Depression and anxiety in spousal dementia caregivers in Ireland: Prevalence and Predictors

O’Donnell, Katie., Pertl, Maria M., Rogers, Jennifer. T., Galvin, A., Maher, Melissa, M., Brennan, Sabina, Robertson, Ian H., and Lawlor, Brian. A.
De-Stress Caregivers’ Study

• Participants recruited for a longitudinal study on the relationship between caregiver stress & cognitive functioning

→ spousal caregivers

→ assessing wide range of health-related factors and outcomes
Dementia & caregiving

Increasing incidences of dementia worldwide
- 46.8 million people with dementia worldwide
- 74.7 million by 2030
- 131.5 million by 2050

→ increase in the need for dementia care.

• Family caregivers play a vital role in providing dementia care.
The prevalence of anxiety and depression in caregivers of people with dementia is high:
- 23%-85% depression
- 16%-45% anxiety
→ spousal caregivers

Implications?
Both physical and psychological challenges associated with dementia care
Challenges in dementia care

- Behavioural and psychological symptoms of dementia (BPSD)
- Non cognitive symptoms (e.g. aggression/mood)
- Loss of relationship with care-recipient
- Caregiver chronic health conditions

Theoretical model of stress, Pearlin et al. (2009)
# Model of stress in caregivers

## Primary Stressors
- Care recipient needs
  - Dependency
  - Problem behaviour
- Caregiving related factors
  - Subjective burnout/overload

## Secondary Stressors
- External factors
  - Family conflict
  - Social life
- Intrapsychic factors
  - Self-efficacy, mastery, competence
Study aims

→ How many people have depression and anxiety in an Irish spousal dementia caregiver sample?
→ How many have sought help for their problems?
→ What are the contributing factors that might increase one’s risk for psychological morbidity?
Methods

Participants
• Eligibility criteria:
  – Caring for a spouse with dementia at home
  – 50+ years of age
• Recruitment:
  – E.g: Media, organisations for the elderly, nursing home and respite centres

Response rate: 370 eligible, 253 participated → 68.38%

Data collection
• Telephone survey, self-report questionnaire and face-to-face interview
• Use of validated assessment measures
Methods

Predictors

• Vulnerabilities:
  – Age, gender, education (years), number of chronic health conditions, history of depression

• Caregiving demands:
  – Neuropsychiatric (NP) symptoms: severity (*Neuropsychiatric Inventory*)

• Sleep disturbance

• Caregiver resources:
  – Self-efficacy (*Fortinsky dementia-specific CG-SE*)
  – Social factors
    • Social isolation (total number of close contacts - friends, children and other relatives - who participants saw at least once a month).
    • Social loneliness (*De Jong Gierveld Loneliness*)
<table>
<thead>
<tr>
<th>Characteristics (n = 253)</th>
<th>Number (%) / mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (female)</td>
<td>164 (64.8%)</td>
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<tr>
<td>Age</td>
<td>69.64 (7.84)</td>
</tr>
<tr>
<td>Education</td>
<td>13.26 (3.68)</td>
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<td>Some primary</td>
<td>15 (6%)</td>
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<tr>
<td>Primary</td>
<td>25 (9.9%)</td>
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<tr>
<td>Some second level</td>
<td>49 (19.4%)</td>
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<tr>
<td>Finished second level</td>
<td>46 (18.3%)</td>
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<tr>
<td>Diploma/cert</td>
<td>54 (21.4%)</td>
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<tr>
<td>Degree</td>
<td>36 (14.3%)</td>
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<tr>
<td>Postgraduate</td>
<td>27 (10.7%)</td>
</tr>
<tr>
<td>Hours of caregiving per day</td>
<td>12.09 (6.17)</td>
</tr>
<tr>
<td>Length of care (months)</td>
<td>59.44 (39.29)</td>
</tr>
</tbody>
</table>
Prevalence of depression and anxiety in Irish caregivers

- 32% had consulted a doctor about emotional problems in the past
- Current psychological wellbeing
  - 37% significant levels of depression
  - 36% significant levels of anxiety
  - 46.5% significant anxiety and/or depression
    - less than half of these (45.6%) reported that they had ever spoken to a doctor about their emotional wellbeing
    - only 18% had done so since their spouses’ diagnosis
Correlates of depression and anxiety

