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Prevalence of Familial Misbehaviour at Mania and Schizophrenia Patients

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ABSTRACT

Psychiatric illness is one of the major causes of disability and decrease in social functioning. Today in most communities due to lack of resources a significant part of the responsibility to care and maintenance of psychiatric patients affected in the responsibilities of the families. One of the most important health issues and problems is Familial misbehavior. Therefore, this study conducted with an aim to determine the prevalence of familial misbehavior at mania and schizophrenia patients hospitalized in Taft psychiatric center. Simple randomized method conducted this descriptive study between 122 selected patients. Data collected by questionnaire in two parts; demographic (9 questions) physical and psychological misbehavior (22 questions) by a general medicine in the interview. Data were analyzed in SPSS-11 by using the descriptive statistics and chi-square test in (α=0.05). Mean age of Patients was 35.22±12.29 years, 69 persons (56.5%) were male, 53 persons (43.5%) women. 59 persons (48.4%) manic disease and 63 persons (51.6%) had a schizophrenia. 80 persons (65.6%) have experienced physical misbehavior, 96 persons (78.7%) psychological, 109 persons (89.3%) physical and psychological, only 13 persons (10.7%) did not experience any misbehavior. Householder patients, manic and men mostly experienced physical misbehavior. Prevalence of physical and psychological misbehavior was 89.3 percent. Importance of attention and adopting a necessary educational preventive approach in family .

Key words: Misbehavior, Psychotic, mania, Schizophrenia, Mood disorder

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1. INTRODUCTION

Schizophrenia is a psychotic disorder with an unknown etiological role also meaning the mind is torn apart commonly it is a chronic disturbance in thinking, mood and behavior (1-6). Mood is defined as an emotional sense which profoundly influences understanding and attitude towards the environment (7). Mood disorders are large group of diagnoses in the (DSM IV TR) classification system where a disturbance in the person's mood is hypothesized to be the main underlying feature (8, 9). Several kinds of mood disorders have been discovered, one of them is I & II bipolar disorders Within each of these two types there is a periodic disorder called manic (10-12). Mental illness is one of the main causes of social functioning disability (13). Moreover, with the prolongation of duration of hospitalization in psychiatric centers there is a chronic chance of this disorder and social isolation among these patients tend to become more (14). Moreover, today most communities due to lack of resources have a special role in consideration for the care of the mentally ill. In this case your family and knowledge required to meet the demands of patients had to endure all the stress and adversity Research showed (15, 16); the family care givers have low Information resources and support to play in the care and support (17). Moreover, maybe the duration of care they experience expresses many tensions and pressures (18). The caregiver role often is associated with a plethora reward and positive enforcement (19). However, existing research indicates that the diversity and intensity of the caring role can cause stress in caregivers of patients (20). This tension and stress is common and can reduce the care quality and also endanger the physical and mental health of care providers (21, 22). It was underlying misconduct with patients and this issue is one of the main health problems (23, 24). Misconduct included a series of behaviors and psychological status previous research, showed becoming a victim of crime among persons with mental disorders is common (25-32). One of the most important health issues and problems is Familial misbehavior. Therefore, this study is conducted with an aim to determine the prevalence of familial misbehavior at mania and schizophrenia patients hospitalized in Taft psychiatric center.

2. MATERIALS AND METHODS

We have conducted our descriptive study on 122 patients in Taft psychiatric center by a simple randomized method. Data collected by questionnaire in two parts; demographic (9 questions) and physical and psychological misbehavior (22 questions) by a general medicine in an interview. The institutional review board at the Islamic Azad University, Yazd Branch has approved this study. Interviews and medical records contained in their medical records performed a patient diagnosed according to DSM-IV-TR. In addition, study which patients enrolled into it had a history of at least three weeks of hospitalization. SPSS version 11 were analyzed for Data by using appropriate statistical tests including chi-square at 95% significant level.

3. RESULTS AND DISCUSSION

The mean age of respondents were 35.22 years old [CD: 12.29]. Table 1 shows detail of demographic characteristics of the participants.

