



Original Article

Examination of care burden and coping methods in caregivers of individuals diagnosed with bipolar disorder

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Abstract

Objectives: The aim of this study is to examine care burden and coping methods in caregivers of individuals have diagnosed with bipolar disorder and the correlations of these variables with features caregivers and individuals have diagnosed with bipolar disorder.

Methods: The present study was conducted with 124 caregivers of individuals have diagnosed bipolar disorder who applied Psychiatry Clinic of Hospital, and Psychiatry Clinic of State Hospital. The data were collected by using Questionnaire, Burden Assessment Scale (BAS), and Ways of Coping Inventory (WCI) and data collection forms were applied to the caregivers of the individuals with bipolar disorder using the face-to-face interview method. Data obtained in the study were analysed using SPSS 22.0 software.

Results: The BAS scores were significantly higher for the caregivers of individuals have diagnosed bipolar disorder who were single, with low income levels, with rapid cycles, with episodes within the last two years, with impairment of social and occupational functioning, taking drugs, and displaying violent behaviours to others ($p<0.05$). The submissive and the helpless approach levels were significantly higher for the worker and unemployed caregivers ($p<0.05$). The seeking social support approach levels were significantly lower for the caregivers of individuals be men, with previous suicide attempts, and drug use; the submissive approach levels were significantly higher for the caregivers of individuals be inpatient; the helpless approach levels were significantly higher for the caregivers of individuals with impairment, social functioning, displaying violent behaviours to others, and taking drugs; the self-confident and the optimistic approach were significantly lower for the caregivers of individuals drug use ($p<0.05$). In caregivers, care burden have negative relationships with the self-confident and the optimistic approach; have positive relationships with the submissive and the helpless approach ($p<0.05$).

Conclusion: The burden of care of individuals with bipolar disorder is affected by the sociodemographic and clinical characteristics of the patients, the coping methods are affected by the sociodemographic characteristics of the caregiver and the sociodemographic and clinical characteristics of the patients. The increase in the care burden of caregivers is associated with a submissive and helpless approach, and a decrease in self-confidence and optimism.

Keywords: Bipolar disorder; careburden; caregiver; coping.

Bipolar disorder is a chronic mood disorder that can lead to, pronounced psychosocial deterioration and loss of mental abilities, it involves irregular cycles of depression, mania or mixed episodes of mania and depression with periods of healthy mood states.^[1,2] As with all mental disorders, the community-based treatment of bipolar disorder has led to pro-

longed family time outside inpatient facilities and families taking a more active role in the care of patients. Living with bipolar disorder, a chronic mental illness, can cause mental, social, economic and environmental problems for the caregivers.^[3]

The concept of burden of care is used to describe the effects of the daily difficulties, negative events, problems affecting their

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What is known on this subject?

- The caregivers of bipolar patients experience a high level of care burden. Caregivers experience higher amounts of care burden when they use emotion-oriented coping methods and lower amounts of care burden when they use problem-focused coping methods.

What is the contribution of this paper?

- According to the results of our study, care burden of caregivers of bipolar patients is influenced by the sociodemographic characteristics of the caregiver and the patients and clinical characteristics of the bipolar patients; as the self-confident and optimistic approach increases, the care burden decreases, and as the helpless and submissive approach increases the care burden increases.

What is its contribution to the practice?

- Decreasing the care burden of caregivers bipolar patients was found to be correlated with a self-confident and optimistic approach, on the other hand increasing the care burden was associated with submissive and helpless approach. Knowing the characteristics that affect the care burden and coping methods of caregivers of bipolar patients will help provide patients with nursing care according to their current needs.

lives on family members as a result of living with a sick person.