- **Vulnerabilities**
  - Younger age (dep. $r = -0.30^{***}$, anx. $r = -0.30^{***}$)
  - Previously consulted doctor about emotional problems (dep. $r = 0.197^{**}$, anx. $r = 0.27^{**}$)
  - Higher number of chronic health conditions (dep. $r = 0.207^{**}$, anx. $r = 0.24^{**}$)
  - Female CGs (dep. $r = 0.30^{***}$, anx. $r = 0.32^{***}$)
  - Education in years (anx. $r = 0.164^{**}$)

- **Caregiving demands**
  - More NP symptoms (dep. $r = 0.297^{***}$, anx. $r = 0.314^{***}$)
  - Greater severity of NP symptoms (dep. $r = 0.35^{***}$, anx. $r = 0.37^{***}$)

- **Caregiver-related factors**
  - Greater sleep disturbance (dep. $r = 0.56^{**}$, anx. $r = 0.46^{**}$)
  - Lower self-efficacy (dep. $r = -0.39^{**}$, anx. $r = -0.34^{**}$)
  - A smaller number of close contacts (greater social isolation) (dep. $r = 0.27^{**}$, anx. $r = -0.196^{**}$)
  - Greater loneliness (dep. $r = 0.63^{**}$, anx. $r = 0.56^{**}$)
Correlates of depression and anxiety

Both anxiety and depression not significantly related to:

• Caregiving-related factors
  – Hours of care per day
  – Length of caregiving
  – No of formal services used
  – No of other caregivers involved in care
  – Frequency of help from family or friends

• Care-recipient-related factors
  Functional disability (ADL or IADL)
# Predictors of caregiver anxiety

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Step 1 β</th>
<th>Step 2 β</th>
<th>Step 3 β</th>
<th>Step 4 β</th>
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</thead>
<tbody>
<tr>
<td><strong>Caregiver vulnerabilities</strong></td>
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<tr>
<td>Age</td>
<td>-.297***</td>
<td>-.23***</td>
<td>-.148**</td>
<td>-.051</td>
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<tr>
<td>Gender (female)</td>
<td>.183**</td>
<td>.175**</td>
<td>.145**</td>
<td>.083</td>
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<td>Hx emotional problems</td>
<td>.194**</td>
<td>.22***</td>
<td>.215***</td>
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<td>Education (years)</td>
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<td>.096</td>
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<td>Number of chronic health conditions</td>
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<td>.193**</td>
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<td><strong>Caregiving demands</strong></td>
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<tr>
<td>Severity of care-recipient BPSD</td>
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<td>.22*</td>
<td>.24***</td>
<td>.17**</td>
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<tr>
<td><strong>Sleep</strong></td>
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<td>.29***</td>
<td>.213**</td>
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<td><strong>Caregiving resources</strong></td>
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<tr>
<td>Self-efficacy for symptom management</td>
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<td>-.13*</td>
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<td>Social supports (no. of close people to CG)</td>
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<td>.013</td>
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<tr>
<td>Loneliness</td>
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<td>.29***</td>
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### Predictors of Caregiver Depression

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<tr>
<td>Age</td>
<td>-.26*</td>
<td>-.15</td>
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<td>-.039</td>
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<tr>
<td>Gender (female)</td>
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<td>.008</td>
<td>.020</td>
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<tr>
<td>Hx emotional problems</td>
<td>.027</td>
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<td>Number of chronic health conditions</td>
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<td>Education (years)</td>
<td>.106</td>
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<td><strong>Caregiving demands</strong></td>
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<tr>
<td>Severity of care-recipient BPSD</td>
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<td>.28*</td>
<td>.316*</td>
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<tr>
<td>Sleep</td>
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<tr>
<td><strong>Caregiving resources</strong></td>
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<tr>
<td>Loneliness</td>
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<tr>
<td>Emotional connectedness</td>
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<td>Self-efficacy for symptom management</td>
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<td>-.061</td>
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</tbody>
</table>
Mediation analysis

Loneliness

BPSD  Depression
Take Home Points

• High levels of psychological morbidity in spousal dementia caregivers
• Only half of those with psychological morbidity have sought help from a doctor
• Caregiver’s struggle most with the behavioural and psychological symptoms of dementia, rather than care recipient functional disabilities
• Care-related resources were not associated with psychological morbidity however, social support does appear to play a large role
• How can we help? → awareness, interventions
Thank you!

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&
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&
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