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Primary Caregiver Burden in Individuals Diagnosed With Alcohol Use Disorder in Mexico

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Abstract: The objective of the present study was to evaluate the level of family caregiver burden in individuals providing care to relatives with alcohol use disorder in Mexico, as well as to analyse its relationship with sociodemographic variables. A quantitative, cross-sectional, and analytical study was conducted using non-probability convenience sampling. The sample comprised 238 family caregivers recruited via digital platforms, with a mean age of 44.88 years (SD = 14.61). The Zarit Burden Interview (ZBI-22) and a sociodemographic questionnaire were administered. The results showed a total mean of 40.19 points (SD = 11.89), corresponding to a moderate level of burden. Furthermore, 34.03% of the participants presented moderate or severe levels of burden. Significant associations were identified between caregiver burden and age ($r = .21$, $p < .01$), caregiving time ($r = .34$, $p < .001$), and education level ($r = -.18$, $p = .014$). No statistically significant differences were observed by sex. The scale demonstrated high internal consistency ($\alpha = .93$). The findings demonstrate that caregiver burden constitutes a relevant phenomenon in the context of alcohol use disorder, highlighting the need to develop psychoeducational interventions and support strategies aimed at family caregivers within addiction treatment programmes.

Keywords: caregiver burden, family caregivers, alcohol use disorder, health psychology

Introduction

Caregiver burden is currently understood as a multidimensional, dynamic, and cumulative experience encompassing emotional, physical, social, and economic dimensions derived from the prolonged role of caring for an individual with a chronic illness, disability, or behavioural dependence. This phenomenon is not limited to the physical or temporal effort that caregiving demands; rather, it is primarily defined by the subjective perception of burden that the caregiver experiences regarding the demands, responsibilities, and consequences of this role (Liu et al., 2020).

Contemporary authors argue that caregiver burden has a progressive course, influenced by chronic stress, a lack of social support, and limited institutional recognition (Cui et al., 2024). Its impact is manifested in psychological indicators—such as symptoms of anxiety, depression, irritability, or hopelessness—as well as in physical health deterioration, insomnia, hypertension, and an increased risk of psychosomatic diseases. In hospital or mental health contexts, it has been documented that caregivers with high burden levels exhibit lower adherence to family treatments, reduced self-care, and diminished perceived self-efficacy (Pérez & García, 2021). From a healthcare professional perspective, the early detection of caregiver burden constitutes a key preventive strategy, as its sustained presence is associated with family dysfunction, impairment of the therapeutic relationship, and an increased risk of the patient abandoning treatment.

Alcoholism is currently addressed under the clinical term alcohol use disorder, according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition, Text Revision (American Psychiatric Association, 2022). This is defined as a problematic pattern of consumption leading to clinically significant impairment or distress, evidenced by the presence of at least two of 11 criteria within a 12-month period, such as loss of control, a persistent desire to cut down, tolerance, withdrawal, interference with social or occupational roles, and continued use despite negative consequences.

The Mexican Government, through the National Commission Against Addictions (CONADIC, 2024), reported that during 2023, 39,086 individuals were treated for problematic alcohol consumption in specialised units, with women accounting for 21.8% of cases, and 4,695 hospitalisations directly related to consumption were recorded. Internationally, the Organisation for Economic Co-operation and Development (OECD, 2023) reported that average consumption in Mexico reaches 5.1 litres of pure alcohol per capita annually. These data suggest that although the total volume of consumption may appear lower, the pattern of consumption in Mexico—intense, episodic, and socially normalised—amplifies the health and family impact of the disorder.

This scenario implies that caring for individuals diagnosed with alcohol use disorder frequently falls on family members, who face the behavioural, emotional, and economic consequences of the disorder (INSP, 2022). In this environment, caregiver burden emerges as a critical and scarcely visible phenomenon. Although it has been widely documented in caregivers of patients with Alzheimer's disease, cancer, or chronic illnesses (Domínguez et al., 2012), research on caregiver burden in the context of addictions remains scarce, particularly in Latin America and Mexico (Tyo & McCurry, 2020).