^[4] Burden of care refer to negative objective and subjective outcomes of the burden the caregiver bears such as; psychosocial problems, physical well-being problems, economic problems, impaired family relations and a feeling of loss of control.^[5-7]

Although the burden of care is mostly seen in families with disabling mental disorders such as schizophrenia burden of care is seen in mood disorders such as bipolar disorder.^[7,8]

Caregivers use different methods to deal with the burden of caring for an individual with mental illness.^[9] Two main methods of coping are mentioned in the literature.^[9-11] The solution-oriented method is recognized as the most efficient, solution-oriented coping method is defined constructive coping efforts to change difficult situations and include problem solving, information search or taking steps for positive communication. In contrast, less effective emotion-oriented methods are attempts by the caregiver to alleviate stress-related emotional responses such as avoidance or submission.^[11] The methods of coping used by those who care for bipolar patients are determined by; age of the patient and caregiver, sociodemographic characteristics such as marital status, how long the patient had bipolar disorder and loss of functionality.^[9,10]

Although there are many studies on the coping methods of caregivers in severe and chronic disorders such as schizophrenia, there are limited studies on bipolar disorder which has similar conditions.^[9-12] In the studies comparing the effects of schizophrenia and bipolar disorder, it was found that caregivers of individuals diagnosed with bipolar disorder used problem-centered coping methods more than the other group. In these studies, it was found that caregivers' gender, personality structure and patient's loss of function influenced coping methods.^[9,11] There have also been studies in the literature indicating that bipolar disorder leads to a high level of care burden and consequently the use of high-level emotion-focused coping methods. In the study of Chadda et al.^[12] (2007), it was found that although caregivers use the social support seeking method more than the avoidance method, high total

care burden scores caused more negative coping methods to be used. These results indicate that bipolar patients cause a similar level of care burden compared to schizophrenia.^[9,11,12]

When the characteristics that affect the care burden of caregivers of bipolar patients are identified, nurses can develop effective methods to decrease caregivers' level of care burden and obtain up-to-date information that can be used in nursing care expected to be given with a holistic approach. In addition, establishing the content of intervention programs for caregivers of bipolar patients can be supported. In this study, it is aimed to examine the care burden of those who care for individuals with bipolar disorder, their coping methods and the relationship of these variables with various factors.

For this purpose, the following questions were asked in the study.

- Which characteristics of the caregivers and the patients affect the care burden of the caregivers?
- Which characteristics of the caregivers and the patients affect the coping methods of the caregivers?
- Is there a relationship between care burden of caregivers of bipolar patients and coping methods of the caregivers?

Materials and Method

The Sample

This descriptive research was conducted in the psychiatry clinic and community mental health center of Çanakkale Eigh-teen March University Medical Faculty Hospital along with Çanakkale Public Hospital. The research sample consisted of caregivers of bipolar patients whom applied to the institutions mentioned before between August 2015 to May 2016, 124 of caregivers fit the sample selection criteria.

Sample selection criteria for caregivers of bipolar disorder patients are as follows.

- Giving care for at least a year (living together regardless of relation to the patient)
- Be at least 18 years of age
- The caregivers must be literate
- Consenting to participate in the research

It was found that 1875 individuals diagnosed with bipolar disorder applied to the institution in a province with a population of 159.758 that this research took place in making the occurrence rate of bipolar %1.2. According to this, to be able represent the population with a sampling error of 5%, with the bipolar occurrence rate of bipolar being 1.2% and a power level of 95% the sample size must be at least 62 people.

Data Collection Tools

The data were collected by using a questionnaire aiming to determine characteristics of bipolar patients and their patients Burden Assessment Scale (BAS), and Ways of Coping Inventory (WCI).

Questionnaire

The questionnaire consists of 45 questions including 25 questions about the characteristics of bipolar patients and 20 question about the characteristics of the caregivers.

The Burden Assessment Scale

BAS was developed by Reinhard and his colleagues, the scale shows that the caregiving burden increases as the score increases.^[13] In 2011, Aydemir and his colleagues did a study evaluating the validity and reliability of the Turkish BAS with a sample of individuals diagnosed with schizophrenia, bipolar disorder, major depression and anxiety.^[8]

The scale is a 19-item self-report scale and provides a four-point Likert-type assessment; "never" is 1 point, "very little" is 2 points, "a little" is 3 points, "A lot" is 4 points and "not suitable" is 0 points. The expressions in the questionnaire examines the extent to which the daily lives of the caregivers have changed due to living with bipolar and the extent to which they are concerned about the patient. In the study of Aydemir et al.^[8] (2011), Cronbach's alpha coefficient of the scale was reported as .894.

