# **ABSTRACT**

Attention to elderly people with dementia is nowadays a social and health challenge due to normally are relatives who take care of these patients. This study pretended to detect the needs that relatives of patients with dementia have and also to know how they conciliate their work with their familiar everyday life in order to articulate interventions and measures to improve the health and wellbeing of this population. The sample was composed by 50 caregivers of patients with dementia older than 65 years. We administrated a sociodemographic questionnaire and scales that measured burden on caregivers (Zarit Scale), depression (BDI), anxiety (BAI), wellbeing (WHOQoL-BREF) and social adaptation (SASS). The sample of patients with dementia was composed by 50 subjects and we administrated tests to evaluate basic and instrumental daily life activities and degree of neuropsychological impairment (MMSE). Patients with dementia showed a profile with low to moderate levels of dependence (BI=68.67) and moderate levels of neuropsychological impairment (MMSE= 16.02; SD=6.79). Caregivers presented a high level of burden and low levels of depression and anxiety. There was a significant correlation between levels of depression and anxiety (r=.664; p=.000) as well as between their health global perception and depression (r=-.374; p=.008) and anxiety (r=-.422; p=.004). Burden levels are higher in the group of relatives who are still work-related (Z=-2.209; p=.012) than in those who only take care of their own relative. The result of the study showed the importance of considering the burden on relatives who do take care of patients with dementia as well as the problems that they have in the relation of work and family in order to design specific programs of attention according their needs that allow them to improve their health and wellbeing.

Keywords: dementia, Alzheimer's disease, quality of life, aging disorders.

#### INTRODUCTION

Attention to elderly people with dementia is nowadays one of the most challenging issues worldwide which has become a defy in our society.

Psychological changes and specific functional and behavioral characteristics that dementia states demonstrate in affected people, impact on the health and social life of caregivers in a way that their life becomes everyday more restrictive and, consequently their perception of burden increases (Andrieu et al., 2005). We should also take into consideration that caring of patients with dementia has been identified as one of the most stressful events that can take place in a family system (Zarit, 1996).

One fact that should be taken into consideration is that in most instances are relatives who assume the role of caregivers of a patient with dementia. Moreover, women are the ones who tend to become the principal caregivers of patients with dementia so they tend to demonstrate more burden, a greater affection in their quality of life and a marked trend to depression (Bédard et al., 2005; Chapell et al, 2002; Galliccio et al., 2002; López and Crespo, 2007, Ribas et al., 2000 and Thomas et al., 2004).

Consequences arising from the care of a relative with dementia include difficult familiar relations, labour problems, financial difficulties and a change in the hours and quality of their social relations (Bédard et al., 2004; Gibeau et al, 1989).

### **REFERENCES**

- Andrieu, S., Bocquet, H., Joel, A., Gillette-Guyonnet, S., Nourhashemi, F., Salva, A., Grand, A., & The Real Fr. Gropu. (2005). Changes in informal care over one year for elderly persons with Alzheimer's disease. The Journal of Nutrition, Health and Aging, 9(2), 121-126.

- Bédard, M., Kuzik, R., Chambers, L., Mohillo, D. W., Dubois, S., & Lever, J. A. (2005). Understnading burden differences between men and women caregivers: the contribution of care-recipient problem behaviors. International Psychogeriatrics, 17(1), 99-118.

- Chappell, N. L. & Reid, R. C. (2002). Burden and well-being among caregivers: examining the distinction. Gerontologist, 42, 772-780.

- Gallicchio L., Siddiqi N., Langenberg P., Baumgarten M. (2002). Gender differences in burden and depression among informal caregivers of demented elders in the community. Int J Geriatr Psychiatry, 17(2), 154-63.

- López, J., López-Arrieta, J., & Crespo, M. (2005). Factors associated with the positive impact of caring for elderly and dependent relatives. Archives of Gerontology and Geriatrics, 41, 81–94. - Ribas, J., Castel, A. Escalada, B. Ugas, L. Grau, C. Magarolas, R. Puig, J. M. Carulla, J. Pi, J. (2000). Trastornos Psicopatológicos del cuidador principal no profesional de pacientes ancianos. Revista de Psiquiatría de la Facultad de Medicina de Barcelona, 27(3), 131-134. - Zarit, S.H. (1996). Intervention with family caregivers en S.H. Zarit y B.G. Knight (eds.). A guide to

psychotherapy and aging. Effective clinical interventions in a life stage context. Washington: APA.

#### **OBJECTIVES**

This study pretended to detect the needs that relatives of patients with dementia have and also to know how they conciliate their work with their familiar everyday life in order to articulate interventions and measures to improve the health and wellbeing of this population.

