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# Life satisfaction in a sample of Turkish caregivers of patients with Alzheimer's disease

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### Abstract

#### *Background:*

*Alzheimer's disease (AD) is the most common neurodegenerative disorder. AD is a chronic, degenerative brain disease that causes deterioration in the mind, memory and behavior of patients. Caring for someone with AD is very challenging, due to the progressive nature of the disease, the demand for care increases and it becomes very taxing for the caregiver, increasing the risk of physical and psychiatric illnesses, as well as exerting a financial impact on the caregiver. The aim of this study is to explore the life satisfaction in caregivers for patients with AD in Turkey*

#### *Methods:*

*This was a descriptive cross-sectional study that enrolled 150 caregivers for patients with AD completed questionnaires assessing general life satisfaction and sociodemographic data. Caregivers who met the inclusion criteria and gave written informed consent were included in the study. Ethical approvals were obtained from the University Ethical Committee.*

#### *Results:*

*The demographic characteristics showed that %78 (n = 117) of caregivers were females and between the ages of 18 and 86 years (mean 47,85±12,25 years). 70,7% of the caregivers feel that they have lost control of their life since their relative's disease. 63,3% of the caregivers wish that they could just leave the care of their relative to someone else. 42,7 % of the caregivers feel that they will be unable to take care of their relative much longer. There were no significant differences in age, gender caregivers in the life satisfaction in caregivers of AD patients (p ≥ 0.05).*

#### *Conclusion:*

*Social support can act as a mediator in the life satisfaction in caregivers of AD patients. Providing positive emotional support to the caregivers in form of companionship, support and showing regard for their feelings, can assist them in*

*feeling loved and valued and can help in relieving the psychological distress brought on by caregiving. Improving the informal social support networks may help in coping with caregiving burden and better quality of life.*

Keywords: Alzheimer's disease, caregiver, life satisfaction, family medicine

## 1. Introduction

Alzheimer's disease (AD) is the most common neurodegenerative disorder and has become one of the greater public health problems. AD is a chronic, degenerative brain disease that causes deterioration in the mind, memory and behavior of patients. The prevalence and incidence of AD increase of exponential form in people over 65 years old affects 5% of the people of that age and has increased, according to this one, until reaching numbers next to 30% to 85 years.<sup>1,2</sup> AD reduces the average life expectation of the elderly to 50% and is the fourth cause of death in the geriatric population, in such a way that, to progress its incidence to the anticipated rate, it may become the main the cause of death in most people over 65 years in the near future.<sup>3</sup>

Caring for someone with AD is very challenging, due to the progressive nature of the disease, the demand for care increases and it becomes very taxing for the caregiver, increasing the risk of physical and psychiatric illnesses, as well as exerting a financial impact on the caregiver. Several factors about the caregiver of the alzheimer's disease (AD) have been shown to affect the life satisfaction, including a spousal relationship and gender (daughters reportedly being more depressed than sons),<sup>4-10</sup> caregiver physical health and functional states,<sup>11-13</sup> income and number of caregiver tasks,<sup>4,7</sup> and, again, gender (women caregivers reportedly being more frequently depressed than men, with some heterogeneity perhaps partly explained by spousal relationship).<sup>6,9-11,14</sup>

This study examined the characteristics of caregivers and the life satisfaction. This study adds to the literature because of its Turkish sample and its attention to potentially modifiable contributors to caregiver life satisfaction: caregiver unmet needs, patient formal service utilization, and use of informal help by patients and caregivers.

## 2. Methods and Statistical Analyses

This was a descriptive cross-sectional study that enrolled 150 caregivers for patients with AD completed questionnaires assessing general life satisfaction and sociodemographic data. Caregivers who met the inclusion criteria and gave written informed consent were included in the study. This study was approved by the Cukurova University Ethical Committee. Data for this study were gathered from structured baseline interviews with family caregivers attending to the alzheimer's disease polyclinics of the neurology clinics of Ekrem Tok Psychiatry Hospital and the psychiatry clinics of Aşkim Tufekci Governmental Hospital. Descriptive analyses were used to describe the caregivers life satisfaction regarding demographic characteristics and the other variables. Chisquare tests were used for categorical measures and t tests were used for continuous measures. A logistic regression was used to estimate the association between caregivers characteristics and life satisfaction as a binary outcome. Patients with

cerebrovascular accidents and physical disabilities were excluded. All variables with a P value less than 0.05 in the univariate analyses were included as covariates in the model.

