

Brief Report

The Influence of Patients' Quality of Life at the End of Life on Bereaved Caregivers' Suicidal Ideation

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Abstract

Context. Recent studies have shown that patients' quality of life at the end of life (QOL@EOL) affects the psychosocial adjustment of bereaved family caregivers.

Objectives. To examine the relationship between patients' QOL@EOL and the suicidal ideation of their surviving bereaved caregivers.

Methods. Data were derived from the Coping with Cancer (CwC1) Study, a U.S. National Cancer Institute-funded multicenter prospective cohort investigation of patients with advanced cancer and their caregivers, in which patients were enrolled September 2002 to February 2008. CwC1 data were used to examine changes in suicidal ideation in family caregivers before and after the patient's death ($N = 127$). Caregiver baseline suicidal ideation was assessed using the Yale Evaluation of Suicidality (YES) Scale a median of 4.1 months pre-loss; caregivers' perception of patients' QOL@EOL was assessed a median of 1.9 months postloss; and caregiver suicidal ideation in bereavement was assessed using the YES a median of 6.5 months postloss. Suicidal ideation was defined as a positive screen on the YES. We used multiple logistic regression analysis to examine the effect of caregivers' perceptions of patients' QOL@EOL on the suicidal ideation of bereaved caregivers, adjusting for the caregiver's baseline suicidal ideation and confounding influences.

Results. Caregivers' perception of patients' QOL@EOL was significantly inversely related to caregivers' suicidal ideation postloss (adjusted odds ratio = 0.79, $P = 0.023$), after we adjusted for caregivers' baseline suicidal ideation, relationship to patient, and years of education.

Conclusion. The more caregivers perceive their loved ones' QOL@EOL to be poor, the greater their risk for suicidal ideation in bereavement over and above prior levels of suicidal ideation. Caregivers of patients who have poor QOL@EOL appear to be a group of caregivers to target for reduction of suicidal risk. J Pain

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Key Words

Caregiver, cancer, suicidal ideation, quality of life, end of life, bereavement

Introduction

Recent research has shown that the aggressiveness of medical care that patients with cancer receive at the end of life (EOL) adversely affects their quality of life at the end of life (QOL@EOL).^{1–4} Much less is known about how patients' QOL@EOL affects the psychosocial adjustment of their surviving family caregivers. Family caregivers of patients who experience more suffering at the EOL are at an increased risk for psychological distress while the patient is dying,^{5–9} as well as after the patient has died.^{2,3,10,11} Prolonged, intense grief of bereaved caregivers has been shown to be associated with much psychosocial distress, including suicidal ideation.^{12–16} It is especially important to identify and ultimately reduce risk factors associated with suicide because it is preventable.¹⁷ At present, no study has examined the effects of patients' QOL@EOL on the suicidal ideation of bereaved caregivers.

Studies have shown that distress and disability experienced by patients with advanced cancer influence the emotional well-being of their informal family caregivers. Patient pain in home palliative care settings has been found to be inversely related to the psychological well-being of family caregivers.⁵ Caregivers of patients with cancer who experienced physical pain had more anxiety and depression than caregivers of patients without pain.⁶ Given et al.⁷ report an association between the number of patient's physical symptoms at the EOL and the severity of caregiver depressive symptomatology at that time. Bambauer et al.⁸ found that patients with advanced cancer who met criteria for an anxiety disorder were significantly more likely to have family caregivers who also met criteria for an anxiety disorder. Caregivers of cognitively impaired patients with advanced cancer also have been shown to be at heightened risk for depression.⁹ These findings demonstrate that the psychological state of a family member during the period of active caregiving depends, at least to

some extent, upon the psychological and physical state of the patient.

Research suggests further that patients' QOL@EOL affects the psychological well-being of bereaved caregivers. The nature and location of the death and circumstances surrounding the loss can influence prolonged grief disorder (PGD), post-traumatic stress disorder, and major depressive disorder (MDD).^{2,3,10,11,18,19} Bereaved caregivers of patients with advanced cancer who die in the intensive care unit (ICU) are at an increased risk for mental disorders (e.g., post-traumatic stress disorder).^{3,10,11} Patients who die in the ICU and receive other forms of aggressive life-prolonging care have worse QOL.^{2,4} Patients whose QOL was perceived to be poor by their caregivers have bereaved family survivors who report more regrets and greater rates of MDD.² Elsewhere, it has been shown that bereaved caregivers who perceive the death as prolonged or violent are at risk for MDD and those who report feeling unprepared for the death are at greater risk for PGD.¹⁹ These findings suggest that the patient's QOL near death will influence the psychological state of bereaved family survivors.

Bereavement in general can be a risk factor for suicidality,¹² especially when grief is severe and enduring.^{13,14} Bereaved caregivers of patients with advanced cancer are also at risk for PGD, which itself heightens risk for suicidality.^{15,16} Despite this increased risk for suicidality among bereaved individuals, little is known about the effect of patient QOL@EOL on caregiver suicidality in bereavement.

Identifying factors that could help to prevent suicidal ideation in bereaved caregivers of patients with cancer is a first step toward developing interventions to reduce the risk of suicide in bereaved survivors—a group at heightened risk for suicide. Here, we investigated the relationship between patient QOL@EOL and caregiver suicidality in bereavement. Specifically, we hypothesized that caregivers who perceived their loved ones' QOL@EOL

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