Ways of Coping Inventory

The validity and reliability study of the scale developed by Folkman and Lazarus was conducted by Şahin and Durak^[14] (1995). The scale has two dimensions which can be named as effective approaches to problem and ineffective approaches to emotions. The scale for the problem consists of 30 items, each of which is evaluated as "not appropriate at all" is 0 points, "not appropriate" is 1 point, "appropriate" is 2 points, "completely appropriate" is 3 points. On the scale, the scores for each sub-scale are calculated separately and the total points for that subscale is obtained. The total score increase on the subscales is interpreted as using that specific coping method more. Cronbach's Alpha coefficients from three different studies range from .470 to .720 for the submissive approach, between .640 and .730 for the helpless approach, between .620 and .800 for the self-confident approach, between .490 and .690 for the optimistic approach, and between .450 to .470 for the social support seeking approach.^[14] In our study, Cronbach Alpha coefficients for the Ways of Coping Inventory were .874 for self-confident approach, .823 for helpless approach, .523 for submissive approach, .556 for social support seeking approach, and .806 for optimistic approach.

Data Collection

After explaining the purpose of our research to the caregivers inside a clinical/public health center setting and getting the verbal consent of the caregiver we gave them the questionnaire. In order to conduct the research, we were given, a written permission from the University Ethics Committee of the Faculty of Medicine no: KLİ.ARŞ.ETİK.KURUL.BŞK./050.99-148, written permission no: 33598204-774/7868 from the Asso-

ciation of Public Hospitals and written permission from the University Medical Faculty Hospital no: 27222899-099-2712.

Evaluating Data

SPSS 22.0 program was used to evaluate the data. Shapiro-Wilk test and variance coefficients and variance homogeneity were evaluated with the Levene test. Comparison of two independent groups according to quantitative data was evaluated with Independent-Samples t test (parametric) using Bootstrap results along with Mann-Whitney U test using Monte Carlo results. For comparing more than two groups quantitative data One-Way Anova (parametric) and Post Hoc analysis iTukey HSD, Fisher's Least Significant Difference (LSD) and Games-Howell tests were used, Kruskal-Wallis H tests were used as a non-parametric method and Dunn's Test was used for Post Hoc analysis. Pearson Correlation, parametric tests and Spearman's rho tests, which are nonparametric tests, were used to examine the correlations between the variables. Quantitative variables are shown as mean±SD (standard deviation) and median range (Minimum-Maximum) in the tables, and categorical variables as n (%). Variables were examined at a 95% confidence level and considered significant when the p value was less than 0.05.

Results

64.50% of the caregivers were female, 42% were parents, the mean age was 46.81±12.54 and the mean duration of care was 12.23±10.52 years. 54% of individuals with bipolar disorder were female, the mean age was 37.44±13.49 years and the total duration of the disorder was 9.10±8.31 years (Table 1).

The care burden of caretakers of single (F=4.15, p=0.01) and low income (F=3.42, p=0.03) bipolar patients were higher. Significant difference in marital status is among caregivers of married and single bipolar patients (p=0.01). A significant difference was found between low income and middle-income bipolar patients (p=0.03). There was no significant difference in care burden of caregivers with low, middle- or high-income patients (p=0.31, p=0.94). The BAS scores of caregivers were significantly higher with rapid cycling (t=4.35, p<0.001), having an episode in the last two years (t=2.30, p=0.04), social and occupational functionality deteriorated (t=5.19, p<0.001), substance abuse (t=2.91, p<0.001) and violent behavior towards others (t=3.49, p<0.001) (Table 2).

