

Article: 0270

Topic: EPO01 - e-Poster Oral 01: Schizophrenia 1

Burden of Informal Care Giving to Patients with Schizophrenia – It's Magnitude and Determinants

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Introduction; A diagnosis of schizophrenia has significant effects on the burden of the families. Elucidating its magnitude, type and determinants lead to strategies to ease it.

Objectives: To study the objective (time and money spent) and subjective burden (care-related quality of life) of informal care.

Aims To study determinants of the objective and subjective burden

Methods: 107 patients (53% females; Mean age; 43± 11 years) from 7 centers and 118 of their informal care-givers (67% females, Mean age; 58 ± 15 years) entered the study. Factors previously found of importance for the magnitude of care burden was assessed. The subjective burden was assessed using the CarerQol, VAS scale (0-10). The objective burden was assessed prospectively during four weeks with daily recordings of money and time spent.

Results: The Mean (SD) GAF was 52 (11). The mean (SD) time spent on caring was 22 (36) hours per week. Caregivers' expenses corresponded to 14% of the mean gross income. Females experienced a higher subjective caregiver burden than men [6.5 (2.0) vs 7.3 (1.8)]. A significantly inverse relation between the patients levels of functioning and the subjective burden was found.

Conclusion: The burden of informal care is considerable and surpasses that of formal care. The patient's functional level significantly determined the subjective burden. The prospective daily diary design revealed a great underestimation of the time spent when recalling it. Since antipsychotic medication is insufficient to alleviate negative symptoms other function-increasing interventions such as social training and jobs should be an integrated part of psychiatric care.