

Caregiver's burden, depression and support as predictors of post-stroke depression: a cross-sectional survey

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Abstract

To examine the effects of caregiver's burden, depression, and support on post-stroke depression (PSD), cross-sectional data were obtained from an epidemiologic survey of 225 stroke survivors and their caregivers living in Seoul, Korea. Multivariate analyses showed that, taking the clinical status of patients into account, caregiver's burden, depression and support were related to higher PSD. Perceived burden exerts adverse effects on PSD through its influence on the depression in caregivers. Hence, the care of stroke survivors that incorporates the care of caregivers is likely to reduce the risk of post-stroke depression in patients.

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1. Introduction

Due to a remarkable increase in the survival rates of once fatal conditions including stroke, more people continue community living with compromised functional capacities. One of the major challenges in the care of community resident stroke survivors is the management of depressive symptoms, since depression is highly prevalent among post-stroke patients (Astrom et al., 1993; Burvill et al., 1995) and found to play a critical role in rehabilitative processes (Bronstein, 1991; Paolucci et al., 2001). So many health professionals who are interested in caring stroke survivors have identified the factors to affect post-stroke depression (PSD).

However, research on PSD has concentrated on the effects of patient demographic and clinical characteristics such as gender (Andersen et al., 1995; Robinson et al., 1983; Sharpe et al., 1994), living status (Andersen et al., 1995), infarct volume (Sharpe et al., 1994), cognitive impairment (Andersen et al., 1995; Robinson et al., 1983), limitation in daily activities (Astrom et al., 1993; Sharpe et al., 1994), and pre-stroke history of depression (Andersen et al., 1995). PSD is found to be more prevalent among younger and female patients (Andersen et al., 1995; Robinson et al., 1983; Sharpe et al., 1994) and those who are currently living alone (Andersen et al., 1995).

Besides patients' related factors, the support provided by primary caregivers or their psychological status is supposed to be critical to the psychological adjustment of stroke survivors, since most stroke survivors are dependent on them due to physical and cognitive

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limitation. This level of dependency on caregivers in Korea is thought to be higher than those in any other Western countries, because health statistics indicate that most post-stroke patients are being treated at the outpatient clinic and cared by the family members at home in Korea (Choi and Shin, 1994). Also, Asians are known to exhibit collective than individualistic orientation (Chiou, 2001), and still embrace extended family values (Gan and Kim, 2001; Park, 1994).

However the literature concerning caregivers mostly focused on the effect of patients (e.g., severity of clinical conditions and functional disability) on such psychological status of caregivers (e.g., perceived burden or depression) (Dennis et al., 1998; Evans et al., 1992; Scazufca et al., 2002; Scholte op Reimer et al., 1998; Wade et al., 1986). Studies examined the effects of caregiver-related factors on psychological outcomes in patients focused only on perceived support (Morris et al., 1991; Tsouna-Hadjis et al., 2000). The perceived support was not only directly related to patient's psychosocial dysfunction, but also buffered the adverse psychosocial consequences of other stressors (Friedland and McColl, 1987; Morris et al., 1991).

Besides supports, perceived burden and depression of caregivers are thought to be critical important factors to affect PSD, since those were reported to be the most prevalent psychological distress experienced by caregivers of post-stroke patients (Dennis et al., 1998; Scholte op Reimer et al., 1998). So the purposes of this study are to explore: (1) demographic and clinical characteristics of post-stroke patients in Korea, (2) demographic and care-related characteristics of primary caregivers, and (3) the effects of burden, depression and support of caregivers on PSD controlling the effects of demographic and clinical characteristics of patients' and caregivers'.

2. Methods

2.1. Sample and data

Data were derived from post-stroke outpatient clinics of three teaching hospitals in Seoul, Korea. Participating physicians contacted their adult patients, 36–82 years of age, who had been treated, discharged and receiving care as outpatient for at least 6 months at the time of recruitment. Patients were excluded from the study if they had an additional illness/disability that required persistent care. A consecutive sample of 254 eligible patients was asked to participate in the study. Surveys were completed with 225 patients and their primary caregivers (88.6% of participation). Patient data were obtained in personal interviews at the clinics or their homes. Primary caregiver was defined as an unpaid person assisting patients for most daily activities, as

identified by participating patients during interviews. Primary caregivers completed a questionnaire and mailed in. Given the characteristics of clientele of the three hospitals and relatively high participation rate, the present sample is a reasonable representation of the post-stroke patients currently being treated at outpatient clinic and cared at home in Seoul.

2.2. Measures

2.2.1. Depression

In both patients and caregivers surveys, the Center for Epidemiological Study of Depression (CES-D) scale was used. This scale was developed to screen depressive symptoms of general population (Radloff, 1977) and one of the most widely used scales in epidemiological studies (Powers et al., 2003; Vali and Walkup, 1998). It was also reported to have good sensitivity, specificity and predict value to screen PSD (Parikh et al., 1988). The scale has been translated and validated in Korea (Cho and Kim, 1998). This 20-item scale measures frequency and persistence of depressive symptoms during the two weeks preceding interviews. Possible scores range from 0 to 60, with higher scores indicating more distress or depressive symptoms. In the present study, the 20-item scale showed a Cronbach's alpha of 0.89 and 0.91 for the patient and caregiver samples, respectively.

2.2.2. Support

Patient interviews included the Social Support Inventory for Stroke Survivors (SSISS), a self-reported measure of perceived support in post-stroke patients (McColl and Friedland, 1989). The inventory assesses quantitative and qualitative domains of support tapping life contexts unique to stroke survivors, including change in social network and subjective appraisal of the needs for instrumental and emotional supports. The SSISS shows acceptable degree of reliability and construct validity (McColl and Friedland, 1989). A team of 3 researchers with considerable experiences in community nursing and post-stroke patient care translated the SSISS items. Three clinical researchers who were not familiar with the instrument back-translated. No major discrepancies were found among back-translations; minor disagreements were attended and a consensus was reached on each. In the present sample, the SSISS showed an internal consistency alpha of 0.84.

2.2.3. Burden

Burden was measured using the Objective Burden scale (OBS) and Subjective Burden scale (SBS) (Montgomery et al., 1985; Zarit et al., 1980). The OBS is a 9-item instrument in which participants are asked to rate the extent of adverse consequences of the caregiving role (e.g., shortage of time and leisure, privacy, social

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