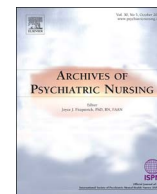




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Expressed emotion and family burden in relatives of patients in first-episode psychosis

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ABSTRACT

BACKGROUND: Evidence suggests that expressed emotion (EE) and family burden (FB) are phenomena that interact, but there is a lack of studies that analyze this association in patients in first-episode psychosis.

AIM: This study evaluated the relationship between EE and FB in relatives of patients in first-episode psychosis.

METHOD: A convenience sample of 71 family members of patients being assisted in an outpatient care unit participated in the study. We used a form with sociodemographic and clinical variables of family members and patients, the Family Questionnaire-Brazilian Portuguese Version and the Brazilian version of the Burden Interview. The data were obtained via semi-structured interviews. Statistical analyses included Fisher's exact tests, Mann Whitney tests, Spearman correlations, and Student's *t*-tests.

RESULTS: Our results showed high levels of EE and its component emotional over-involvement (EOI) among relatives, and a strong correlation between critical comments (CC) and EOI and FB measurements. In addition, family members with elevated EE levels showed higher means for FB and this difference was significant.

CONCLUSIONS: Mental health nurses are expected to consider these concepts for proposing nursing interventions to first-episode psychosis patients and their relatives.

INTRODUCTION

First-episode psychosis (FEP) causes several changes in the family dynamics of the affected individuals. The family goes through a process of disorganization in an attempt to adapt to the disease (Gómez-de-Regil, Kwapil, & Barrantes-Vidal, 2014; Mochcovitch et al., 2012). FEP is defined as the initial phase of illness, the first time someone experiences a psychotic episode. In this phase, multiple therapeutic interventions are known to have a short and long term impact (Gouvea et al., 2014). To classify the individual with FEP, the first contact with the health service is considered, due to the manifestation of psychotic symptoms (Gouvea et al., 2014).

In Brazil, there is still a shortage of available epidemiological studies on FEP (Gouvea et al., 2014; Mochcovitch et al., 2012). A study carried out in the city of São Paulo showed that FEP incidence was 15.8/100,000 persons per year (Gouvea et al., 2014; Mochcovitch et al., 2012). The cases between 15 and 18 years old comprise 40% of the total, and this age range is a period that involves multiple transformations in different areas of life, especially with regard to individual autonomy and functionality (Gouvea et al., 2014).

Considering that the family plays a central role in promoting care for patients with psychosis, it is essential to understand the factors that may be related to the changes in their functioning. Thus, the study of family interactions in the early stages of the disease is essential, since

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most of the changes occur in this period. Some studies identified coping strategies related to family functioning in caregivers of young people with FEP, such as self-talk, active problem solving, positive reframing and avoidance (Cotton et al., 2013; Gerson et al., 2011; Onwumere et al., 2011). Other studies focus on the communication and interaction patterns found in families of FEP patients and investigate the relationship between family members, through family burden (FB), in the experience of caring for the ill relative, as well as through the expressed emotion (EE) concept (Gómez-de-Regil et al., 2014; Koutra, Simos, Triliva, Lionis, & Vgontzas, 2016).

FB is defined as the psychological state resulting from the sum of physical work, emotional pressure, and social and financial constraints due to patient care (Gómez-de-Regil et al., 2014). FB can be categorized into financial, physical, emotional, social and leisure burden, and both its subjective and objective aspects have been investigated (Pereira & Pereira Junior, 2003).

Generally speaking, the more burdened the family is, the more stressful family life is for the patient. Studies have shown a strong relationship between elevated EE levels and relapses in patients in the initial phase of the disease (Gómez-de-Regil et al., 2014).

EE is a qualitative measure of the number of emotions typically expressed in the family environment, on a daily basis, by the family or caregivers. This concept refers to the quality of social interaction between family members, that is, the feelings that the relatives express in relation to the psychiatric patient (Zanetti, Giacon, & Galera, 2012). The EE concept arises from clinical observations regarding critical comments (CC), emotional over-involvement (EOI) and hostility (Zanetti et al., 2012). Then, these three concepts (EOI, CC and hostility) are components of EE. The CC component refers to negative evaluations of the patient's behavior. The EOI component pertains to the feelings and attitudes of self-sacrifice, overprotection and hopelessness of the family in relation to the patient. Hostility is a third component, usually associated with CC and the negative evaluation of the patient as a person (Zanetti et al., 2012).