Seeking for social support approach of caregivers differed significantly according to the gender of patients and caregivers of woman used this method more frequently (t=2.97, p<0.001). Caregivers of bipolar patients with a history of suicide understandably have a more social support seeking approach (z=2.45, p=0.01). Deterioration in the social functionality of individuals with bipolar disorder (z=-2.07, p=0.03), substance abuse (t=2.95, p<0.001) and violence towards others (t=2.25, p=0.02) significantly increased the use of helpless approach. Care givers of bipolar patients with a substance abuse issue

Table 1. Characteristics of caregivers and patients with bipolar disorder

Caregivers	n	%	Mean±SD	Median (Max–Min)
Gender				
Female	80	64.5		
Male	44	34.5		
Relation to patient				
Mother	33	26.7		
Father	19	15.3		
Child	6	4.8		
Spouse	39	31.5		
Sibling	15	12.1		
Relative	7	5.6		
Other	5	4		
Age			46.81±12.54	47 (70–23)
Duration of care-giving			12.23±10.52	10.00 (50–1)
Patients with bipolar disorder				
Gender				
Female	67	54.0		
Male	57	46.0		
Age			37.44±13.49	36 (83–6)
Duration of disease			9.10±8.31	6.5 (40–1)

SD: Standard deviation; Maks: Maximum; Min: Minimum.

Table 2. Burden Assessment Scale (BAS) mean scores of caregivers according to characteristics of patients with bipolar disorder

	n	BAS (Mean±SD)	Test (F/t)	p	
Marital status	Married ^a	56	38.36±13.24	F=4.15	0.01
	Single ^b	51	44.88±10.98		
	Widow-Divorced ^c	17	43.82±11.34		
Level of income	Low ^d	49	45.31±12.97	F=3.42	0.03
	Middle ^e	68	39.63±11.77		
	High ^f	7	38.14±9.86		
Rapidly cycling	Yes	47	47.60±10.56	t=4.35	<0.001
	No	77	38.25±12.18		
Episode within the last two years	Yes	95	43.08±11.64	t=2.30	0.04
	No	28	37.04±14.02		
Impaired social functioning	Yes	72	46.26±11.44	t=5.19	<0.001
	No	52	35.60±11.05		
Impaired occupational functioning	Yes	53	45.79±12.10	t=3.21	<0.001
	No	71	38.80±11.87		
Substance use	Yes	61	45.00±13.28	t=2.91	<0.001
	No	63	38.68±10.73		
Violence towards others	Yes	37	47.51±11.05	t=3.49	<0.001
	No	87	39.36±12.21		

BAS: Burden Assessment Scale; F: OneWay ANOVA; SD: Standard deviation; a, b, d, e: Independent-Samples t-test; c, f: Mann-Whitney U test, Fisher's Least Significant Difference (LSD) - Tukey HSD - Games Howell.

use of the self-confident, social support seeking and optimistic approaches are significantly low. ($p < 0.001$, $p < 0.001$, $p = 0.01$) (Table 3).

There was a significant difference between submissive ($X^2 = 8.69$, $p = 0.03$) and helpless ($F = 2.75$, $p = 0.04$) approach scores according to the occupation of the caregivers. It has

Table 3. The investigation coping methods of caregivers for some characteristics of caregivers and patients with bipolar disorder