### **3. Results:**

The demographic characteristics of the 150 caregivers for patients with AD completed questionnaires assessing general life satisfaction and sociodemographic data showed that %78 (n = 117) of caregivers were female, %22 (n = 33) of caregivers were male, between the ages of 18 and 86 years (mean 47,85±12,25 years). 70,7% of the caregivers feel that they have lost control of their life since their relative's disease. 63,3% of the caregivers wish that they could just leave the care of their relative to someone else. 42,7 % of the caregivers feel that they will be unable to take care of their relative much longer There were no significant differences in age, gender caregivers in the life satisfaction in caregivers of AD patients (p > 0.05).

### **4. Discussion**

As it progressively causes depletion in both mental and physical functions, the demands of care for those with AD are considerable.<sup>15</sup> Family caregivers provide the majority of care for people with dementia, and they experience significantly high levels of psychological morbidity such as stress, anxiety, and depression.<sup>16,17</sup> Family members caring for individuals with AD at home often describe the experience as enduring stress and frustration.<sup>18</sup>

Although people with AD or related dementias frequently experience challenges in maintaining their abilities to participate in occupations that contribute to their quality of life (QOL), their health and wellness, and their own and their caregivers' life satisfaction, our study shows that 70,7% of the caregivers feel that they have lost control of their life since their relative's disease and the caregiver life satisfaction is significantly affected by the disease condition.

The majority of the caregivers in our study were females, as expected.<sup>19,20</sup> In the community, a home-based therapy intervention of family physicians that includes interventions designed to establish, modify, and maintain activities of daily living assessment and recommendations to promote abilities may be beneficial in improving QOL and health of patients with AD and their caregivers.<sup>21</sup>

### **5. Conclusion:**

Social support can act as a mediator in the life satisfaction in caregivers of AD patients. Providing positive emotional support to the caregivers in form of companionship, support and showing regard for their feelings, can assist them in feeling loved and valued and can help in relieving the psychological distress brought on by caregiving. Improving the informal social support networks may help in coping with caregiving burden and better quality of life.<sup>22</sup> Such research efforts could enable those in all communities to develop new services and interventions that may contribute to increased quality of life for caregivers of persons with AD. As the rates of Alzheimer's disease continue to rise, the need for such research is critically important. Helping AD caregivers to deal better with the burdens and stresses associated with their caregiving activities, and helping them to experience higher quality of life and enhanced

levels of life satisfaction, can enable them to continue providing quality care to their loved ones which, in turn, is likely to enrich the lives of the persons for whom they care.<sup>23</sup>

Our study had a few limitations including, a small sample size especially of male caregivers that rendered further analyses of the exclusive male factors implausible, and the cross-sectional study design as it could not establish the cause-effect relationship between social support, depression, and life satisfaction. The study may be replicated with a longitudinal study design to affirm this association.

#### **Declaration of Conflicting Interests**

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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#### **References**