Table 1. Distribution of the demographic characteristics among the participants

Variables	Number	Percent
Sex		
Men	69	56.5
Women	53	43.5
Marital Status		
Single	69	56.5
Married	47	38.5
Widowed or divorced	5	5
Educational Level		
Illiterate (Primary School)	56	47
Secondary School (High School)		
Academic	52	43.7
	11	9.3
Occupation		
Housewife	41	33.6
Working	22	18
Unemployed	39	32
Self-employed	16	13.2
Employee	4	3.2
Economic Status		
Good	11	9
Moderate	89	73.5
Weak	21	17.5

Almost all researches diagnosed 48.4% (59/122) of the participant with manic and 51.6% (63/122) with schizophrenia. Nearly 65.6% (80/122) and 78.7% (96/122), 89.3% (109/122) and only 10.7% (13/122) of the respondents reported to have experienced physical misbehavior, psychological misbehavior, physical and psychological misbehavior and did not experience any misbehavior respectively. Furthermore, our findings indicated, most experienced physical abuse in patients with manic (Table 2).

Table 2. Distribution of different types of misbehavior based on type disease (manic and schizophrenia)

	Type Disease				
	Manic		***Schizophrenia***		***P***
Misbehavior		*Number*	*Percent*	*Number*	*Percent*
Physical	46	78	34	54	0.005
Psychological	43	72.9	53	84.1	0.13
Physical and Psychological	52	88.1	57	90.5	0.67
No- misbehavior	7	11.9	6	9.5	0.67

We found, misbehavior experienced was higher among male patients (

Table 3).

Table 3. Distribution of different types of misbehavior based on gender

	Gender				
	Men		Women		P
Misbehavior		Number	Percent	Number	Percent
Physical	41	59.4	39	76.5	0.05
Psychological	52	75.4	43	84.3	0.233
Physical and Psychological	59	85.5	49	96	0.05
No- misbehavior	10	14.5	3	4	0.05

Table 4 indicated Frequency of misconduct types based on time.

Table 4. Distribution of different types of misbehavior based on time

	Physical		Psychological	
Misbehavior	Number	Percent	Number	Percent
Before duration disease	27	22.1	35	28.7
First of attack disease	73	59.8	88	72.1
Final attack of disease	44	36.1	54	44.3

Family as a social institution, answerable to many of the social and emotional needs (33). Research has shown that over expression of emotions among families who have psychiatric patients (34), the families of schizophrenic patients have more negative life metaphors compared with healthy families (35), and they have lot of suffering subjective or physical punishment (36). With increasing disease severity, relapse and require re-hospitalization (37). Research indicated that modification in family's behavior may reduce relapse rates (38). Prevalence of physical and psychological misbehavior was 89.3 percent. In this regard, Bayanzadeh *et al* (39), caregiver's tensions and negative emotions towards their patients; with time become the more common because of the lack of knowledge about the disease and how to deal with it properly considered. Despite these negative emotions ultimately increasing the emotions expressed in family living space increases susceptibility to seizures in knowing. It seems that caregivers training can be done for beneficial results. In other hand cultural factors, environmental factors, personal experiences of caregivers and transition state of mental schizophrenia on caregivers can be effective on caregiver's behavior (40). Some studies have also demonstrated that rates of relapse and hospitalization in schizophrenic patients which cared for at home was less (41). Regarding the role of education in reducing the burden of mental health care providers (42), non-drug therapy to be effective in reducing symptoms in schizophrenic patients (43), we suggest providing educational program for mental illness of caregivers. This training included manner of patients help, proper communication, learning pattern care, understanding disease phenomena; which help the family to lead a relaxed and good healthy life. Furthermore, previous studies have demonstrated caregivers in the physical care area has most awareness and in mental health care area have a lowest awareness (40), this point must be considered while designing the training programme. Another finding of our study is lower mistreatment with patients who had significantly higher levels of education; which that considered by Nadem *et al* study. Additionally, patients did highest misconduct in their first attack case; it is because of the fact that family patients still have not accepted the condition and unrealistic expectations from a patient. Some limitations of this study include: Lack of review's patient's family regarding demographic characteristics that influence the behavior of patients, limited sample size, Lack of to consider the type and severity of symptoms, lack of consider the type of treatment, different patients of response rates, lack of evaluation of environmental factors influencing family behavior.

4. CONCLUSION

Regarding the effective role of trained caregivers in behavior, we recommend that design, implementation and evaluation of appropriate educational interventions for families who have mentally ill patients.

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AUTHORS CONTRIBUTION

This work was carried out in collaboration between all authors.

CONFLICT OF INTEREST

Authors have declared that no conflict interests exist.

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