

A systematic review of all the available Egyptian studies carried out on the relatives of psychiatric patients

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Background

The role of the caregiver is very demanding, frequently distressing, harmful to the health, and reduces the quality of life. The caregiver's burden has been defined as physical, psychological, or emotional; social and financial problems can be experienced by the family members taking care of the psychiatrically ill patients. Caring for the psychiatrically ill patients may be associated with increasing the risk of psychiatric illness.

Aim of the study

The aim of this study was to systematically review and appraise the available Egyptian studies carried out on the relatives of psychiatric patients and to generate recommendations that will help further studies.

Keywords:

caregiver burden, relatives of psychiatric patients, systematic review

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While exploring the available Egyptian studies carried out on the relatives of psychiatric patients, the authors found 34 studies, with the first being conducted during 1981 and the next during 1993; therefore, it was concluded that this topic had been neglected in psychiatric researches.

After systematically reviewing these researches (qualitatively), the authors found 23 researches that studied the epidemiology among the relatives of psychiatric patients, whereas 15 studied the outcome, 13 studied the etiology, 10 studied the clinical description, and four studied the level of knowledge and attitude of the family toward the psychiatric illness, and lastly, there were three studies on the management.

As regards the prevalence of psychiatric morbidities among the relatives of psychiatric patients, about 50% of the wives and children of patients with generalized anxiety disorder (GAD) had GAD [1]. Anxiety symptoms and GAD were common among the spouses and children of patients with obsessive compulsive disorder [1]. The relatives of patients with chronic schizophrenia and chronic major depressive disorder were more liable to suffer from depressive symptoms and major depressive disorders [1]. Of the first-degree relatives of bipolar affective disorder patients, 26% were suffering from psychiatric disorders [2]. As regards the mothers of psychiatrically ill children, 40.4% had psychiatric disorders, commonly adjustment disorder with depressed mood [3]. As regards the fathers of children with pervasive developmental disorder, 12% (7/25) suffered from depression [4]. The wives of addicts had higher levels of depression and anxiety compared with the wives of healthy individuals [5].

As regards the etiology, three risk factors lead to disturbed mental health and impaired quality of life of the relatives of psychiatric patients; these were: (i) the genetic factors,

(ii) the nature and severity of the psychiatric disorders of the patients, or (iii) the sociodemographic factors (of the patients or the relatives) [3].

As regards the clinical description of the psychiatric disorders and the accompanying psychiatric symptoms among the patients' relatives, distress and anxiety symptoms were more common among the relatives of patients with obsessive compulsive disorder [1]. Psychological or physical symptoms were common among the family members of patients with relapsed schizophrenia [6]. Children of depressed mothers suffered from anxiety and depressive symptoms [7]. Children of bipolar affective disorder patients had significantly higher occurrences of psychosomatic disorders (64.9%) and symptoms of anxiety (40.5%) and hyperactivity (56.8%) compared with the children of healthy parents [8]. Mothers of psychiatrically ill children suffered from high stress mainly due to bad attachment to their children (87.5%) [3]. Wives of addicts expressed more severe aggression compared with wives of healthy controls [5,9].

As regards the management of the relatives of psychiatric patients, the researchers focused mainly on the patients; however, in one research it was found that the improvement of the psychiatric condition of the patient in turn improves the relative's condition [10]. After 6 months of management of the psychiatric conditions of the children, the mothers of psychiatrically ill children showed decreased incidence of the following: disturbed mental health, maternal stress, and mother's and family's burden, whereas the maternal quality of life was significantly improved in all domains except for the environmental and physical quality of life [3]. Only one study discussed the effect of the psychoeducational program on decreasing the burden of the caregiver [11].

As regards the psychiatric illness of the patients, it was found that it leads to negative outcomes on the families such as: divorce [1], marital dissatisfaction [12], marital and sexual problems [13], learning problems [8], occupational difficulties [6], burden on the family and caregiver [14], and maternal stress [3].

As regards the caregiver's level of knowledge and attitude, it has been reported that education leads to improvement in the attitude and level of knowledge of relatives of patients with schizophrenia. The educational program had a positive effect on the attitude and level of knowledge of the relatives, and this could be maintained over time [15].

It is noteworthy that most of the researchers neither mentioned the design of the study nor described the design of the sample. Only a small number of researches statistically calculated the sample size to choose the appropriate number of cases. The study population was described only in a few researches. Moreover, many researches neither mentioned the time nor the setting of the study.

Limitations of the study

Some studies have not been listed in this study. All MD and MSc theses from Cairo University published before 1990 could not be presented in this study because they are neither available nor indexed in the library of the Faculty of Medicine, Cairo University. Another limitation was the inability to photocopy or borrow MD or MSc theses from the Faculty of Medicine, Al-Azhar University.

Clinical implications

Establishment of a national register system for all Egyptian studies to prevent the loss of any Egyptian scientific work.

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Conflicts of interest

There are no conflicts of interest.

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مراجعة منهجية للدراسات المصرية المتاحة التى أجريت على "أقارب المرضى النفسيين"

إن دور مقدمى الرعاية دور لة متطلبات كما أنه يسبب ضغوط نفسية و يسبب ضرر لصحة مقدم الرعاية وجودة حياته. تم تعريف اعباء مقدمى الرعاية على انها المشاكل الجسدية و النفسية أو العاطفية والاجتماعية والمشاكل المالية التى يمكن أن يتعرض لها مقدمى الرعاية و هذه المشاكل من الممكن أن يمر بها أفراد الأسرة الذين يرعوا كبار السن المصابين . إن الدور المطلوب تقديمه لرعاية المريض فى الأسرة لا يلغى دورة الأصلية تجاة الأسرة مما يزيد من أعباء النفسية والاقتصادية على حد سواء. الهدف من الدراسة هو مراجعة منهجية لتقييم الدراسات المصرية المتاحة المقامة على "أقارب المرضى النفسيين" مع عمل توصيات تفيد الدراسة فى هذا المجال, ووضع ملخص للدراسات المصرية المتاحة التى أجريت على "أقارب المرضى النفسيين".