

Psychological Adjustment of Elderly Caregivers of People with Dementia

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Abstract

Dementia is a disease that affects the elderly, and their caregivers, in many cases, are also elderly. Considering that caring for a person with dementia affects the health of caregivers, the aim of this study is to check the degree of psychological adjustment in a sample of 51 elderly family caregivers of people with dementia (31 women and 20 men), and test the relationship between their psychological adjustment and their physical, psychological and emotional health. The results show the importance of these characteristics in elderly caregivers and this is a further step to adapt psychological interventions to them.

Keywords: Psychological; Dementia; Neurodegenerative; Elderly

Introduction

Dementia is a neurodegenerative disease that usually affects to the elderly. The caregivers are usually their closest relatives; thus, they also are often at an advanced age. Different authors show that as age increases, the burden of care also increases [1-2]. Other authors have studied the burden and affectation of the physical and psychological health of caregivers [3-5] these authors show that caregivers have worse physical and psychological health than non-caregivers. Moreover, emotional management at critical times of care [6-8] also affects the burden and psychological health of caregivers [3,9-12]. Dementia produces changes in the affected persons and these changes affect the health of their caregivers [3,9-10,13], it is for this reason that caring a person with dementia requires the caregiver to do a psychological and emotional adjustment [14]. It shows that psychological adjustment is related to lower burden, higher family satisfaction and greater perception of social support in family caregivers. Besides, they indicate that the psychological adjustment acts as a mediator between the health of the caregivers and the stress factors related to care.

The aim of this study was to evaluate the degree of psychological adjustment of caregivers over 65 in relation to the caregiving of a relative with dementia and the relationship to their physical, psychological and emotional health.

Materials and Methods

Participants

Participants were 51 family caregivers over 65-years-old, 20 were men with an average age of 74 years (SD=6.2; range: 67-87) and 31 were women with an average age of 71.35 years (SD=3.88; range: 65-80). The inclusion criteria were to be a family informal caregiver of a person with dementia for at least 3 months. To care for a person with dementia admitted to a residence was the exclusion criterion.

Instruments

The instruments used and completed by the caregivers were as follows:

1. Millon Index of Personality Styles-MIPS [15], Spanish adaptation of Sánchez et al. [16], to evaluate the psychological adjustment of the caregivers. For this study, we only used the "Clinical Index", which indicates the degree of adaptability of the person to the environment.

2. State-Trait Anger Expression Inventory STAXI-2 [17,18], to evaluate the emotional health of the caregivers. For this study, we

used the scales "anger expression-out", "anger expression-in", "Anger Control-Out" and "anger control-in".

3. Symptom Checklist 90 SCL-90-R [19,20], to evaluate physical and psychological health. We used the three "global indices" which provides measures of overall psychological distress, "Global Severity Index" (GSI), "Positive Symptom Total" (PST) and "Positive Symptom Distress" (PSDI) to analyze psychological health. In addition, the "somatization" dimension was used to analyze physical health.

Data analysis

Statistical analyses were conducted with the SPSS statistical package (v. 19.0). Comparisons of the general Spanish population and the sample of caregivers' means were done with the student's t-test. Pearson correlation coefficient was used to test for significant associations between psychological adaptation and physical, psychological and emotional health in these caregivers.

Results

In our sample, elderly caregivers have poorer physical health "somatization", less anger externalization "anger expression-out" and less psychological adjustment than people in the overall Spanish population. Additionally, there are sex-differential results: female caregivers report more suffering "GSI" and clinical symptoms "PST" than the overall population. Male caregivers report greater control of anger than the overall population (Table 1).