Recent reviews of caregiver burden in substance use disorders (SUDs) indicate that caring for a relative with a dependence is associated with moderate or severe burden levels, high stress, social isolation, feelings of powerlessness, and a lower quality of life (Settley et al., 2025). A longitudinal study conducted in India, and partially replicated in Brazil, found that caregivers of patients with alcohol or drug dependence exhibited a 42% prevalence of depressive symptoms and a significantly higher level of burden compared with caregivers in medical illness contexts (Vadher et al., 2020). Internationally, recent studies report that primary caregiver burden in families with patients diagnosed with alcohol use disorder is influenced by factors such as female sex, prolonged caregiving time, lack of support networks, low educational attainment, and the severity of the patient's consumption. This aligns with general findings on caregiver stress in other pathologies (Cui et al., 2024; Mikulić et al., 2023).

Despite this, the Mexican literature remains limited. Most national studies on caregiver burden focus on chronic diseases such as dementia, cancer, or physical disabilities (Flores et al., 2018), leaving a notable gap in the psychology of addictions. There is a lack of systematic research evaluating the levels of burden among caregivers of individuals diagnosed with alcohol use disorder or its relationship with sociodemographic or psychosocial variables. This absence of empirical evidence is concerning given that family members are frequently the primary managers of treatment, companions during relapses, and mediators between the patient and healthcare services.

Caregiver burden in the context of alcoholism is of particular interest due to the combination of chronic stress factors and social stigmatisation. Caring for a relative diagnosed with alcohol use disorder entails, beyond physical and emotional exhaustion, experiencing guilt, shame, and frustration regarding relapses or violent behaviours. These psychological elements, frequently omitted in the medical literature, reinforce the need for comprehensive psychosocial approaches that consider the caregiver as a subject of healthcare attention, not merely as a companion to the patient. In Mexican populations, where family networks play a central role and institutional care remains limited, this burden intensifies, generating a significant risk of compassion fatigue, reactive depression, and prolonged emotional overload (Sharma et al., 2022).

From a public health perspective, understanding caregiver burden in families with patients experiencing alcohol use disorder allows for the expansion of prevention and care programmes towards more inclusive models addressing a dual vulnerability: that of the dependent patient and the affected caregiver. Regarding interventions, evidence indicates that overburdened caregivers demonstrate a reduced capacity to support therapeutic adherence, which may compromise treatment efficacy (Pérez et al., 2021). Therefore, identifying factors associated with burden—such as sex, age, educational attainment, social support, and consumption severity—has not only scientific but also clinical and operational relevance.

In summary, the available theoretical and empirical analysis justifies the relevance of this study. Mexico faces a high prevalence of harmful alcohol consumption and a sustained demand for specialised care, increasing the indirect burden on family caregivers. The phenomenon of caregiver burden, conceptually validated in other medical fields, requires rigorous exploration in the context of addictions.

This study contributes to the literature by analysing family caregiver burden in the context of alcohol use disorder within the Mexican population—a scarcely explored area—incorporating a psychosocial approach that highlights the caregiver as a subject of clinical attention.

Following a review of the paucity of studies on the topic, the objective of the present study was to evaluate the level of caregiver burden among relatives of individuals with alcohol use disorder in Mexico and to analyse its relationship with sociodemographic variables such as age, sex, educational attainment, and time spent caregiving. Additionally, it sought to answer the research question: What is the perceived level of burden among family caregivers of individuals with Alcohol Use Disorder (AUD) in Mexico?

Method

Design

The present study employed an observational, analytical, and cross-sectional quantitative design.

Participants

The sample comprised 238 Mexican adult family caregivers of individuals presenting with alcohol use disorder who were undergoing monitoring or treatment. Data collection was conducted virtually, utilising digital tools to access family caregivers. A non-probability convenience sampling method was used, recruiting participants through groups for patients and relatives of individuals diagnosed with alcohol use disorder.