1. Garay Lillo J, Garay Burdeos M. Demografía y epidemiología de la enfermedad de Alzheimer. *Geriatrka* 2003;1(1):15-21.
2. Lobo A, Laun LJ, Fratiglioni L, Andersen K, Di Carlo A, Breteler MM. Prevalence of dementia and major subtypes in Europe: A collaborative study of population-based cohorts. *Neurologic Diseases in the Elderly Research Group. Neurology* 2000; 54(5):S4-S9.
3. Jorm AF, Jolley D. The incidence of dementia. A metaanalysis. *Neurology* 1998; 51:728-733.
4. Covinsky KE, Newcorner R, Fox P, et al. Patient and caregiver characteristics associated with depression in caregivers of patients with dementia. *J Gen Intern Med.* 2003;18(12):1006-1014.
5. Gallicchio L, Siddiqi N, Langenberg P, Baumgarten M. Gender differences in burden and depression among informal caregivers of demented elders in the community. *Int J Geriatr Psychiatry.* 2002;17(2):154-163.
6. Shoenmakers B, Buntinx F, Delepeleire J. Factors determining the impact of care-giving on caregivers of elderly patients with dementia. A systematic review. *Maturitas.* 2010;66(2):191-200.
7. Pinquart M, Sörensen S. Association of caregiver stressors and uplifts with subjective well-being and depressive mood: a meta-analytic comparison. *Aging Ment Health.* 2004;8(5): 438-449.
8. Meshfedjian G, McCusker J, Bellavance F, Baumgarten M. Factors associated with symptoms of depression among informal caregivers of demented elders in the community. *Gerontologist.* 1998;38(2):247-253.
9. Donaldson C, Tarrier N, Burns A. The impact of the symptoms of dementia on caregivers. *Br J Psychiatry.* 1997;170:62-68.
10. Schulz R, O'Brien AT, Bookwala J, Fleissner K. Psychiatric and physical morbidity effects of dementia caregiving: prevalence, correlates, and causes. *Gerontologist.* 1995;35(6):771-791.

11. Clyburn LD, Stones MJ, Hadjistavropoulos T, Tuokko H. Predicting caregiver burden and depression in Alzheimer's disease. *J Gerontol B Psychol Sci Soc Sci*. 2000;55(1):S2-S13.
12. Butterworth P, Pymont C, Rodgers B, Windsor TD, Anstey KJ. Factors that explain the poorer mental health of caregivers: results from a community survey of older Australians. *Aust N Z J Psychiatry*. 2010;44(7):616-624.
13. Cucciare MA, Gray H, Azar A, Jimenez D, Gallagher-Thompson D. Exploring the relationship between physical health, depressive symptoms, and depression diagnoses in Hispanic dementia caregivers. *Aging Ment Health*. 2010;14(3):274-282.
14. Chien LY, Chu H, Guo JL, et al. Caregiver support groups in patients with dementia: a meta-analysis. *Int J Geriatr Psychiatry*. 2011;26(10):1089-1098.
15. Teel C, Carson P. Family experiences in the journey through dementia diagnosis and care. *J Fam Nurs* 2003;9:38-58.
16. Pinquart M, Sörensen S. Associations of stressors and uplifts of caregiving with caregiver burden and depressive mood: A meta-analysis. *J Gerontol B Psychol Sci Soc Sci* 2003;58:112-128.
17. Livingston G, Manela M, Katona C. Depression and other psychiatric morbidity in carers of elderly people living at home. *BMJ* 1996;312:153-156.
18. Butcher HK, Holkup PA, Buckwalter KC. The experience of caring for a family member with Alzheimer's disease. *West J Nurs Res* 2001;23:33-55.
19. Rodriguez, G., De Leo, C., Girtler, N., Vitali, P., Grossi, E. and Nobili, F. Psychological and social aspects in management of Alzheimer's patients: an inquiry among caregivers. *Neurol Sci* 2003;24:329-335
20. García-Alberca, J., Lara, J. and Berthier, M. Anxiety and depression in caregivers are associated with patient and caregiver characteristics in Alzheimer's disease. *Int J Psychiatry Med* 2011;41:57-69.
21. C.Gozzoli , A.Giorgi and C.D'Angelo. Protective factors for the well-being in caregivers of patients with Alzheimer's: the role of relational quality. *J Psychol* 2013: 4;57-66.
22. E.Diener , R.Emmons , R.Larsen and S.Griffin. The satisfaction with life scale. *J Pers Assess* 1985;49;71-75.
23. A.Kaufman , J.Kosberg , J.Leeper and M.Tang. Social support, caregiver burden, and life satisfaction in a sample of rural African American and white caregivers of older persons with dementia. *J Gerontol Soc Work* 2010;53:251-269.