Spouses of MCI Patients Face Caregiver Burden

Interventions might prevent psychiatric morbidity in spouses whose loved ones go on to develop dementia.

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Spouses of men and women who have mild cognitive impairment are assuming the role of caregiver and as a result, are experiencing the caregiver burden associated with that role, Linda Garand, Ph.D., said at the annual meeting of the American Association for Geriatric Psychiatry.

In a pilot study, nursing tasks such as administration of medication were significantly associated with symptoms of depression in the caregiver, while lifestyle constraints were significantly associated with symptoms of anxiety, Dr. Garand reported.

The finding suggests that spouses of people with mild cognitive impairment (MCI) "may be ideal targets for preventive interventions, to prevent the later development of psychiatric morbidity in the event that they do progress to become a dementia caregiver," said Dr. Garand of the University of Pittsburgh.

Although the negative mental health effects of dementia caregiving are firmly established in the medical literature, Dr. Garand added, very little is known "about what it's like to give care to a person with milder levels of [cognitive impairment]."

In a 7-month study funded by the National Institute of Mental Health, Dr. Garand and her associates conducted a cross-sectional study of 23 women and 4 men whose spouses met Alzheimer's Disease Research Center criteria for MCI. Spouses lived with the patients at home and understood English.

Self-reported cross-sectional data were collected in the home.

Dr. Garand and her colleagues used a variety of measures, including the Caregiver Burden Inventory, the Memory and Behavior Problem Checklist, the Center for Epidemiologic Studies-Depression scale, and the state portion of the State-Trait Anxiety Inventory.

Most of the spousal caregivers were white, married for almost 5 decades, and lived alone with their spouse. They ranged in age from 54 to 82 years, with an average age of 70 years.

About three-quarters had at least a bachelor's degree.

Spouses performed an average of four household management tasks per day and 0-1 nursing tasks per day.

Dr. Garand said she and the other investigators found that the amount of time to self received the highest caregiver burden rating, while the amount of privacy and the amount of vacation time received the lowest caregiver burden rating.

The most common MCI-related behaviors spouses reported of their loved ones were asking the same question over and over again, having trouble remembering recent events, and losing or misplacing things.

Spouses who performed nursing tasks such as administration of medication were significantly more likely to have depressive symptoms, while those with perceived lifestyle constraints were significantly more likely to have anxiety symptoms.

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For many spouses, administering medications to loved ones becomes a responsibility after the onset of MCI.

"The caregiving responsibilities in this sample were very diverse," Dr. Garand commented.

"The fact that many of these responsibilities were introduced since the person had been diagnosed with MCI suggests that the burden and psychiatric morbidity are directly associated with the MCI in their spouse."

She noted that all of the spouses who reported responsibility for transportation, running the errands, and managing business affairs also acknowledged that these were new responsibilities since their spouse developed MCI.

Nearly one-half of the spouses reported being responsible for administering medications for their loved one, and a large proportion of that subsample said that it was a new responsibility since the onset of MCI.

Dr. Garand proposes an in-home intervention with spouses of men and women with MCI that will be built into another study. Such an intervention would include 1 month of in-home education followed by 2 months of support via telephone. The intervention "is going to be based on problem-solving therapy," Dr. Garand explained.

"I'm hoping that if I can equip these spouses with some real problem-solving tools early in their caregiving trajectory, I may be able to help them down the road as they become dementia caregivers, so they don't become so depressed or anxious," Dr. Garand said. ■

Elders' Reluctance to Take Antidepressants Tied to Misconceptions

BY DIANA MAHONEY
New England Bureau

NEW ORLEANS — Fear and misconceptions about how antidepressant medication works contribute to older adults' reluctance to use pharmacologic treatment for depression, a qualitative study has shown.

"Depression is highly prevalent but undertreated in elderly primary care patients, despite the availability of effective medications," Jane L. Givens, M.D., reported at the annual meeting of the Society of General Internal Medicine.

Among the patient-level factors preventing appropriate treatment in this population are fear of addiction, concern about experiencing unnatural happiness or inability to feel grief and sadness, and fear of side effects.

Dr. Givens and her colleagues at the University of Pennsylvania in Philadelphia recruited a subsample of 68 older adults (mean age 75 years) with depression who participated in one of two qualitative, randomized treatment studies—the Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT) or the Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E).

Each of the patients in the study participated in semistructured home-based interviews.

Those interviews were subsequently audiotaped, transcribed, and entered into qualitative data analysis software for coding and analysis.

The investigators used the coded transcripts to identify key features of the patient narratives concerning reluctance or refusal to consider drug therapy for depression.

"Four themes emerged from this review," according to Dr. Givens.

"Many expressed a fear of needing to take antidepressants for the rest of their lives or of becoming addicted.

Some did not want to be unnaturally happy or to mute their capacity to feel sadness or to 'face reality.' "

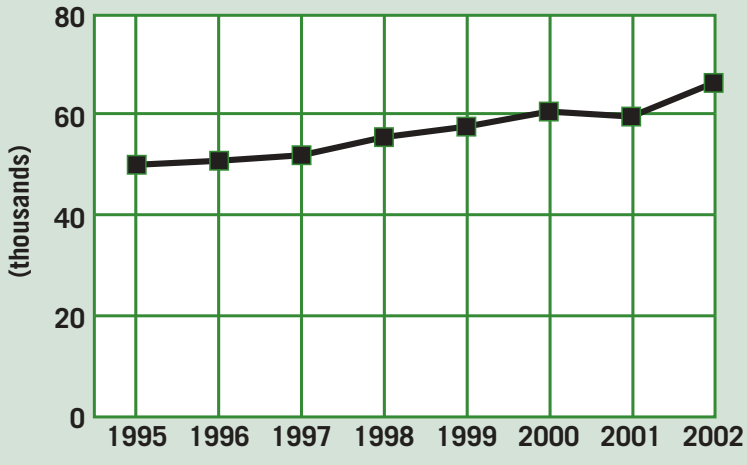
Other patients resisted treating symptoms of sadness associated with the loss of a loved one, and some had previous histories of treatment with psychiatric medications, including tranquilizers, and were concerned about the side effects, particularly sedation, Dr. Givens noted.

Many studies have linked depression to excess morbidity and mortality in elderly patients because of insufficient screening and detection and inadequate treatment.

The findings of this study suggest that when it comes to the elderly, identifying depressed patients and offering them pharmacologic therapy may not be enough. "There is a need for more patient education and dialogue about the characteristics of current antidepressant therapy," taking specific care to correct lingering misconceptions, she concluded. ■

DATA WATCH

Admissions to Substance Abuse Treatment Facilities Rise in Adults Aged 55 Years or Older



Source: Substance Abuse and Mental Health Services Administration

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