The invitation included a brief description of the study objective, participation criteria, informed consent, and a direct link to the electronic questionnaire hosted on Google Forms, which contained the main instrument and a brief sociodemographic questionnaire.

The use of online forms and social networks for data collection is considered a valid and efficient strategy to access specific and geographically dispersed populations whilst maintaining standards of confidentiality and digital ethical consent (Benfield & Szlemko, 2006; Evans & Mathur, 2018). Exclusion criteria included filters to prevent data duplication, caregiving duration, and relationship with the patient.

The methodology adhered to the ethical guidelines for research in virtual environments, in accordance with the American Psychological Association (2021) and the Declaration of Helsinki (2013).

Instruments

The Zarit Caregiver Burden Scale, internationally known as the Zarit Burden Interview (ZBI-22), is one of the most widely used instruments globally to assess the degree of perceived burden in caregivers of individuals with chronic illnesses or prolonged dependencies. Originally developed by Zarit et al. (1980), it comprises 22 Likert-type items with response options ranging from never to almost always. Each item explores different caregiving dimensions, including emotional, physical, social, and economic aspects associated with the caregiver's role. The total score is obtained by summing the responses, where higher values reflect a greater level of burden or psychological distress. The scale further allows categorising the results into three levels: absence of or low burden (0–46 points), moderate burden (47–55), and severe burden (56–88), facilitating its clinical interpretation and use in applied research.

Procedure

The data collection procedure was conducted virtually to facilitate the participation of family caregivers of individuals diagnosed with alcohol use disorder across different regions of the country. A non-probability convenience sampling method was utilised, recruiting participants through posts in groups dedicated to supporting relatives of individuals with problematic alcohol consumption.

Data collection took place over four months (from May to August 2025) until a statistically sufficient population was reached. The process included inclusion criteria, a link to an electronic form, and a confidentiality notice (Andrews et al., 2003). Upon entry, participants read the digital informed consent and, after accepting it, accessed the Google Forms questionnaire, which contained the Zarit Burden Interview (22-item version) and a sociodemographic section including variables such as age, sex, educational attainment, marital status, and caregiving duration. The administration was anonymous, ensuring information confidentiality and compliance with the ethical principles of the Declaration of Helsinki (2013) and the APA Ethics Code (2021) for research in virtual environments.

Statistical Analysis

For data analysis, responses were exported to a Microsoft Excel database and subsequently processed using IBM SPSS Statistics software (Version 26). Descriptive analyses were conducted to characterise the sociodemographic variables and the scores obtained on the Zarit scale, calculating measures of central tendency (mean, median) and dispersion (standard deviation, range). Burden level classification was performed according to established cut-off points: 0–46 (low), 47–55 (moderate), and 56–88 (severe). The internal consistency of the instrument was verified using Cronbach's alpha coefficient, considering values ≥ .70 as adequate and those exceeding .80 as optimal.

In the inferential phase, contrast tests were applied to explore associations between sociodemographic variables and the total Zarit scale score. The comparison between men and women was conducted using an independent samples t test, following the verification of normality with the Shapiro-Wilk test. For variables with a non-normal distribution, the Mann-Whitney U test was used. Associations between the burden level and variables such as age, caregiving duration, and marital status were analysed using a one-way ANOVA and Pearson or Spearman correlations, depending on the variable type. Finally, a significance level of $p < .05$ was considered, and effect sizes (Cohen's d, Spearman's r) were calculated to estimate the magnitude of the observed differences. This approach allowed for the identification of the factors carrying the most weight in predicting caregiver burden, providing relevant empirical evidence for the development of psychosocial intervention strategies.

Given the cross-sectional and exploratory design of the study, multivariate regression models were not conducted; this is suggested for future research.

