
CAREGIVERS OF OLDER ADULTS WITH CANCER

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OBJECTIVE: *To review key aspects of family caregiving as it applies to older adults with cancer, discuss the implications of caregiving on the physical and emotional health of caregivers, and discuss future research needs to optimize the care of older adults with cancer and their caregivers.*

DATA SOURCES: *Literature review.*

CONCLUSION: *The number of older adults with cancer is on the rise and these older adults have significant caregiving needs. There is a physical, emotional, and financial toll associated with caregiving.*

IMPLICATIONS FOR NURSING PRACTICE: *As the population of the United States ages, it will be even more important that we identify vulnerable older adults, understand their caregiving needs, and mobilize health care and community resources to support and assist their caregivers.*

KEY WORDS: *Geriatric oncology, family caregiver, caregiver strain, older adults with cancer*

IN THE year 2000, approximately 12% of the United States (US) population was 65 years old or older,¹ and this number is projected to increase to 20% of Americans by 2030.² Increasing age is accompanied with a decrease in physiologic reserve and an increase in comorbid medical illnesses that are associated with an

increased utilization of health care resources. Although patients age 65 and older comprise 12% of the US population, they utilize 34% of prescription drugs, 35% of hospital stays, 38% of emergency response services, and 90% of nursing home beds.³ However, much of the day-to-day care of the aging population is not performed by the health care system, but instead is performed by family and friends, known as “informal caregivers.” In fact, 63% of home care of older adults with cancer is provided by informal caregivers.⁴ Caregiving, although essential, can be associated with financial, physical, and emotional tolls. Weighing into the burden of caregiving is not only the caregiver’s age, but also the amount of caregiving the patient requires. Furthermore, these services are often unpaid and can come with a financial toll for both the patient and family.

With the aging of the US population, the need for these family caregivers is on the rise. This is especially pertinent to the geriatric oncology

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population, where the effects of either cancer or treatment can be associated with an increased need for physical assistance. In particular, there is a projected 67% increase in the number of cancer cases in individuals age 65 and older by 2030.⁵ The health care system is ill-prepared for the growth in the aging population, with an anticipated shortage of both oncologists⁶ and geriatricians.³ The rise in the geriatric oncology population will be associated with an increased need for family caregivers. In this article we will review the physical, emotional, and financial aspects of family caregiving for the geriatric oncology patient and discuss the implications and future research directions.

FAMILY CAREGIVERS: THE PHYSICAL NEEDS OF THE ONCOLOGY PATIENT

The physical needs of older adults with cancer were quantified in a multicenter study of 500 older adults who were scheduled to begin a new chemotherapy regimen. Eighteen percent of these patients reported to have fallen within 6 months of the study.⁷ Forty-three percent of the patients reported a need for assistance with instrumental activities of daily living (IADLS). These IADLS are basic activities that are required to maintain independence in the community, such as making telephone calls, taking transportation, or doing housework. These types of activities are typically provided by informal caregivers (family and friends). However, caregivers may have difficulty providing patients with the care they need because of limitations from their own health conditions.⁸ The average age of family caregivers of older adults is 63 years.⁹ In a study of over 1,000 caregivers, 36% were found to be in fair to poor health or to have a serious health condition. These caregivers of older adults (also known as “vulnerable” caregivers) were more likely to be taking care of patients who required assistance with activities of daily living (ADLs; such as bathing, dressing, or toileting) and IADLS than non-vulnerable caregivers (Fig. 1). For example, 52% of vulnerable caregivers provided assistance with dressing in comparison with 36% of non-vulnerable caregivers ($P = .001$).⁸

Caregiving may be associated with a physical toll. For example, in the study described above, 32% of vulnerable caregivers, in comparison with 15% of non-vulnerable caregivers ($P = .001$), felt as though their health has suffered as a result of

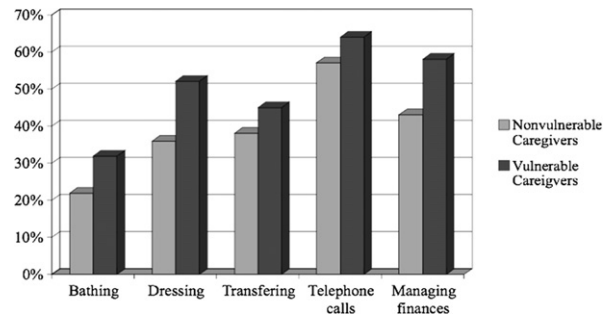


FIGURE 1. Assistance provided by caregivers.⁸ (Graphed values were found to be significant.)

providing care for a patient.⁸ In another study of 392 spousal caregivers, 56% reported caregiving strain. Caregivers who reported caregiving strain were found to have a 63% increased risk of 4-year mortality in comparison with controls, even when controlling for sociodemographics and caregiver physical health status.¹⁰

FAMILY CAREGIVING: THE EMOTIONAL TOLL

The strain of caring for an elderly patient with cancer not only takes a physical toll on family caregivers, but also an emotional one. Multiple studies have shown that depression is common in family caregivers.¹¹⁻¹⁵ In a cohort of 310 family caregivers, 67% were found to be depressed using the Beck Depression Inventory, and 35% percent of family caregivers were found to have severe depression.¹¹ In another study of 51 family caregivers, 53% were depressed based on a Center for Epidemiological Studies-Depression Scale, and 95% reported severe sleeping problems based on a Pittsburgh Sleep Quality Index.¹²

There are patient and caregiver characteristics that are associated with an increased risk of depression in family caregivers (Table 1).^{11,16,17} In a study of 618 family caregivers of older adults with newly diagnosed cancer, the following characteristics were associated with caregiver depression: the caregiver's health status, the caregiver's age, the patient's symptoms, and the patient's ability to complete ADLs and IADLS.¹⁷ In another study of 310 family caregivers in Korea, caregiver depression was significantly associated with the following caregiver characteristics: being female, being the patient's spouse, having a poor health status, feeling burdened, and having poor adaptation.¹¹ The following patient characteristic was also found to be significantly associated with caregiver

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