

Accepted Manuscript

Multiple Symptoms in Family Caregivers of Intensive Care Unit Patients

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PII: S0885-3924(17)30424-4

DOI: [10.1016/j.jpainsymman.2017.08.018](https://doi.org/10.1016/j.jpainsymman.2017.08.018)

Reference: JPS 9561

To appear in: *Journal of Pain and Symptom Management*

Received Date: 6 April 2017

Revised Date: 17 August 2017

Accepted Date: 17 August 2017

Please cite this article as: Alfheim HB, Rosseland LA, Hofsvø K, Småstuen MC, Rustøen T, Multiple Symptoms in Family Caregivers of Intensive Care Unit Patients, *Journal of Pain and Symptom Management* (2017), doi: 10.1016/j.jpainsymman.2017.08.018.

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Introduction

Worldwide, millions of patients are admitted to an intensive care unit (ICU) every year.¹ After being critically ill patients face challenges in their lives, including mental, cognitive or physical impairments.²⁻⁵ Patients who survive a critical illness are dependent on both professional and nonprofessional caregivers, and family caregivers (FCs) are essential through all phases of the ICU stay and recovery. FCs have been described as having a positive effect on the patient's psychological state^{6,7} and have shown to provide crucial support that may improve patient outcomes.^{8,9}

FCs report challenges related to their role as caregivers and reviews have summarized their symptom burden (e.g., anxiety and depression).^{10,11} Van Bausekom and colleagues¹¹ noted that, during an ICU or hospital stay, 42–80% of FCs experience anxiety, 16–90% experience depression, and 57% experience posttraumatic stress. These symptoms can persist for months after the patient is discharged from the ICU.¹¹ FCs may also experience symptoms such as sleep disturbances, lack of energy, and sadness.¹¹

Most previous research on symptoms experienced by FCs of an ICU patient has focused on individual, or a limited number of, symptoms. Although research on single symptoms has provided understanding of some symptoms, the focus on individual symptoms does not provide a complete overview of the FC's symptom burden. Several symptoms may present at the same time,¹² and when focusing on a single symptom, it is possible to miss the synergistic effect of multiple symptoms, as described in the literature on symptom clusters.^{13,14}

Symptoms can include different dimensions.¹⁵ Focusing only on the presence of a single symptom may mean that the individual's experience of the symptom severity or distress can be overlooked. This multidimensional construct of symptoms requires more

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