Results

The study included a total of 238 primary family caregivers of individuals diagnosed with alcohol use disorder residing in Mexico. The sample comprised a majority of women (54.2%) and a smaller proportion of men (45.8%). The mean age was 44.88 years (SD = 14.61), with a range between 20 and 70 years. Regarding marital status, the group of married or cohabiting individuals predominated (46.2%), followed by single (31.1%), and widowed or separated individuals (22.7%). Concerning educational attainment, 47.5% held a bachelor's degree or higher, 32.8% had completed upper secondary education, and the remainder had basic education. In relation to occupation, 39% reported engaging in domestic duties, whilst 36% maintained formal employment, 15% informal employment, and 10% were unemployed.

The mean duration participants had been fulfilling the caregiving role was 4.3 years (SD = 2.7), with an average dedication of 35 hours per week. Most caregivers were the patient's parents (58%), followed by partners (23%), siblings (10%), and other relatives (9%). A total of 64% indicated living in the same household as the person undergoing treatment. Table 1present the descriptive statistics for the most relevant continuous variables.

Regarding the level of caregiver burden (Table 2), the results obtained from the Zarit Burden Interview (ZBI-22) demonstrate a total mean of 40.19 points (SD = 11.89), representing a moderate level of burden. The minimum observed value was 11 and the maximum was 68. The internal consistency coefficient ($\alpha = .926$) indicated excellent reliability of the instrument in this Mexican sample.

Upon classifying the results according to the established cut-off points, 65.97% of the caregivers presented a low or mild burden, 23.11% a moderate burden, and 10.92% a severe burden. This indicates that approximately one in three caregivers presents clinically relevant levels of burden.

In the comparative analysis between men and women, women obtained slightly higher scores (M = 41.27, SD = 12.14) compared with men (M = 38.89, SD = 11.52). The Student's t test did not demonstrate statistically significant differences ($t = 1.56$, $p = .12$), although the trend points to a greater perception of burden among women. Regarding age, a weak and significant positive correlation was found between the caregiver's age and the total scale score ($r = .21$, $p < .01$), suggesting that burden tends to increase with age. A positive relationship was also identified between caregiving duration (in years) and the level of burden ($r = .34$, $p < .001$). Correlation coefficients are presented in Table 3.

The overall results show that caregiver burden among relatives of individuals diagnosed with alcohol use disorder is predominantly at a medium level, with a considerable proportion of cases exhibiting moderate or severe burden. Correlations indicate that older age, lower educational attainment, and a longer time dedicated to caregiving are significantly associated with an increase in perceived burden. These findings align with international reports (Mikulić et al., 2023; Vadher et al., 2020), in which caregivers of patients diagnosed with alcohol use disorders present stress levels comparable to those observed in caregivers of chronic illnesses, which reinforces the need to design psychoeducational programmes and support networks aimed at this group.

Discussion

The present study aimed to analyse the level of caregiver burden among relatives of patients diagnosed with AUD in Mexico, as well as to explore its relationship with relevant sociodemographic variables. The results demonstrate that caregiver burden constitutes a frequent and clinically significant phenomenon in this context, with a considerable proportion of caregivers presenting moderate to severe levels of burden, which confirms the relevance of addressing the caregiver as a subject of care within mental health and addiction programmes.

Generally, the mean obtained on the Zarit Burden Interview (ZBI-22) fell within a moderate level of burden, with approximately one in three caregivers presenting moderate or severe levels. This finding is consistent with international studies conducted on caregivers of individuals with AUD, which report similar levels of emotional and psychological burden (Mikulić et al., 2023; Settley et al., 2025;

Table 1: Descriptive Statistics of the Variables

Variable / Category	**n**	**%**
Sex		
Female	129	54.2
Male	109	45.8
Age in years, *M* (*SD*)	44.88 (14.61)	-
Marital status		
Single	74	31.1
Married or cohabiting	110	46.2
Widowed or separated	54	22.7
Education level		
Primary	47	19.7
Secondary	78	32.8
Higher education or postgraduate	113	47.5
Occupation		
Homemaker	93	39.1
Formal employment	86	36.1
Informal employment	36	15.1
Unemployed	23	9.7
Relationship to the patient		
Parent	138	58.0
Partner	55	23.1
Sibling or other relative	45	18.9

Note. For the age variable, the numerical value represents the mean and a percentage does not apply.

