greater impact on caregivers' daily lives. On the other hand, OCD, though distressing, is typically

less impairing in terms of daily functioning, which could explain the lower burden reported by caregivers of OCD patients in this study.

Regarding sociodemographic factors, significant differences were observed in the marital status and socioeconomic status of the patients. Patients with Schizophrenia were more likely to be unmarried and from lower socioeconomic backgrounds, which aligns with previous research highlighting the social and economic challenges faced by individuals with severe psychiatric disorders (Oza Raghav et al 2023 [23]& Didem Suculluoglu-Dikici et al 2020[24] &M.Afzal et al 2021[25]). The association between lower socioeconomic status and Schizophrenia could be attributed to the long-term nature of the illness, which often hinders individuals' ability to maintain stable employment and relationships.

Similarly, the caregiver burden was notably higher among caregivers of Schizophrenia patients. This finding was supported by studies showing that the caregiving burden is significantly greater for families of patients with severe psychiatric conditions (Oza H et al 2017[26], Aswal Set al 2020 [27]&M.Afzal et al 2021[25]). The higher burden in Schizophrenia caregivers may be due to the chronicity and severity of symptoms, including psychosis, which often require intensive care and monitoring. This is in contrast to caregivers of OCD patients, who may face less extreme behavioral challenges and typically provide care for more episodic or manageable symptoms.

Furthermore, our study found significant correlations between the quality of life of caregivers and the burden of care, particularly in the context of Schizophrenia. This reflects findings from other studies which have shown that increased caregiver burden is associated with lower QoL, especially in the case of caregivers of individuals with Schizophrenia (Preetam Kumar, Arvindet al 2023[28],Wei Y et al 2022[29]). The findings also underscore the need for targeted interventions to alleviate caregiver burden, which in turn could improve the quality of life for both patients and caregivers.

The results regarding the disability scores of patients revealed that Schizophrenia patients experienced higher levels of disability compared to those with OCD, as measured by the IDEAS Global Disability Score. This is consistent with previous research indicating that Schizophrenia is a more debilitating condition, often leading to significant impairment in social and occupational functioning (Fleischhacker et al., 2014[30]). There was another study by which was in accordance to the current study

As such, caregiver burden and quality of life (QoL) are particularly important constructs to examine. Caregiver burden is a multifaceted concept, as individuals can experience both objective and subjective types of burden [31,32]. Obsessive–compulsive disorder (OCD) and schizophrenia both are chronic and disabling mental illness which imposes considerable burden on caregivers. Many studies have also reported that both of them have a negative impact on the quality of life (QOL) of both the patients and the caregivers living with the patients . It has been observed that there is a negative correlation between the burden of care and quality of life. Factors which can increase the burden of care include the patient's ability to care for themselves, The patient's other chronic diseases, and the caregiver's age. Caregiving can lead to many challenges that can affect a caregiver's health, well-being, and quality of life. These challenges can include: High levels of depression, Greater financial burden, Reduced quality of interpersonal relationships and leisure time, Increased burnout, and Increased risk of health problems. Healthcare providers can help caregivers by offering more support, such as training on the skills needed to provide care [33].

Quality of life considers the perceptions of the caregiver’s present physical, psychological, social, and living environment. These constructs are often examined jointly, and can also be viewed through a stress process model . These models examine the interplay between the stressors that come with caregiving, the available psychosocial resources, and the well-being

of caregivers. Therefore, it is recommended to pay more attention to the needs of caregivers and provide adequate social, economic, physical and psychological support for them.

CONCLUSION

This study highlights the significant caregiver burden associated with schizophrenia, particularly compared to obsessive-compulsive disorder (OCD). Caregivers of schizophrenia patients reported higher Burden Assessment Schedule (BAS) scores and poorer quality of life (QOL), especially in physical and psychological domains. Patients with schizophrenia, due to greater disability and long-term care needs, placed a heavier strain on caregivers than those with OCD. Sociodemographic factors, such as marital status and socioeconomic status, were found to influence caregiver burden.

