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Caregiver burden of informal caregivers of patients referring to the memory clinic of Bolzano

L Valzolgher¹, F Ebner¹, F Lubian¹, E Aspmair¹, M Farsad² and A March¹¹Memory Clinic, Geriatric Department, Hospital of Bolzano²Nuclear Medicine Department, Hospital of Bolzano

Objectives: To measure the caregiver burden and the risk for psychosomatic problems among family caregivers of patients referring to the Memory Clinic at the Hospital of Bolzano for the diagnosis of neurocognitive disorders. We also analyze the factors related to the burden in the subgroup with higher burden.

Method: From June 2015 to September 2017, 913 patients came with their caregivers to undergo diagnostic procedures for neurocognitive disorders, including clinical and neuropsychological evaluation, blood samples, and neuroimaging. To measure the burden, we used the BSFG (Burden Scale for Family Caregivers) a 28-item questionnaire validated for both Italian and German, since it is a bilingual community. The level of the burden measured by the total score, can be divided into 3 levels: 0–35 no or minimal burden; from 36–45: minimal to moderate burden and score above 46 high burden. 903 caregivers who complete the self-administered BSFG were included. For this analysis a subgroup of 104 patients were considered (evaluated for three consecutive months from 20/2 until 20/4/2017). Disability was measured by BADL/IADL, comorbidity by the CIRS-index.

Results: The age of the patients ranged between 65–95 years (average age 79.81 ± 6.27). 65% of the patients were women and 35% were men. The majority of the caregivers were female (60.6%), male were 35.6%, and in 3.8 % of the cases more caregivers were involved. 60% caregivers were children (including children-in-law); 27% were spouses (wives/husbands); 13% had other relations (sisters/brothers, cousins, grandchildren, nephews, nieces). The score obtained in the BCSF ranged between 0–77; the average score was 26. 13.5% caregivers showed high burden, 15.4% caregivers had minimal to moderate burden while and the majority of caregivers 71.1% showed no or minimal burden. In the comparison between the two groups (minimal vs. moderate-high burden), in the subgroup with high-moderate burden, significant factors were high level of disability, high comorbidity and the presence of neuropsychological symptoms.

Conclusion: Caregivers of family members with dementia are exposed to depressive symptoms and physical problems. The burden of the caregiver can impact the quality of life of both patients and family members, and it is known to be associated with negative outcomes such as risk for institutionalisation, worse prognosis, higher social and health costs.

Lauravalzolgher@hotmail.com

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