Caregivers	Submissive approach		Helpless approach		Optimistic approach		Self-confident approach		Seeking for social support	
	Median (Min-Max)	Statistic	Mean±SD	Statistic	Median (Min-Max)	Statistic	Median (Min-Max)	Statistic	Mean±SD	Statistic
Profession										
Has no job ^a	9 (3-14)	$\chi^2=8.69$	11.89±4.45	$F=2.75$	10 (5-15)	$\chi^2=1.32$	12 (4-21)	$\chi^2=7.07$	7.15±2.21	$F=1.39$
Worker ^b	9 (6-16)	$p=0.03$	11.36±4.52	$p=0.04$	10 (3-12)	$p=0.52$	13 (6-17)	$p=0.06$	5.93±1.82	$p=0.24$
Civil servant ^c	8 (0-18)	^{a-d} $p=0.01$	10.36±5.99	^{a-d} $p<0.001$	10 (0-15)		13 (0-21)		6.44±2.87	
Other (farmer private sector, etc.) ^d	7 (0-10)	^{b-d} $p=0.02$	8.52±4.59		10 (2-15)		14 (2-20)		7.22±2.65	
Patients with bipolar disorder										
Gender										
Female	8 (0-15)	$z=-1.66$	10.46±4.41	$t=-0.44$	10 (2-15)	$z=-0.58$	12.93±3.54	$t=1.10$	7.42±2.22	$t=2.97$
Male	9 (0-18)	$p=0.09$	10.88±5.82	$p=0.66$	10 (0-15)	$p=0.56$	12.09±4.87	$p=0.27$	6.12±2.63	$p<0.001$
Current follow up status										
Inpatient	9.19±2.78	$t=2.78$	11.21±4.98	$t=0.88$	10 (0-15)	$z=-0.88$	12.19±4.62	$t=-0.68$	6.42±2.60	$t=-1.32$
Outpatient	7.73±2.77	$p=0.01$	10.36±5.15	$p=0.37$	10 (2-15)	$p=0.38$	12.73±3.98	$p=0.49$	7.04±2.42	$p=0.18$
Suicide attempt										
Yes	9 (0-15)	$z=-0.15$	11.37±5.24	$t=1.07$	10 (2-15)	$z=-0.80$	12.29±4.32	$t=-0.46$	6 (0-12)	$z=-2.45$
No	8 (0-18)	$p=0.88$	10.30±5.01	$p=0.27$	10 (0-15)	$p=0.43$	12.66±4.17	$p=0.65$	7 (0-12)	$p=0.01$
Impaired social functioning										
Yes	8.39±3.00	$t=0.71$	11 (2-24)	$z=-2.07$	10 (0-15)	$z=-0.84$	12.11±4.33	$t=-1.34$	6.68±2.49	$t=-0.74$
No	8.02±2.65	$p=0.49$	9 (0-22)	$p=0.03$	10 (2-15)	$p=0.40$	13.13±4.00	$p=0.18$	7.02±2.49	$p=0.45$
Violence towards others										
Yes	8.89±3.56	$t=1.68$	12.41±6.09	$t=2.25$	10 (0-15)	$z=-0.71$	11.65±4.95	$t=-1.39$	6.81±2.92	$t=-0.03$
No	7.95±2.46	$p=0.13$	9.91±4.43	$p=0.02$	10 (2-15)	$p=0.48$	12.92±3.81	$p=0.16$	6.83±2.30	$p=0.97$
Substance use										
Yes	9 (0-18)	$z=-1.25$	11.98±5.00	$t=2.95$	10 (0-15)	$z=-3.46$	13 (0-21)	$z=-2.85$	6 (0-10)	$z=-2.38$
No	8 (0-14)	$p=0.21$	9.37±4.88	$p<0.001$	10 (2-15)	$p<0.001$	14 (2-21)	$p<0.001$	7 (1-12)	$p=0.01$

OneWay ANOVA Test - Post Hoc Test: Fisher's Least Significant Difference (LSD) - Tukey HSD - Games Howell; Kruskal Wallis Test - Post Hoc Test: Dunn's Test; independent t-test (Bootstrap); Mann-Whitney U Test (Monte Carlo); SD: Standard deviation; Max: Maximum; Min: Minimum.

Table 4. Relationships between care burden and coping methods in caregivers of individuals have diagnosed with bipolar disorder

WCI	BAS	
	r	P
Submissive approach	0.17	<0.001
Helpless approach	0.36	<0.001
Self-confident approach	-0.18	<0.001
Optimistic approach	-0.15	0.02
Seeking for social support	-0.06	0.30

BAS: Burden Assessment Scale; WCI: Ways of Coping Inventory, Spearman's rho Test; r: Correlation Coefficient.

been found that farmer caregivers and caregivers working in the private sector are less submissive than unemployed and worker caregivers ($p=0.01$ and $p=0.02$). Similarly, it has been concluded that farmer caregivers and caregivers working in the private sector use the helpless approach less than unemployed caregivers ($p=0.00$) (Table 3).