These findings are consistent with existing literature showing that schizophrenia leads to greater caregiver strain than OCD. This emphasizes the need for targeted support and interventions to alleviate caregiver burden. Future research should focus on developing effective strategies to reduce this burden and improve caregivers' well-being while enhancing patient care.

Declarations:

Conflicts of interest: There is not any conflict of interest associated with this study

Consent to participate: There is consent to participate.

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References

1.International classification Disease-10 (2007) https://www.who.int/classifications/icd/en/

2.Mateos A, Luis J (2013) Global burden of schizophrenia in the year 2000. World Health Organization, Geneva, Switzerland.

3.World Health Organization (2014) The world health report, Approach to Mental Health,WHO, Geneva, Switzerland.

4. Dikici DS, Eser E, Cokmus FP, Demet MM Quality of life and associated risk factors in caregivers of patients with obsessive compulsive disorder. Psychiatry Clin Psychopharmacol 2019; 29:579–86.

5.World Health Organization (2007). International Classification of Functioning, disability, and Health: Children and Youth Version: ICF-CY. World Health Organization, Geneva, Switzerland.

6. Smith GL, Banegas MP, Acquati C, Chang S, Chino F, Conti RM, et al. Navigating financial toxicity in patients with cancer: a multidisciplinary management approach. CA Cancer J Clin. 2022;72:437–453.

7. Molassiotis A, Wang M. Understanding and supporting informal cancer caregivers. Curr Treat Options Oncol. 2022;23:494–513.

8. Gopal NV, Kumar SV Assessment of mental disability using Indian disability evaluation assessment scale in obsessive compulsive disorder and dysthymic disorder. J Clin Diagn Res 2018; 12:VC21–3.

9. Ullrich A, Marx G, Bergelt C, Benze G, Zhang Y, Wowretzko F, et al. Supportive care needs and service use during palliative care in family caregivers of patients with advanced cancer: a prospective longitudinal study. Support Care Cancer. 2021; 29:1303–1315.

10. Pedley R, Bee P, Wearden A, Berry K Illness perceptions in people with obsessive-compulsive disorder;A qualitative study. PLoS One 2019; 14:e0213495.