When considering the importance of EE and FB in relation to the patient's prognosis, it is necessary to broaden the understanding of the relationship between these concepts. A study carried out with Mexican American families related high EE levels to high burden levels in family members of patients with schizophrenia (Caqueo-Urizar et al., 2014). Other studies involving FEP patients showed a positive correlation between high FB levels and EE. In addition, they showed an association between high levels of subjective burden and personal stress in family members with high EE levels, when compared with family members with low EE levels (Koutra et al., 2016; Nirmala, Vranda, & Reddy, 2011; Smith, Birchwood, Cochrane, & George, 1993).

A Greek study with FEP patients showed a relationship between EE and its components EOI and CC components and FB. Thus, increased levels of psychological stress and FB were related to increased EE levels (Koutra et al., 2016). A British study showed that family members of patients with psychosis who presented high EE reported greater global burden, less tolerance for care and great concern for the ill family member when compared to the group of relatives with low EE (Smith et al., 1993). Research has also shown that caregivers with high EE also had significantly higher subjective burden than those with low EE (Raune, Kuipers, & Bebbington, 2004), and that in addition to reporting greater care burden, family members with high EE were more likely to be unemployed than those with low EE (Sczufca & Kuipers, 1996).

Thus, evidence suggests that EE and FB are phenomena that interact. Family members experience greater burden levels when they are more emotionally involved, and the understanding of this relationship is fundamental for the planning of care for FEP individuals and their families (Koutra et al., 2016).

There is a lack of studies in Brazil of the relationship between EE and FB in FEP patients. Thus, the study reported in the present paper aimed to evaluate the relationship between EE and FB in relatives of patients in FEP. We hope that this study could advance knowledge of

the subject, generate new hypotheses and provide support for adherence to treatment and prevention of relapses. In addition, the data can provide support for the development of nursing interventions directed towards family members and FEP patients. Our hypothesis was that high levels of relatives' EE, and its components CC and family EOI would be related to high levels of relatives' FB.

METHOD

Design

This is a cross-sectional study performed at a First-Episode Psychosis Outpatient Clinic (APEP) at a large hospital in the southeastern region of Brazil. Currently, patients with a diagnosis of FEP are assisted weekly by physician's residents in psychiatry, supervisors, hired physicians, psychologists and nurses.

Participants

The target population was composed of all family members of the patients who were assisted by the APEP. All family members that visited the APEP from January 2015 to January 2016 were invited to participate.

Inclusion Criteria

Family member of the patient who had the first contact with the health service until a maximum of 24 months due to psychotic symptoms; older than 18 years old; and living in the patient's home for more than six months.

In the beginning of the study there were one hundred and sixty six patients assisted in the APEP. Of these, 49 were excluded for not meeting the selection criteria, 16 patients were discharged and five dropped the treatment. Thus, 96 family members were invited to participate in the study. Of the 96, 25 refused to participate in the study. Therefore, a convenience sample of 71 family members was recruited to participate in the study.

Procedure And Data Collection

The invitation to the relatives was made after the medical consultation in the outpatient clinic or by phone. Participants who accepted the invitation were asked to visit the outpatient clinic to participate in the study according to their availability and, if possible, at the time of their follow-up at the outpatient clinic. Those who agreed to participate were informed about the study and informed consent was obtained before the data collection. The data were obtained through interviews, in a private environment, where the participants could send their answers without interference. The researchers read the instruments for all participants and the mean time participants took to complete all measures was 30 min.

Measures

For data collection, a form containing the sociodemographic and clinical variables of the family members (gender, age, education level, marital status, relation to patient, time spent per day living with the patient) and of the patients (gender, age, education level, time of the first contact of the patient with the health service due to psychotic symptoms, duration of the treatment in APEP, medical diagnosis according to ICD 10), the Family Questionnaire-Brazilian Portuguese Version (FQ-BPV) (Zanetti et al., 2012), and the Brazilian version of the Burden Interview scale (Sczufca, 2002) were used.

The FQ-BPV contains 20 items, subdivided into two components: CC (10 items) and EOI (10 items). The items of the two components, CC and EOI, reflect different coping strategies that family members use to

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