



شبكة المعلومات الجامعية  
التوثيق الإلكتروني والميكرو فيلم

# بسم الله الرحمن الرحيم



**MONA MAGHRABY**



شبكة المعلومات الجامعية  
التوثيق الإلكتروني والميكرو فيلم



# شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرو فيلم



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شبكة المعلومات الجامعية  
التوثيق الإلكتروني والميكروفيلم

# جامعة عين شمس

## التوثيق الإلكتروني والميكروفيلم

### قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



### يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



**MONA MAGHRABY**

# **Burden and Coping Patterns among Family Caregivers of Patients with Bipolar Disorder**

**Thesis**

Submitted For Partial Fulfillment of  
Master Degree in Psychiatric Mental Health Nursing

**By**

**Menna Allah Mohsen Zaki**

(B.Sc. in Nursing Science 2013)

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***Menna Allah Mohsen Zaki***



# *Dedication*

To:

*My Father*

Who always giving me moral caring continuous  
encouragement generous advice along my life  
& Giving me a mean to my life

To:

*My mother*

*My mother* who always giving me a forward push  
to be better

*My husband's mother*

for her unlimited help and support

To:

*My Husband*

for their endless love, support, patience,  
and continuous care

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## **List of Abbreviations**

**ADLs:** Activities of Daily Living.

**APA:** American Psychiatric Association.

**BAS:** Burden Assessment Schedule.

**BD:** Bipolar Disorder.

**BAD:** Bipolar Affective Disorder.

**BSD:** Bipolar Spectrum Disorder.

**CBT:** Cognitive Behavioral Therapy.

**CSI:** Coping Strategies Inventory.

**ECT:** Electroconvulsive Therapy.

**FDA:** Food and Drug Administration.

**FFT:** Family-Focused Therapy.

**HPA:** Hypothalamic-Pituitary-Adrenal.

**IPSRT:** Interpersonal and Social Rhythm Therapy.

**MRI :** Magnetic Resonance Imaging.

**NIMH:** National Institutes of Mental Health

**WHO:** World Health Organization.

# **Burden and Coping Patterns among Family Caregivers of Patients with Bipolar Disorder**

## **Abstract**

**Background:** Bipolar Disorder (BD) is two major psychotic disorders which cause considerable burden and limitations among the caregivers of the affected patients and different coping methods are used that may have a buffering effect on level of burden they experience. **Aim:** This study aimed to assess burden and coping patterns among family caregivers of patients with bipolar disorder. **Design:** A descriptive relational study design was utilized in this study. **Setting:** This study was carried out in the outpatient clinic of the Institute of Psychiatry affiliated to Ain Shams University. **Subjects:** this study was conducted on 140 family caregivers of patients with bipolar disorder who full filled specific inclusion criteria. **Data collection tools:** Data were obtained through three tools; the first one was Interviewing Questionnaire, Burden assessment schedule scale and Coping strategies inventory scale. **Results:** there was highly significant negative correlation between caregivers' coping patterns and their burden levels. **Conclusions:** This study concluded that, less than half of the studied caregivers had severe level of total burden, three fifths of them had used low engagement coping and more than half of them had used high disengagement coping. **Recommendations:** Designing and implementing counseling program for patient with BD and their caregivers to improve their psychological well-being, coping patterns and reduce their feeling of burden of care.

**Key words:** Bipolar disorder, Family caregivers, Burden, Coping Patterns

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## Introduction

Bipolar disorder (BD) is a chronic mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks. These moods range from periods of extremely “up, ” elated, irritable, or energized behavior (known as manic episodes) to very “down, ” sad, indifferent, or hopeless periods (known as depressive episodes) **(Matthews, Murnan & Snyder, 2017)**.

BD is a chronic illness associated with severely debilitating symptoms that can have profound effects on both patients and their caregivers and can have life-long adverse effects on the patients’ mental and physical, educational, occupational functioning, and interpersonal relationships **(McCormick, Murray & McNew, 2015)**.

Caregivers of people with bipolar disorder may experience a different quality of burden than is seen with other illnesses. The World Health Organization (WHO) states caregivers burden as “the emotional, physical, financial demands and responsibilities of an individual's illness that are placed on the family members, friends, or other individuals involved with the individual outside the health-care system. It includes taking care of personal hygiene of the patient and emotional support such as listening, and counseling **(Walke, Chandrasekaran & Mayya, 2018)**.



So, the caregiving can negatively affecting the family caregiver's physical, psychological, financial, social life, family functioning and marital relationship, resulting in poor physical health, social isolation, increased stress and burden **(Pompili, Harnic, Gonda, Forte, Dominici, Innamorati & Rihmer, 2014)**.

Coping refers to the cognitive behavioral strategies used by individuals to adapt to excessive demands that trigger a stress response **(Osundina, Fatoye, Akanni, Omoreagba, Akinsulore & Oloniniyi, 2017)**.

Therefore, family caregivers of patients with BD use a range of coping strategies and resources to face the caregiving burden. They use both problem-focused coping (e.g., problem solving; cognitive restructuring) and emotional-focused coping (e.g., emotional expression; seeking social support) **(Suriyamoorthi, Pakkiyalakshmi & Ravishankar, 2018)**.

So, nurse attempts to assess these areas of burden and coping patterns in families caregivers of patients with bipolar disorder to provide valuable information for designing interventions to help them adapt to the caregiving burden or problems caused by living with a BD family member. **(Rahmani, Ranjbar, Hosseinzadeh, Razavi, Dickens & Vahid, 2019)**