There is a significant negative correlation between BAS score and self-confident and optimistic approach scores of caregivers ($r=-0.18$, $p=0.00$; $r=-0.15$, $p=0.02$), there was a significant positive correlation between the BAS score and the helpless and submissive approach scores ($r=0.36$, $p<0.001$; $r=0.17$, $p<0.001$) (Table 4).

Discussion

The care burden and coping methods of the caregivers of bipolar patients are influenced by their social characteristics and the social and clinical characteristics of the individual they care for.^[9-12] The age, gender, marital status of the caregiver and the patient's gender, marital status, disorder periods, the patient's response to treatment affects the care burden and methods of coping of the caregiver. As the care burden increases, the use of positive coping methods decreases.^[15-19] At this point, caregivers are at risk for depression and anxiety disorders.

In our study, it was determined that the care burden was not affected by the characteristics of the caregivers. Although it was reported in the first studies that the care burden of caregivers of bipolar patients was not affected by their own characteristics,^[9] Perlick et al. (2007) have shown that caregivers who are underage and who are the patient's spouses have a higher care burden. In this study, it was found that the burden of caregivers was affected by the marital status of the bipolar patients, the care burden of caregivers was higher with single bipolar patients compared to married patients. However, in a study by Perlick et al.^[15] (2007), higher care burden was found in caregivers of married bipolar patients. A different result is thought to be related to the distribution of different degrees of intimacy in the sample groups. In this study, it was found that the care burden of caregivers was affected by the income

levels of the bipolar patients, the care burden of low-income bipolar patients were higher than middle income patients. Loss of income and difficulties in meeting the treatment costs caused by the caregiver becoming unable to work may cause the caregivers to feel the negative effects of the disorder more intensely.^[4]

In this study, the care burden of caregivers of bipolar patients with rapid cycling bipolar disorder was found to be significantly higher. Reinares et al.^[16] (2004) similarly found that rapid cycling in an individual diagnosed with bipolar disorder increases the care burden. Rapid cycling bipolar disorder is associated with higher rates of general psychopathology, catatonic symptoms, comorbidity, suicide risk, and poor prognosis than pure manic episodes. Therefore, caregivers of individuals with bipolar disorder may experience a higher level of care burden than those seen in other disorders due to the irregularity and episodic characteristics of the disorder.^[17]

In this study, the care burden of caregivers of bipolar patients whose social and occupational functionality was impaired was found to be significantly higher. Studies have shown that deterioration in the functionality of individuals diagnosed with bipolar disorder affects the care burden of caregivers.^[17-19] Similar to our 2004 study, Reinares et al.^[16] reported that deterioration in social functionality leads to the increase of care burden. In the study of Pompili et al.^[20] (2014), it was reported that the most important cause of care burden was deterioration social and other types of functioning of bipolar patients. This may lead to an increase in the caregiver's care burden as caregivers may have to compensate for the impaired functionality of the patient.

In our study, the care burden of caregivers of bipolar patients who had an episode in the last two years was found to be higher. Similar results were found in other studies done on caregivers of bipolar patients.^[21,22] In a study by Dore and Romans^[23] (2001), episodes were described by caregivers as a condition that creates a serious care burden. Bipolar patients may be unresponsive during an episode and it may be difficult to communicate with these patients during this period. Aggressive behavior may manifest itself during this period. The care burden may increase as caregivers are also unable to communicate with the individual with bipolar disorder.

In line with the literature, the care burden of caregivers for individuals with violent behavior towards others is higher in our study. Violent behavior creates a serious amount of care burden on caregivers.^[12,22,23] Research results show that aggressive behavior of an individual diagnosed bipolar patient is an important feature that increases the care load in the caregiver.^[9,15,21] Caregivers may consider a helpless approach appropriate when an individual with bipolar disorder has violent behavior, or may seek the solution through judicial units and then contacting emergency departments.