We believe that relatives of patients with dementia will present high levels of burden as well as anxiety and depression. We also considerate that this group of relatives who take care of demented persons will present more difficulties to conciliate work and familiar life. All these factors will be related directly with cognitive and functional decline that their dependant relative presents as well as with their dependence grade.

## METHODS AND PARTICIPANTS

Table 1. Sociodemographycal relatives information

Age	Gender
mean = 56,63	Women = 80%
SD = 13,91	Men = $20\%$
range = 25-83	

Table 2. Sociodemographycal demented persons information

Age	ВІ
mean = 84,80	mean = 68,67
SD = 8,179	SD = 29,3
range = 62-104	range = 0-100

To the group of relative caregiivers we administrated a sociodemographic questionnaire and scales that measured burden (Zarit Scale), depression (BDI), anxiety (BAI), wellbeing (WHOQoL-BREF) and social adaptation (SASS). To relatives with dementia, there were administrated tests to evaluate the neuropsychological impairment. Tests are listed next:

TESTS ADMINISTERED TO THE RELATIVES OF PATIENTS WITH DEMENTIA:

-Sociodemographic questionnaire -Zarit Burden Scale (Zarit et al., 1980)

-World Health Organization Quality of Life WHOQoL-100 (WHO, 1993)

-Beck Depression Inventory (Beck et al., 1961)

-Beck Anxiety Inventory (Beck et al., 1961)

-Social Adaptation Self-Evaluation Scale (Bosc et al., 1997)

TESTS ADMINISTERED TO THE PATIENTS WITH DEMENTIA:

-Barthel Index (Mahoney et al., 1965)

- MiniMental State Examination (Folstein et al., 1965)

## **RESULTS**

Simple correlations have been done between all study variables and from that we should highlight:

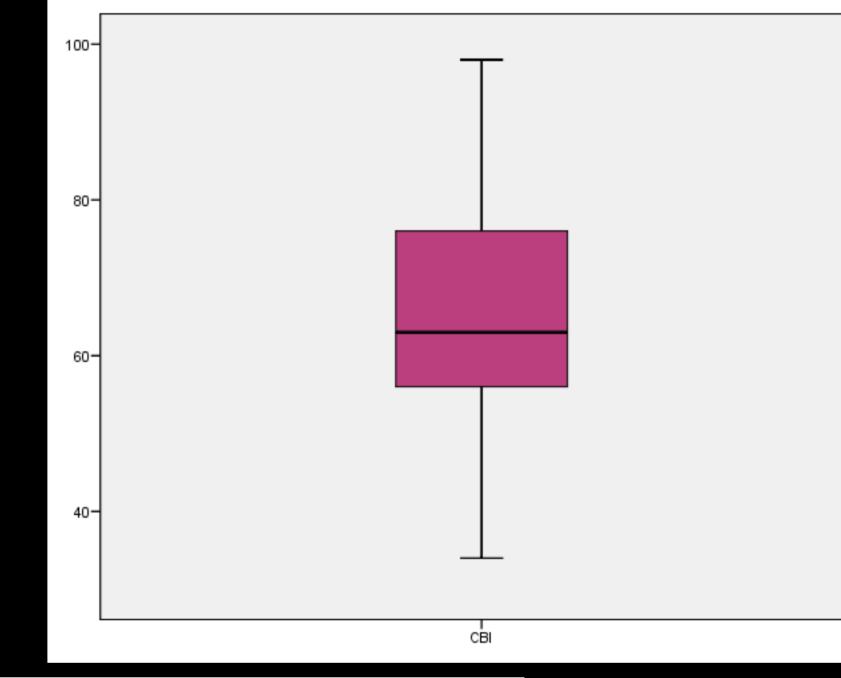
-the significance of the correlation between burden levels and depression (r=.413; p=.014).

