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Comorbidity/Dual Pathologies

O0087

A qualitative exploration of the lived experience of informal caregivers of people with severe mental illness and co-existing long-term conditions.

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Introduction: People with severe mental illness (SMI), including schizophrenia and bipolar disorder, experience significant health inequalities and are more likely to develop long-term physical health conditions (LTCs), such as type 2 diabetes and cardiovascular disease. Many people with SMI rely on informal caregivers, typically friends and family, to support their health and enable them to live in the community. Informal caregivers of people with SMI experience high levels of caregiver burden, social isolation, and poor health outcomes. However, it is unclear how co-existing LTCs contribute to the caregiving experience.
Objectives: The aim of this study was to explore the lived experience of informal caregivers of people with co-existing SMI and LTCs.
Methods: We conducted a qualitative study with informal caregivers of people with co-existing SMI and LTCs in England. We recruited 12 informal caregivers and conducted five semi-structured interviews and two focus groups between December 2018 and April 2019. The interviews and focus groups were audio recorded, transcribed verbatim and thematically analysed.
Results: SMI impacts profoundly on the health and well-being of both service users and their informal caregivers. Service users were described as too unwell with their SMI to engage in self-management of their mental and physical health, with the primary responsibility for these tasks falling to informal caregivers. There were significant barriers to adequate physical healthcare for service users, therefore informal caregivers needed to advocate extensively for their loved ones to ensure access to services. Informal caregivers felt significantly under-supported and struggled with the caregiver burden associated with SMI and LTCs. This burden included the constant monitoring of risk, anxiety around the vulnerability of their loved one, repeated hospitalisations, physical health concerns, lack of respite services, lack of recognition of their role, the guilt associated with paternalistic care, shame and stigma, and the difficulties managing the changeable nature of SMI.
Conclusions: Informal caregivers of people with SMI face an additional caregiver burden resulting from co-existing LTCS. This adds substantially to their caring role, yet they do not receive the necessary support, and therefore their own health and wellbeing are negatively impacted. Improved recognition of the role of informal caregivers and additional support, including improved provision of respite services, are needed to improve the well-being of informal caregivers.

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Personality and Personality Disorders

O0088

Physical illness and multimorbidities in patients diagnosed with personality disorder

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Introduction: People with personality disorder (PD) often experience suffering, suboptimal psychiatric treatment outcomes, and early mortality due to chronic physical illness (CPI) and multimorbidity (≥2 CPI) (CPM). Increasing research underscores the elevated prevalence of CPI and CPM in those with PD.
Objectives: To compare the prevalence of CPI/CPM between the general population and those with PD and to explore the relationship between CPI/CPM and various aspects of PD.
Methods: This cross-sectional study enrolled 126 PD patients (70.6% female, mean age 41.22 years) based on the ICD-10 criteria, and 126 socio-demographically matched individuals from the general population. The participants completed the following instruments: the ICD-11 Personality Disorder Severity Scale (PDS-ICD-11), the Personality Assessment Questionnaire for ICD-11 (PAQ-11), Subjective Emptiness Scale (SES), the Reflective Functioning Questionnaire-Revised-7 (RFQ-R-7), and self-reported chronic physical illnesses questionnaire.
Results: The mean number of CPI in patients with PD and matched controls was 2.69 (SD=2.371) and 1.02 (SD=1.702), respectively, and this difference was statistically significant. Patients with PD also suffered more often from CPM than none or one CPI, compared to matched controls. In the multivariate logistic regression analyses among the patients with PD, higher personality disorder severity, increased trait Negative Affectivity and poorer reflective functioning/mentalizing were predictive of having CPM. These relationships were independent of age, gender, education status, income level, length of psychiatric treatment, and smoking status. Subjective emptiness was not significantly predictive of having CPM.