Vadher et al., 2020). The convergence of these results suggests that caregiving in the context of addictions generates demands comparable, and even superior, to those observed in caregivers of chronic illnesses or neurodegenerative disorders, due to the unpredictability of the clinical course, relapses, and the social impact of consumption.

One of the most relevant findings was the positive relationship between the caregiver's age and the level of burden, indicating that perceived burden increases with age. This result aligns with previous research noting that older caregivers often experience greater physical exhaustion, lower coping capacity, and an increase in medical comorbidities, which amplifies the impact of the caregiving role (Cui et al., 2024). In the context of AUD, this effect may be intensified by the prolongation of care over time and by coexisting with recurrent episodes of relapse, family conflict, and emotional exhaustion.

Similarly, the time dedicated to caregiving showed a moderate positive association with caregiver burden. This finding supports the central premise of theoretical models of caregiver stress, particularly the stress-strain-coping-support model proposed by Orford and colleagues, which posits that prolonged exposure to caregiving-associated stressors, in the absence of adequate coping resources and social support, leads to a progressive increase in psychological distress. In the case of addictions, the chronic and recurrent nature of alcohol use disorder favours the accumulation of emotional tension and the perception of a lack of control over the situation, key elements in the experience of burden.

Furthermore, a negative relationship was identified between educational attainment and burden, suggesting that caregivers with a higher educational background present lower levels of perceived burden. This result has been reported in previous studies and can be explained by a greater availability of cognitive resources, information-seeking skills, access to formal and informal support net-

Table 2: Levels of Caregiver Burden According to the Zarit Scale

Level of burden	**n**	**%**
Low / mild	157	65.97
Moderate	55	23.11
Severe	26	10.92

Table 3: Correlations Between Sociodemographic Variables and Total Zarit Scale Score

Variable	***r***	***p***	**Interpretation**
Age	.21	.008	Weak positive relationship
Caregiving time (years)	.34	$< .001$	Moderate positive relationship
Education level	–.18	.014	Higher education = lower burden
Sex (Female = 1, Male = 0)	.10	.12	Non-significant

works, and more effective coping strategies (Pérez et al., 2021). In the Mexican context, where access to specialised addiction services is unequal, educational attainment could function as a partial protective factor against caregiver burnout.

Regarding sex, although women obtained slightly higher scores on the burden scale, no statistically significant differences were observed between men and women. This finding is relevant because, although the literature typically reports a greater burden on female caregivers, the results of the present study suggest that in the context of AUD, the impact of caregiving can be high regardless of the caregiver's sex. This could be explained by the nature of the disorder, which involves interpersonal conflicts, social stigmatisation, and family crises that transversely affect those who assume the caregiving role.

From a clinical and public health perspective, the results reinforce the need to systematically incorporate the assessment of caregiver burden into care programmes for individuals with AUD. Evidence indicates that caregivers with high levels of burden exhibit a reduced capacity to sustain therapeutic support, a greater risk of deterioration in their mental health, and a decrease in the quality of support provided to the relative in treatment (Tyo & McCurry, 2020). In this sense, caregiver burden constitutes not only an individual problem but also an indirect factor that can influence adherence and the treatment prognosis of the individual with AUD.

Finally, the use of virtual recruitment strategies allowed access to a broad and geographically diverse population, providing evidence on the viability of research in digital environments within the field of health psychology. However, the results must be interpreted considering the limitations inherent to non-probability sampling and the cross-sectional design, which preclude establishing causal relationships. Even so, the findings offer a solid empirical basis for the development of psychoeducational interventions, emotional support programmes, and self-care strategies specifically aimed at family caregivers of individuals with AUD, contributing to raising the visibility of a phenomenon historically relegated within the field of addictions.