About to relationship between the psychological adjustment and the emotional, physical and psychological health: In female caregivers, there is a positive association between the psychological adjustment of caregivers and the frequency of which the caregiver controls negative emotions "anger control-in" through rest and relaxation. Negative relationships are observed between the psychological adjustment and the presence of functional or psychosomatic symptoms "GSI", general psychological distress "PSDI", the breadth and diversity of

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Sex	Women (N=31)				Men (N=20)			
	M (SD) ¹	M (SD) ²	t (30)	d	M (SD) ¹	M (SD) ²	t (19)	d
GSI (Global Severity Index)	0.96 (0.57)	0.57 (0.40)	3.68***	1.05	0.56 (0.51)	0.44 (0.30)	1.05	0.37
PST (Positive Symptom Total)	44.00 (19.14)	27.4 (14.80)	4.59***	1.09	29.32 (23.02)	22.9 (13.30)	1.22	0.45
PSDI (Positive Symptom Distress)	1.88 (0.53)	1.80 (0.40)	0.82	0.21	1.77 (0.73)	1.69 (0.47)	0.47	0.16
Physical health (somatization)	1.34 (0.78)	0.70 (0.61)	4.33***	1.10	0.74 (0.71)	0.39 (0.43)	2.16*	0.77
Anger expression-out	10.07 (2.85)	11.97 (3.34)	-3.59***	-0.58	8.44 (2.01)	11.72 (3.40)	-6.93***	-0.98
Anger expression-in	12.79 (3.37)	12.35 (3.51)	0.71	0.13	11.89 (2.52)	12.78 (3.64)	-1.50	-0.25
Anger control-out	15.83 (4.30)	15.40(4.42)	0.54	0.10	18.39 (5.04)	16.73(4.72)	1.40	0.35
Anger control-in	14.41 (4.03)	13.26 (4.19)	1.54	0.28	17.61 (4.96)	12.53 (4.14)	4.35***	1.21
Psychological adjustment	3.93 (29.95)	50.52 (10.00)	-8.52***	-4.04	31.35 (20.59)	50.82 (10.00)	-4.29***	-1.77

*p ≤ 0.05, **p ≤ 0.01, ***p ≤ 0.001
¹Elderly caregivers; ²Spanish population

Table 1: Student's T test for dependent means and Cohen's d comparison of means between elderly caregivers and Spanish population.

Sex	Psychological adjustment	
	Men	Women
GSI (Global Severity Index)	-0.41	-0.57**
PST (Positive Symptom Total)	-0.44	-0.48*
PSDI (Positive Symptom Distress)	0.11	-0.53**
Physical health	-0.22	-0.56**
Anger expression-out	-0.47*	-0.26
Anger expression-in	-0.44	-0.16
Anger control-out	0.05	0.08
Anger control-in	-0.11	0.46*

*p ≤ 0.05, **p ≤ 0.01, ***p ≤ 0.001

Table 2: Correlation between psychological adjustment and physical, psychological and emotional health in caregivers of people with dementia.

psychopathology presented by the caregiver "PST". However, in male caregivers, there is a negative association between the psychological adjustment and the verbal or physical externalization of anger "anger expression" (Table 2).

Discussion and Conclusion

First, as previous studies indicate [3-5], the physical and psychological health of caregivers is affected. Also, elderly female caregivers report more suffering and clinical symptoms. This symptomatology has been evaluated as frequent among caregivers in different studies [8,21,22].

Secondly, like other studies, psychological adjustment is an important factor related to health of caregivers [13,14,23]. In this study, the psychological adaptation proves to be a protective factor of physical, psychological and emotional health in women elderly caregivers. Nevertheless, in men elderly caregivers the psychological adaptation is a protective factor of anger expression. Some authors have found a differential profile of care by sex [5,11,24] the relationships found in this study allow us to know better the differential impact of dementia care based on sex in elderly caregivers too.

Considering the physical, psychological and emotional characteristics of caregivers over 65-years-old and their relationship with the psychological adjustment, as well as the different profile of care by sex; an extra step could be taken in the psychological intervention for caregivers to adapt it to elderly caregivers, by creating homogeneous intervention groups considering, among other factors, the age and the sex of the caregiver.

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