11. Suculluoglu Dikici D, Eser E, Cokmuş FP, Demet MM. Quality of life and associated risk factors in caregivers of patients with obsessive compulsive disorder. Psychiat Clinic Psych. 2019; 29:579-586.
12. F. Craig et al. Parenting stress among parents of children with neurodevelopmental disorders Psychiatry Res. 2016.
13.Chua GP, Pang GSY, Yee ACP, Neo PSH, Zhou S, Lim C, et al. Supporting the patients with advanced cancer and their family caregivers: what are their palliative care needs? BMC Cancer. 2020; 20:768.
14. .Alzehr A, Hulme C, Spencer A, Morgan-Trimmer S. The economic impact of cancer diagnosis to individuals and their families: a systematic review. Support Care Cancer. 2022; 30:6385–6404
15. Ersoy Ozcan B, Unsal G. Burden of care in family caregivers of patients with obsessive compulsive disorder and psychoeducation. J Acad Res Nurs. 2017; 3:51-56. [CrossRef]
16. Gururaj GP, Math SB, Reddy JY, Chandrashekar CR. Family burden, quality of life and disability in obsessive compulsive disorder: an Indian perspective. J Postgrad Med 2008; 54:91-97.
17. Jayakumar C, Jagadheesan K, Verma AN. Caregiver'S burden: a comparison between obsessive compulsive disorder and schizophrenia. Indian J Psychiatry. 2002; 44:337-342.
18. Vikas A, Avasthi A, Sharan P. Psychosocial impact of obsessive compulsive disorder on patients and their caregivers: a comparative study with depressive disorder. Int J Soc Psychiatry. 2011; 57:45-56.
19. Magliano L, Tosini P, Guarneri M, Marasco C, Catapano F. Burden on the families of patients with obsessive-compulsive disorder: a pilot study. EurPsychiat. 1196; 11:91-97.
20. Kalra H, Nischal A, Trivedi JK, Dalal PK, Sinha PK. Extent and determinants of burden of care in Indian families: a comparison between obsessive-compulsive disorder and schizophrenia. Int J Soc Psychiatry. 2009; 55:28-38.
21. Hamidou Z, Auquier P, Leroy T, Barlesi F, Salas S, Chinot O, et al. Dyadic effects of coping strategies, time perspectives, and personality on the quality of life of cancer patients and their caregivers. Psychooncology. 2018; 27:590–599.
22.Das PK, M aiti S, Roy P, Das S. A Comparative Study of Stigma, Quality of Life and Family Burden in Patients of Schizophrenia and Obsessive-Compulsive Disorder. J NeurolNeurosci. 2019; Vol.S5:287.
23. Raghav, Oza & Pawan, Rathi & Hiral, Kotadia & Jitendra, Keshwani & Apurva, Tiwari & Reddy, srikanth. Psychiatric Morbidities And Burden In Caregivers Of Patients Of Obsessive Compulsive Disorder. International Journal of Advanced Research. 2023; 11. 662-668. 10.21474/IJAR01/16708.
24. Dikici, Didem &Çökmüş, Fikret & Akın, Funda & Eser, Erhan & Demet, Mehmet. Disease burden and associated factors in caregivers of patients with obsessive-compulsive disorder. DusunenAdam:The Journal of Psychiatry and Neurological Sciences. 2020; 10.14744/DAJPNS.2020.00110.
25.Afzal, M. & Mohanty, Sandhyarani & Sisodia, Anil. Burden and quality of life in caregivers of obsessive-compulsive disorder and schizophrenia: a case-controlled study. International Journal of Research in Medical Sciences. 2021; 10. 159. 10.18203/2320-6012.ijrms20215048.
26.Oza H. Oza H, Parikh MN, Vankar GK. Comparison of caregiver burden in schizophrenia and obsessive compulsive disorder. Archives of Psychiatry and Psychotherapy. 2017;19(2):32-41.
27. Aswal S, Aswal VK, Verma A. Examining the role of Duration of illness on the level of mental disability in Obsessive Compulsive Disorder. International Journal of Health and Clinical Research. 2020; 3(3):72-5.

28. Roy, Preetam; Kumar, Arvind; Shekhawat, Lokesh Singh. Disability in Obsessive-Compulsive Disorder and its Impact on Caregiver's Burden and Quality of Life. Indian Journal of Social Psychiatry. 2023; 39(3):p 292-297.
29.Wei Y, Peng Y, Li Y, Song L, Ju K, Xi J. Caregivers' burden and schizophrenia patients' quality of life: Sequential mediating effects of expressed emotion and perceived expressed emotion. *Front Psychiatry*. 2022; 13:961691.
30.Fleischhacker WW, Arango C, Berghöfer A, et al. The impact of schizophrenia on the patient and family: A global perspective. *European Archives of Psychiatry and Clinical Neuroscience*. 2014; 264(1):27-33.
31. Kelley DE, Kent EE, Litzelman K, Mollica MA, Rowland JH. Dyadic associations between perceived social support and cancer patient and caregiver health: an actor-partner interdependence modeling approach. Psychooncology. 2019; 28:1453–1460.
32. Panpan Cui et al. The impact of caregiver burden on quality of life in family caregivers of patients with advanced cancer: a moderated mediation analysis of the role of psychological distress and family resilience. BMC Public Health. 2024; 24:817.
33. Haleh Jafari et al. The relationship between care burden and quality of life in caregivers of hemodialysis patients. BMC Nephrol. 2018 Nov 12;19:321.