

The Differential Impact of Unique Behavioral and Psychological Symptoms for the Dementia Caregiver: How and Why Do Patients' Individual Symptom Clusters Impact Caregiver Depressive Symptoms?

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Objective: *The behavioral and psychological symptoms associated with dementia (BPSD) are highly burdensome to caregivers. While BPSD consist of a wide variety of patient behaviors including depression, physical aggression, and paranoid delusions, it remains unclear whether specific symptoms have a differential impact on caregivers. The aims of this study were 1) to assess how individual BPSD, categorized based on how they may affect caregivers, impact depressive symptoms for dementia patient caregivers and 2) to test the pathways by which BPSD clusters impact caregiver depressive symptoms.*

Design: *Cross-sectional analysis of data from a longitudinal study of patients with Alzheimer disease and dementia with Lewy bodies.*

Setting: *Multiple U.S. dementia clinics.*

Participants: *One hundred sixty patient–caregiver dyads.*

Methods: *Using multivariate generalized estimating equation logistic models, we analyzed the relationship between four BPSD clusters (patient depressive symptoms, accusatory/aggressive behaviors, nontreating psychotic symptoms, and difficult to manage behaviors) and caregiver depressive symptoms and assessed mediators of these relationships.*

Results: *Only the presence of patient depressive symptoms was associated with caregiver depression (odds ratio: 1.55; 95% confidence interval: 1.14–2.1). This relationship was mediated by caregiver report of both the symptom's impact on the patient and perceived burden to caregivers.*

Conclusion: *Patient depressive symptoms may be the most important driver of the relationship between BPSD and caregiver depression. Research in this field should further test the effects of individual BPSD and also consider how symptoms may negatively impact caregivers by increasing burden and evoking empathy for the patient.* (Am J Geriatr Psychiatry 2013; 21:1277–1286)

Key Words: Alzheimer dementia, BPSD, caregiver depression

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Although cognitive decline is considered the clinical hallmark of dementia, an extensive body of literature suggests that noncognitive domains, commonly referred to as the behavioral and psychological symptoms associated with dementia (BPSD), are more burdensome to caregivers and have the greatest impact on decisions to institutionalize patients.¹⁻³ Although BPSD are composed of wide-ranging symptoms including depression, physical aggression, and paranoid delusions, it remains unclear whether specific individual symptoms, or symptom clusters (one or more symptoms grouped together, e.g., mood symptoms), differentially impact caregivers. The majority of research studies that have concluded that BPSD negatively impact caregivers have solely examined cumulative scores of BPSD.⁴⁻⁷ By grouping together all BPSD as one construct, it is impossible to determine whether there are individual symptoms/symptom clusters that are most stressful for caregivers, a potential missed opportunity to target interventions to better meet the clinical needs of patients and caregivers.

The limited research that differentiates individual symptoms is largely exploratory and does not simultaneously control for the impact of multiple BPSD.⁸⁻¹¹ Furthermore, when differentiated, BPSD are categorized broadly on the basis of patient's clinical manifestations. While this system of categorization is appropriate for monitoring symptom progression and making appropriate treatment recommendations *for patients*, it fails to conceptualize BPSD from the perspective of their impact on *caregivers*. Different types of symptoms are likely to exert differential impact on caregivers. Aggressive behavior including physical violence cannot be easily dismissed by caregivers and may make the caregiver fearful of the patient and weaken the caregiver's commitment to ongoing at-home care. On the contrary, behaviors that are very difficult to manage, but not directed at the caregiver (e.g., wandering at night), may feel less threatening to the caregiver and result in fewer depressive symptoms. Patient depression has been repeatedly reported as a predictor of caregiver depression^{9,12,13} and may be particularly difficult to handle for the caregiver who perceives the patient as suffering. Determining whether individual BPSD differentially impact caregiver outcomes and examining the mechanisms by which individual symptoms impact caregivers can help target intervention and prevention efforts for caregivers.

According to the stress process model,^{5,14} caregiving is a chronic stressor that gives rise to strains from multiple domains and ultimately leads to increased risk for psychiatric distress and diagnosable disorder. The model differentiates between objective stressors (the occurrence of care demands or symptoms related to disease severity of the patient), the caregiver's subjective experience of those stressors, and background and contextual factors that impact the stressor and caregiver outcomes. Using this model, studies report that the association between objective stressors such as BPSD and mental and physical health outcomes of caregivers is mediated by subjective stress appraisal.¹⁵⁻¹⁷ Suffering may be another pathway by which BPSD result into depression in caregivers,¹⁸ suggesting that perception of the patient's quality of life and his or her ability to function daily may affect the caregiver by evoking empathy for the patient.

The aims of this study were to assess how distinct BPSD, or clusters, impact depressive symptoms for caregivers of patients with dementia. We examined the relationship between caregiver depressive symptoms and four symptom clusters of patients with dementia: accusatory and aggressive symptoms, depressive symptoms, nonthreatening psychotic behaviors, and difficult to manage behaviors. We hypothesized that while each behavior cluster negatively impacts caregivers, accusatory and aggressive behaviors would have a stronger relationship with caregiver depressive symptoms than with other BPSD clusters. In addition, we hypothesized that the relationship between BPSD and caregiver depressive symptoms was mediated by both caregiver perceived burden of behavior and perceived impact of behavior on patient functioning.

METHODS

Sample

In the Predictors 2 Study, a cohort of patients with probable Alzheimer disease (AD) and dementia with Lewy bodies was followed prospectively from early stages of patient illness. Patients were recruited from memory disorder centers or private physician offices in three sites between 1997 and 2008: Columbia

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