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Caregivers psychiatric disorders in dementia

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Background

Increased public attention to the problems of Alzheimer's disease (DAT) is not only due to its devastating effect in patients' personality and cognition but also to its impact on their families. The caregivers of DAT patients very often indicate cognitive and emotional disorders because of the quality of life of their patients.

Materials and methods

The purpose of this study is to identify sources of that burden experienced by the principal Greek caregivers of DAT patients, thereby facilitating the development of interventions to reduce the caregivers' burden. We attempted to correlate the change of the caregivers' stress profile with the variety of patients' behavioral disorders taking also into account the stage of the disease. The sample comprised by 105 caregivers. 40 of them took care of DAT patients and 65 of MCI patients. The diagnosis of dementia was based on the clinical criteria of DSM-IV and NINCDS-ADRDA and on neuropsychological assessment. We also used the Neuropsychological Inventory (NPI) scale for assessing the behavioral disorders of the patients. In order to assess the psychiatric disorders of caregivers we used the Burden Interview (BI) (Zarit et al. 1980, Zarit and Zarit 1982).

Results

Factor Analysis showed 6 factors each of them corresponding to a separate emotional source caregivers' feelings of burden. Sources were grouped as following: a) Burden derived from caregiver's personal needs, b) changes in caregiver's social and family relations, c) patients disabilities and need for care, d) caregiver's insecurity about future difficulties, e) caregiver's difficulty to effectively perform his/her role, and f) insecurity about patient's future health condition. Pearson coefficient showed that high total scores of NPI and BI scales corre-

lated with each other (r = 0.634) suggesting that subjective burden is higher for caregivers that take care of patients with behavioral disorders experience. Higher BI total scores correlated relatively well with higher apathy, irritability-liability, aggressiveness, and depression on behalf of the patient. The Regression Analysis showed that subjective caregiver's burden was better predicted by the lack of privacy, the fear of incompetence for the future caregiving, the increased family and work responsibilities, and by caregiver's feeling strained when he/she is closed to the patient.

Discussion

The conclusion is that 1) caregiver's subjective burden is associated with the disease's behavioral disorders, 2) it is affected mainly by the intensity of patient's irritability, apathy, and depression and by the frequency of these disorders, 3) the disease's progress is associated with higher caregiver's subjective burden. Caregivers of demented patients often experience lack of private and social life, are strongly worried of the future patient's care, experience emotional stress under the pressure of a variety of responsibilities and feel frustrated in the patient's presence. Given the general burden these caregivers are highly vulnerable to depression and other emotional disorders.