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Original article

Clinical and demographic variables associated with coping and the burden of caregivers of schizophrenia patients[☆]

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ABSTRACT

Objective: To analyse the relationship between burden of illness and coping strategies and the demographic variables of caregivers, and the demographic and clinical variables of people diagnosed with schizophrenia.

Methods: Multicentre correlational cross-sectional study including 70 people diagnosed with schizophrenia, or a schizoaffective disorder, and 70 primary informal caregivers. They were evaluated using the Zarit Caregiver Burden Interview, Family Coping Strategies Questionnaire, Scale for the Assessment of Positive Symptoms, Scale for the Assessment of Negative Symptoms, and the brief Disability Assessment Scale.

Results: Burden of illness positively associated with patient impairment in occupational and social functioning, and negatively with education level. Avoidance, coercion and positive communication were positively associated with impairment in occupational and social functioning of patients. Social interest and friendships showed a positive association with the education level of caregivers. Spiritual assistance negatively correlated with impairment in social functioning and patient age, and resignation was negatively associated with length of the disorder and patient education level.

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Conclusions: Burden and dysfunctional coping strategies, such as avoidance and coercion, are associated with functional impairment of the patient. These findings suggest the need to provide support to caregivers, adjusted to the functional level of the patient, in order to prevent burden of care.

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Variables demográficas y clínicas relacionadas con la carga y el afrontamiento de los cuidadores de personas diagnosticadas de esquizofrenia

R E S U M E N

Palabras clave:

Esquizofrenia
Cuidadores informales
Carga del cuidado
Habilidades de afrontamiento

Objetivo: Analizar la relación de la carga y las estrategias de afrontamiento con las características demográficas de los cuidadores de personas con esquizofrenia, así como las variables demográficas y clínicas de los pacientes.

Métodos: Estudio transversal correlacional multicéntrico en el que se evaluó a 70 personas diagnosticadas de esquizofrenia o trastorno esquizoafectivo y 70 cuidadores informales primarios con la escala de sobrecarga del cuidador de Zarit, el cuestionario de estrategias familiares de afrontamiento, la escala para la evaluación de síntomas positivos, la escala para la evaluación de síntomas negativos y la escala breve de evaluación de la discapacidad. *Resultados:* En este estudio, la carga se correlacionó positivamente con el deterioro del funcionamiento ocupacional y social y presentó asociación negativa con la escolaridad de los pacientes. El escape, la coerción y la comunicación positiva presentaron correlaciones positivas con el deterioro del funcionamiento ocupacional y social de los pacientes. Asimismo, el interés social y las amistades mostraron asociación positiva con la escolaridad de los cuidadores. Además, la ayuda espiritual presentó correlaciones negativas con el deterioro del funcionamiento social y la edad de los pacientes, y la resignación se correlacionó negativamente con la duración del trastorno y la escolaridad de los pacientes.

Conclusiones: La carga y la adopción de estrategias de afrontamiento disfuncionales, como el escape y la coerción, se asocian con el deterioro del funcionamiento de los pacientes. Estos hallazgos indican la necesidad de brindar a los cuidadores apoyos ajustados al nivel de funcionamiento del paciente que prevengan la carga del cuidado.

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Introduction

Providing care to a person diagnosed with schizophrenia means dealing with physical, psychological, social and financial demands deriving from living with the affected family member's disorder and this can lead to a prolonged stressful experience. According to the transactional model of stress and coping proposed by Lazarus and Folkman, burden and coping play a mediating role in the stress process.¹ Burden refers to the caregiver's perception of how burdensome the care situation can be for him or her and the impact it has on his or her life.^{2,3} Although there seems to be consensus about the burden dimensions (subjective and objective), some authors note inconsistencies in the definition of the term and in how the construct is operationalised.^{4,5} Attention is also drawn both to the negative connotations of the concept of burden, which make any positive aspects of the care experience invisible, and the variability in the way burden is measured.^{4,5} We should therefore point out that this study focuses on the adverse

effects of caring on the mental health of the caregiver. Coping is defined as the set of cognitive and behavioural efforts applied by the individual, in this case the caregiver, to respond to demands he/she judges to be excessive in relation to his/her resources.¹

Studies on primary caregivers of people diagnosed with schizophrenia indicate that gender^{5,6} and kinship^{7,8} are associated with greater perception of burden by caregivers, and mothers are the ones who bear the greatest burden. Results on the influence of other demographic variables of the caregiver and the family member diagnosed with schizophrenia on the perception of the burden of care are less clear.^{6,7,9} There is evidence of an association between objective stressors (positive symptoms and low level of patient functioning) and caregiver burden.^{8,10-14} Other studies, however, report different results.^{5,15}

There seems to be a lack of consistency in the coping strategies applied by caregivers.¹⁶ One study conducted in India reported that caregivers of people diagnosed with schizophrenia frequently used emotion-focused coping strategies¹⁷;

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