Conclusions

The results of the present study demonstrate that family caregiver burden constitutes a clinically relevant phenomenon among individuals providing care to relatives with alcohol use disorder in Mexico. Although the overall mean of the Zarit Burden Interview indicated a moderate level, a considerable proportion of participants exhibited moderate or severe burden, indicating the presence of a group of caregivers at psychosocial risk.

The analysis of sociodemographic variables showed that caregiver age and caregiving duration are positively associated with the burden level, whereas educational attainment is inversely related to perceived burden. These findings suggest that the caregiver's emotional and psychological distress tends to increase as the caregiving role is prolonged and combined with fewer educational resources. This aligns with theoretical models of caregiver stress and international evidence in addiction contexts.

Although no statistically significant sex differences were identified, women showed a tendency to score higher on the burden scale, which could be related to sociocultural factors and the traditional allocation of caregiving roles within the family context. Altogether, these results confirm that caring for an individual with alcohol use disorder involves emotional, social, and practical demands that directly impact caregiver well-being.

From a clinical and public health perspective, the findings underscore the need to systematically incorporate the assessment of caregiver burden within addiction care programmes. Exclusively treating the patient without considering the family caregiver's emotional and psychological state can limit treatment effectiveness and increase the risk of deterioration in family dynamics. In this regard, the Zarit Burden Interview proved to be a reliable and pertinent instrument for detecting caregiver burden in the context of addictions among the Mexican population.

Recommendations for Future Research

Based on the obtained results and considering the limitations of the present study, future research should address caregiver burden in the context of alcohol use disorder using longitudinal designs. These would allow the analysis of burden evolution over time and its relationship with clinical patient variables, such as relapses, treatment adherence, and consumption severity.

Furthermore, it would be pertinent to expand the analysis by incorporating multivariate statistical models, such as linear regressions or structural models, to more accurately identify the relative weight of sociodemographic, familial, and contextual variables in predicting caregiver burden. This would contribute to a more comprehensive understanding of the phenomenon and the identification of higher-risk profiles.

It is also suggested to integrate complementary measures of caregiver mental health, such as symptoms of anxiety, depression, perceived stress, or resilience, to explore the interaction between burden and other dimensions of psychological well-being. The inclusion of variables related to social support, healthcare access, and coping strategies would enrich explanatory models of caregiver stress in addiction contexts.

Finally, future research could evaluate the efficacy of psychoeducational interventions and support programmes aimed specifically at family caregivers, in both face-to-face and virtual modalities. The development and validation of intervention strategies oriented towards self-care, stress management, and the strengthening of support networks are fundamental to reducing caregiver burden and indirectly improving treatment outcomes in individuals with alcohol use disorder. These lines of research would contribute to consolidating a comprehensive and inclusive perspective in addiction care, recognising the family caregiver as a central actor within the therapeutic process.

Ethical Considerations

All procedures performed in this study involving human participants were in accordance with the ethical standards of the Ethics Committee of the University of Guayaquil (Protocol No. 123-2026) and with the 1964 Declaration of Helsinki and its later amendments. Informed consent was obtained from all individual participants included in the study.

Author Contributions

SD Solares: Conceptualisation, Methodology, Writing - original draft, Writing - review and editing.

Conflicts of Interest

The author declares no known competing financial interests or personal relationships that could have influenced the work reported in this article.

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References

American Psychological Association. (2021). *Ethical principles of psychologists and code of conduct.* Washington, DC.

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). APA Publishing.

