

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

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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



Caregiver Anxiety & depression

- 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*)

Participant characteristics

Characteristics (n = 253)	Number (%) / mean (SD)
Gender (female)	164 (64.8%)
Age	69.64 (7.84)
Education	13.26 (3.68)
Some primary	15(6%)
Primary	25 (9.9%)
Some second level	49 (19.4%)
Finished second level	46 (18.3%)
Diploma/cert	54 (21.4%)
Degree	36 (14.3%)
Postgraduate	27 (10.7%)
Hours of caregiving per day	12.09 (6.17)
Length of care (months)	59.44 (39.29)

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 = $-.30^{***}$, anx. r = $-.30^{***}$)
- Previously consulted doctor about emotional problems (dep. r = $.197^{**}$, anx. r = $.27^{**}$)
- ➔ Higher number of chronic health conditions (dep. r = $.207^{**}$, anx. r = $.24^{**}$)
- ➔ Female CGs (dep. r = $.30^{***}$, anx. r = $.32^{***}$)
- Education in years (anx. r = $.164^{**}$)

- **Caregiving demands**

- More NP symptoms (dep. r = $.297^{***}$, anx. r = $.314^{***}$)
- ➔ Greater severity of NP symptoms (dep. r = $.35^{***}$, anx. r = $.37^{***}$)

- **Caregiver-related factors**

- Greater sleep disturbance (dep. r = $.56^{**}$, anx. r = $.46^{**}$)
- ➔ Lower self-efficacy (dep. r = $-.39^{**}$, anx. r = $-.34^{**}$)
- A smaller number of close contacts (greater social isolation) (dep. r = $.27^{**}$, anx. r = $-.196^{**}$)
- ➔ Greater loneliness (dep. r = $.63^{**}$, anx. r = $.56^{**}$)

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

Characteristics	Step 1 β	Step 2 β	Step 3 β	Step 4 β
Caregiver vulnerabilities				
Age	-.297***	-.23***	-.148**	-.051
Gender (female)	.183**	.175**	.145**	.083
Hx emotional problems	.194**	.22***	.215***	.218***
Education (years)	.107*	.096	.101	.079
Number of chronic health conditions	.216**	.193**	.089	.048
Caregiving demands				
Severity of care-recipient BPSD		.22*	.24***	.17**
Sleep			.29***	.213**
Caregiving resources				
Self-efficacy for symptom management				-.13*
Social supports (no. of close people to CG)				.013
Loneliness				.29***

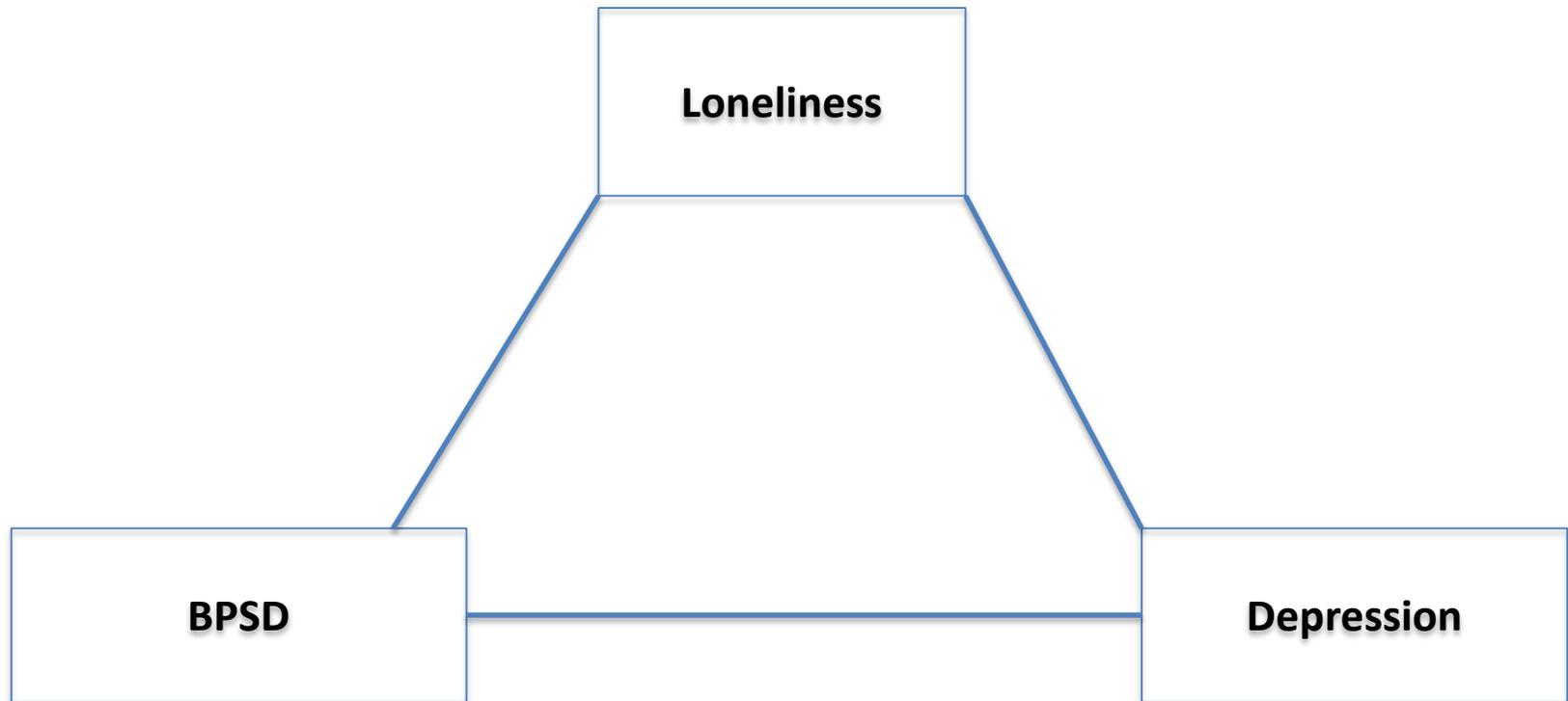


Predictors of caregiver depression

Characteristics	Step 1 β	Step 2 β	Step 3 β	Step 4 β
Caregiver vulnerabilities				
Age	-.26*	-.15	-.13	-.039
Gender (female)	.093	.07	.008	.020
Hx emotional problems	.027	.027	-.026	.146
Number of chronic health conditions	.25*	.202	.018	-.038
Education (years)	.106	.141	.103	-.008
Caregiving demands				
Severity of care-recipient BPSD		.28*	.316*	.257
Sleep			.33*	.259
Caregiving resources				
Loneliness				.412*
Emotional connectedness				-.205
Self-efficacy for symptom management				-.061



Mediation analysis



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

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