

PATIENT AND FAMILY DETERMINANTS OF CAREGIVER BURDEN IN MAJOR DEPRESSIVE DISORDER: A Multicenter Observational Study

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In community-based psychiatric care, families represent the primary support system for people with major depressive disorder (MDD)¹. Caregiving responsibilities may significantly affect relatives' psychological well-being. Although caregiver burden has been studied in psychotic and bipolar disorders^{2,3}, determinants of burden in major depressive disorder remain insufficiently characterized.

We aim to identify patient- and caregiver-related determinants of objective and subjective burden among relatives of individuals with MDD.

23 Centers Across Italy

299 Family Units

299 Patients with
Major Depressive
Disorder



+

≥ 1 Caregiver



Sociodemographic & Clinical Information Form; Hamilton Anxiety Rating Scale (HAM-A); Hamilton Depression Rating Scale (HAM-D); Manchester Short Assessment of Quality of Life (MANSA); Personal and Social Performance Scale (PSP-P); Social Network Questionnaire (SNQ); Family Problems Questionnaire (QPF); Family Coping Questionnaire (QCF); Level of Expressed Emotion Scale (LEE); Clinical Global Impression Scale (CGI); Childhood Trauma Questionnaire (CTQ).

Figure 1 and Figure 2 display the results of the stepwise multivariable regression analyses. Significant standardized regression coefficients (β) are presented to allow comparison of the relative contribution of caregiver- and patient-related predictors to objective and subjective caregiver burden. Positive coefficients indicate higher levels of caregiver burden, whereas negative coefficients indicate protective effects.

Fig. 1

Determinants of Objective Caregiver Burden

Standardized regression coefficients (β): significance: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

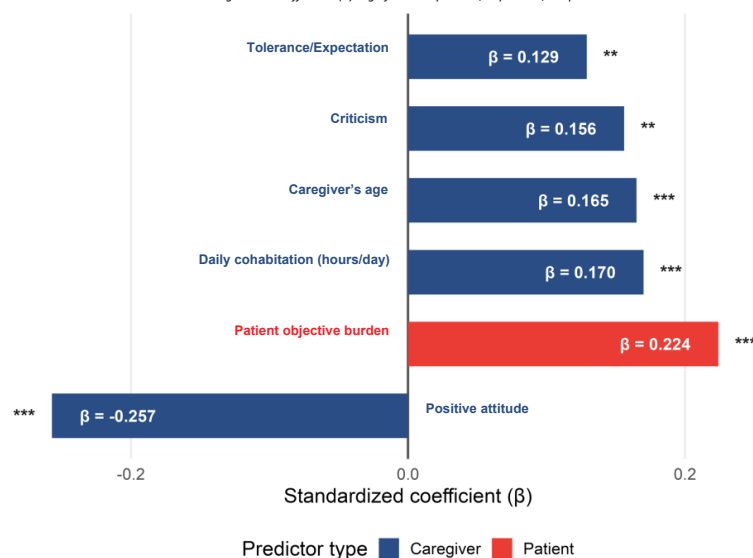
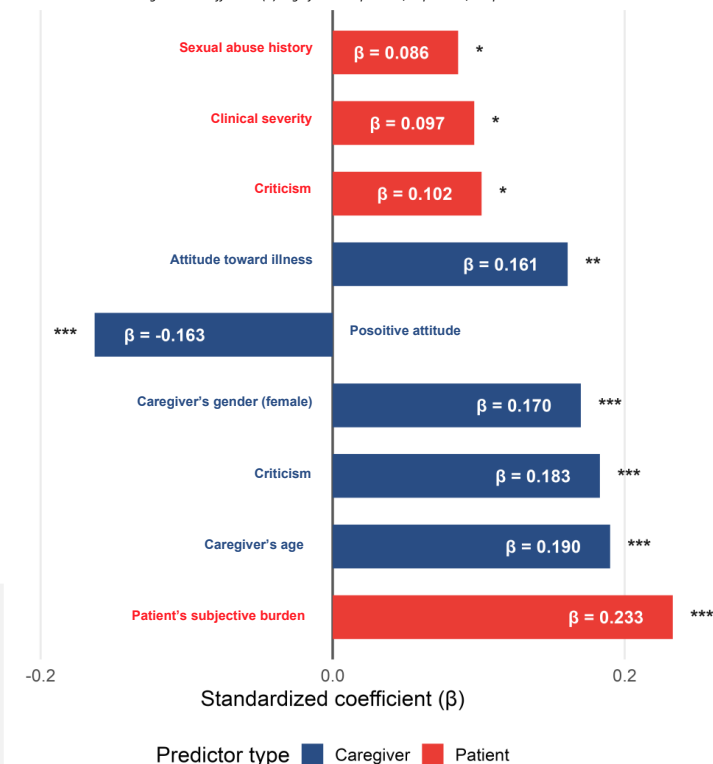


Fig. 2

Determinants of Subjective Caregiver Burden

Standardized regression coefficients (β): significance: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$



Caregiver burden in major depressive disorder emerges from the interaction between individual vulnerability and relational climate. Dimensions of expressed emotion, particularly criticism and positive attitudes, consistently predict both objective and subjective burden. These findings support the development of targeted family-focused interventions within community psychiatry.

[1] Lespine LF et al. Caregiving-related experiences associated with depression severity and its symptomatology among caregivers of individuals with a severe mental disorder: an online cross-sectional study. *Eur Arch Psychiatry Clin Neurosci.* 2023;273(4):887-900.

[2] Magliano L et al. Patient functioning and family burden in a controlled, real-world trial of family psychoeducation for schizophrenia. *Psychiatr Serv.* 2006;57(12):1784-1791.

[3] Luciano M et al. Medium and long-term efficacy of psychoeducational family intervention for bipolar I disorder: Results from a real-world, multicentric study. *Bipolar Disord.* 2022;24(6):647-657.