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# Caregiver strain and symptoms of depression among principal caregivers of patients with schizophrenia and bipolar affective disorder in Sri Lanka

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## Abstract

**Introduction:** Data on caregiver strain and depression of principal caregivers of patients with mental illnesses are few in developing countries. Findings from developed countries cannot be applied directly to developing countries as culture specific factors may influence the outcome.

**Methods:** A prospective study was carried out in the University Psychiatry Unit of the National Hospital of Sri Lanka (NHSL) to identify symptoms of depression, caregiver strain and dissatisfaction with life in caregivers of patients with schizophrenia and bipolar affective disorder. Participants were assessed using the Center for Epidemiological Studies – Depression Scale, Satisfaction with Life Scale and the Modified Caregiver Strain Index.

**Results and discussion:** Eighty caregivers were interviewed (males; 36, 45%). Symptoms of depression were significant in 37.5%, while 48.8% had unsatisfactory scores on the Satisfaction with Life Scale. Depression and higher caregiver strain were associated with spending more time with the patient, interruption to work, disputes with relations, being assaulted by patient and self admission of needing professional help to overcome mental stress.

**Conclusion:** This study identified several associations for depression and increased caregiver strain among caregivers in a subset of patients with mental disorder in Sri Lanka. These can be used as markers to screen and increase pretest probability to identify caregivers needing help rather than applying the cumbersome questionnaires to all.

## Introduction

Caregiver strain is a well described entity that has been studied among different populations of caregivers for chronic medical conditions (psychiatric disorders, cancer, dementia, parkinsonism etc.) [1-4]. The physical, mental, social and spiritual well being of caregivers in these situations are continuously compromised (e.g. inability to attend to other family matters, frustration and anger towards self and patient, depression, financial issues, unemployment) [1,5,6]. Unless remedial action is taken, caretaker strain can have adverse effects on both the caregiver and the patient.

Data on caregiver strain in Sri Lanka is not available in published literature. In fact, most of the studies that are published refer to caregivers in developed nations [1,7,8]. The socio-economic milieu, support systems and level of medical care for patients differ vastly between these two groups of countries. Therefore the findings and recommendations cannot be applied directly to developing countries from the existing studies on the subject. In this light, it is important to look at the characteristics and patterns of caregiver strain in a developing country such as Sri Lanka to identify unique and specific problems that are in existence to work on more community tailored remedies.

## Methods

A prospective study was carried out in the university psychiatry unit of the National Hospital of Sri Lanka

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