In this study, it was found that unemployed and worker caregivers were more submissive than other caregivers and un-

employed caregivers used a more helpless approach than caregivers from other occupational groups. Molu's^[24] (2008) study reported that there was no significant difference between the submissive and helpless approaches of the caregivers according to their profession. According to this result: it is effective for caregivers to handle the situation without personalizing. Being unemployed can lead to a caregiver's low self-esteem. An increase in self-esteem is observed during manic periods of individuals diagnosed with bipolar disorder. Caregivers may experience an adverse reaction to the increase of confidence during a manic period. In our study, it was determined that those female caregivers of bipolar patients used a more social support seeking approach. Gender roles could explain why women prefer social support seeking methods. It is stated in the literature that individuals with mental illness have a more positive attitude to women.^[25] In studies on bipolar disorder conducted outside our country, gender has not had any significant effect in the search for social support.^[9,11,12]

In our study, it was found that the social support seeking scores of the caregivers of bipolar patients with a history of suicide attempt were higher than those of bipolar disorder patients without suicide attempts. It is a natural and positive way of coping in the event of suicide attempt.^[26] A suicide attempt, which is a psychiatric crisis, can lead to permanent mental disorders in the caregiver if social support needs aren't met. For this reason, it can be said that the caregivers of bipolar patients in the sample group had good coping levels.

However, those who care for individuals with substance-use issues use the social support seeking approach less than other sample groups. This result may be associated with the tendency of individuals to avoid social interactions with the concern of stigmatization in their community in cases of substance use. There was no change in social support seeking approaches with other characteristics that may cause stigmatization including the rapid cycling, episodes during the last two years, current follow-up status, impaired social functioning, impaired occupational functionality, regular control visits, regular use of drugs and violence against others.^[11]

In this study, no relationship was found between the caregivers' optimistic, self-confident approach, social support seeking approach and submissive approach scores, with the patient showing violent behavior towards other. In contrast, desperate approach scores were higher in the caregivers of individuals who exhibited violent behavior towards others. In the study of Arguvanlı and Taşçı^[27] (2015), it was found that caregivers exhibited problem-centered behavior when they had communication and uncontrolled behavior problems with bipolar patients. There are also studies in the literature indicating that uncontrolled problems can cause a helpless approach in caregivers.^[14] Bipolar patients can quickly become angry and aggressive to those who try to stop their excessive joy or excessive mobility during the manic period.^[28]

In our study, it was found that there was a significant relationship between care burden and coping methods, and care burden decreased with increasing self-confident and optimistic approaches in caregivers of bipolar patients, and care burden increased with increasing helpless and submissive approaches. However, it was found that the care burden of caregivers was not affected by the approach to seeking social support. Voort et al.^[10] (2007) found that in a systematic review of studies investigating caregivers of individuals with bipolar disorder, coping methods were affected by care burden. It was found that the use of emotion-oriented coping methods increased with increasing care burden and problem-oriented coping methods increased when care burden decreased. Perlick et al.^[29] (2008) examined the care burden and health of caregivers caring for bipolar patients, in the study they found that as the care burden increases the avoidant coping approaches increase and social support seeking approach decreased. Our results show that there is a relationship between care burden and coping methods of the caregivers of bipolar patients.

Limitations

The limitation of this research is that the scales used are based on self-reporting.

Conclusion

It has been determined that the care burden and coping methods of those who care for individuals with bipolar disorder are affected by the characteristics of the individuals they care for rather than their own characteristics. It has been observed that those who care for individuals who are inpatient, who have attempted suicide, have impaired social functionality, use substances and exhibit violent behaviors, use the submissive and desperate approach more frequently. In terms of the characteristics of the caregivers, it was determined that the unemployed or worker caregivers used the submissive and desperate approach more in the process of coping with the disease. To reduce the care burden of care givers and improve their methods of coping, bipolar patients should spend less time hospitalized, reduce/prevent drug use and violent behavior, nursing intervention to increase social and occupational functionality and to reduce suicide attempts should be planned out and implemented. For caregivers to acquire confidence, optimistic and social support seeking approaches psychological training should be carried out. With regular outpatient monitoring and the development of home mental health care services, the hospitalization requirements of sick individuals should be minimized. Since the study is carried out with a limited number of caregivers, research with a bigger sample is needed. Qualitative studies are proposed to better reveal the care burden of care givers, methods of coping and the factors affecting these variables.

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