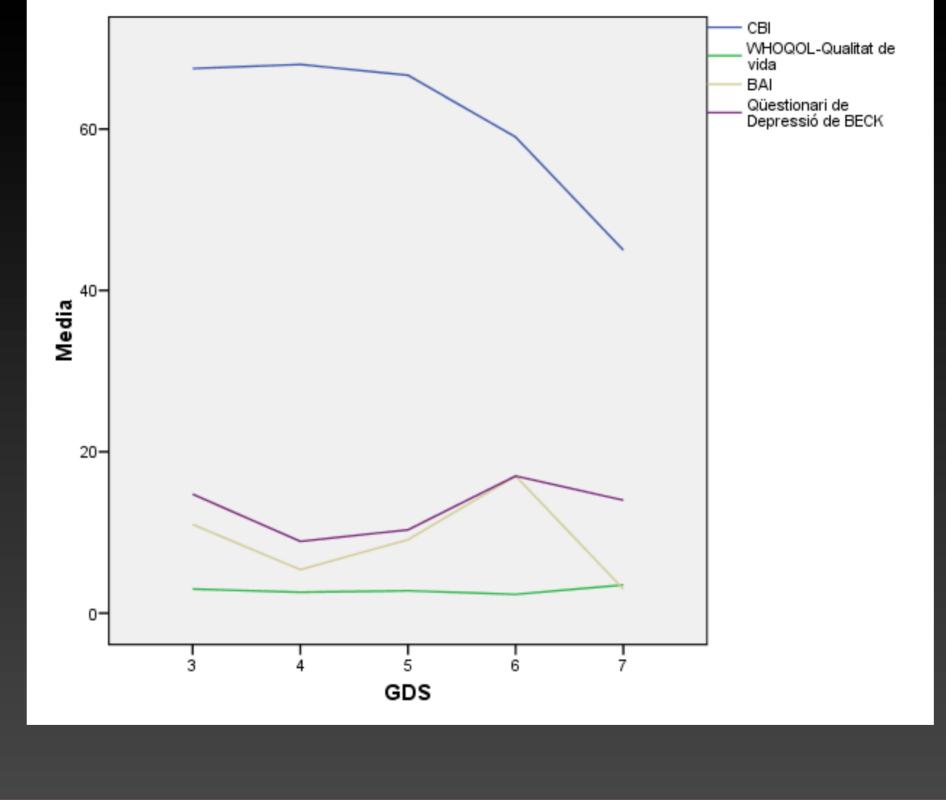
-The high levels of correlation between depression and anxiety that show relatives of patients with dementia (r=.664; p=.000)

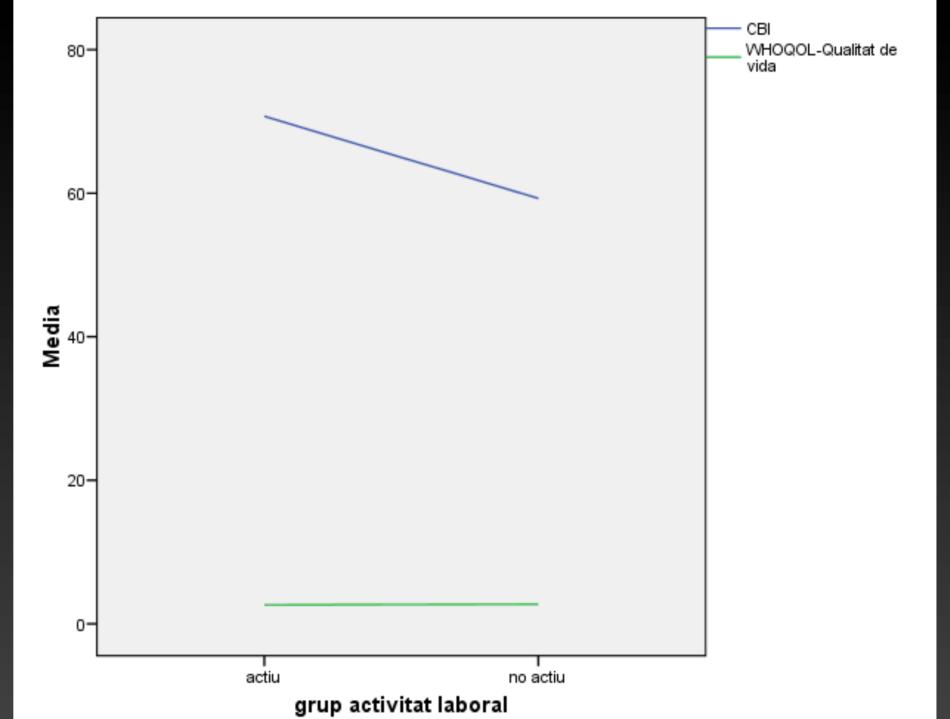
-The significance of the correlation between the relatives' global perception of their own health and depression (r=-.374; p=.008) and anxiety (p=-.422; p=.004).

There has also been done a mean comparation (Mann-Whitney U-Test). These show:

- A higher level of burden in relative who are still-working (Z=-2.209; p=. 012)







# CONCLUSIONS

-Caregivers presented a high level of burden and low levels of depression and anxiety as well as a tendancy to social misadapation. There was also affected their quality of life.

-The profile of the caregiver was a middle-aged woman who takes care of a relative (normally their parents) with a high level of burden and low signals of depression and anxiety. The relative who did take care of had an age average of 81 years and presented a dementia. They also presented moderate levels of dependance as well as cognitive impairment.

-There is a positive correlation between burden and depression in those relatives who did take care of a person with dementia.

-Women are the ones who tend to assume the role of caregivers in the family system.

-Relatives who are still-working tend to demonstrate higher burden levels.