Andrews, D., Nonnecke, B., & Preece, J. (2003). Electronic survey methodology: A case study in reaching hard-to-involve Internet users. *International Journal of Human–Computer Interaction, 16*(2), 185–210. https://doi.org/10.1207/S15327590IJHC1602_04

Benfield, J. A., & Szlemko, W. J. (2006). Internet-based data collection: Promises and realities. *Journal of Research Practice, 2*(2), Article D1. Disponible en: https://files.eric.ed.gov/fulltext/EJ805689.pdf

Comisión Nacional contra las Adicciones (CONADIC). (2024). *Panorama de la demanda de atención por consumo nocivo de alcohol 2023.* Gobierno de México. https://www.gob.mx/salud/conadic

Cui, P., Yang, M., Hu, H., Cheng, C., Chen, X, Shi, J., Li, S., Chen, C. & Zhang, H. (2024). The impact of caregiver burden on quality of life in family caregivers of patients with advanced cancer: A moderated mediation analysis of the role of psychological distress and family resilience. *BMC Public Health, 24*, 18321. https://doi.org/10.1186/s12889-024-18321-3

Domínguez, J., Ruíz, M., Gómez, I., Gallego, E., Valero, J. & Izquierdo, M. (2012). Ansiedad y depresión en cuidadores de pacientes dependientes. *Medicina de Familia.* Vol. 38 (1). 16-23. DOI: 10.1016/j.semerg.2011.05.013

Evans, J. & Mathur, A. (2018). The value of online surveys: A look back and a look ahead. *Internet Research, 28*(4), 854–887. https://doi.org/10.1108/IntR-03-2018-0089

Flores, M., Galindo, O., Jiménez, J., Rivera, L., & González, E. (2018). Validación de la Entrevista de Carga de Zarit en cuidadores primarios informales de pacientes con enfermedades mentales. *Psicología y Salud, 29*(1), 17-24. DOI: https://doi.org/10.25009/pys.v29i1.2564

Instituto Nacional de Salud Pública (INSP). (2022). *Encuesta Nacional de Salud y Nutrición 2022.* https://ensanut.insp.mx

Liu, Z., Heffernan, C. & Tan, J.(2020). Caregiver burden: A concept analysis. *Nursing Open, 7*(4), 438-445. DOI: https://doi.org/10.1002/nop2.563

Mikulić, M., Čavar, I., Jurišić, D., Jelinčić, I., & Degmečić, D. (2023). Burden and psychological distress in caregivers of persons with addictions. Challenges, 14(2), 24. DOI: https://doi.org/10.3390/challe14020024

Organization for Economic Co-operation and Development (OECD). (2023). *Health at a Glance 2023: Mexico — Country note.* OECD Publishing. https://www.oecd.org/health

Settley, C., Harpe, R. & Jooste, K. (2025). Exploring the sense of coherence and psychological well-being of family caregivers of individuals with substance addiction in South Africa's Western Cape. *Discover Public Health*. 22:808. DOI: https://doi.org/10.1186/s12982-025-01226-w

Sharma, A., Sharma, A., Gupta, S. & Thapar, S. (2022). Study of family burden in substance dependece: A tertiary care hospital based study. *Indian J Psychiatry, 61,* 131-138. DOI: https://doi.org/10.4103/psychiatry.IndianJPsychiatry_123_15

Tyo, M., & McCurry, M. (2020). An integrative review of measuring caregiver burden in substance use disorder. *Nursing Research, 69*(5), 391-398. 10.1097/NNR.0000000000000442

Vadher, S., Desai, R., Panchal, B., Vala, A., Jahangirali, I., Rupani, M., & Vasava, K. (2020). Burden of care in caregivers of patients with alcohol use disorder and schizophrenia and its association with anxiety, depression and quality of life. *General Psychiatry, 33*(4):e100215 . https://doi.org/10.1136/gpsych-2020-100215

World Medical Association. (2013). *Declaration of Helsinki: Ethical principles for medical research involving human subjects. JAMA*, 310(20), 2191–2194. https://doi.org/10.1001/jama.2013.281053