*Student*: Madisen Stapleton (Burrows) *Date submitted*: 11/25/12

*Topic*: Caregiving

*Specific question*: In caregivers of geriatric patients, what aspects of patient care are perceived as heavy burden of care and cause decreased mental health in the caregiver?

*Clinical Scenario*: Mrs. Turkey has recently become the sole caretaker for her husband, who has suffered from a stroke. The couple lives alone in their home in a rural town. Mrs. Turkey’s adult children are worried about the effects of the new role as caretaker that will be imposed on Mrs. Turkey. The children are looking for resources to determine the best way to help their mother. They believe that hiring someone to help with the responsibilities of caretaking will alleviate some of the strain for Mrs. Turkey.

Critically Appraised Topic – Evidence Table

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| Author(s) (year) | M. Savundranayagan, R.Montgomery, K. Kosloski (2010) | Signe Andren, Solve Elmstahl (2005) | B. Almberg, M. Grafstrom, B. Winblad (1997). | W.J. Scholte Op Keimer, R. De Haan, P. Kijnders, M. Limberg, G. Van Den Bos (1998) | R. Schultz, S. Beach (1999) |
| Issue examined | The Gerontologist 51(3) | Scandinavian Journal of Caring Sciences 19 | Journal of Advanced Nursing 26(4) | Stroke: A Journal of Cerebral Circulation 29(8) | The Journal of American Medical Association 282(23) |
| Design / Level of evidence | Randomized Control study | Cohort study | Randomized control study | Cohort Study | Cohort Study |
| Participants | 280 spouses243 adult children | 153 pairs of patients/caregivers | 46 participants  | 115 pairs of patient/partner | 392 caregivers427 non-caregivers |
| Methods / Intervention / Measurement tools | 2 group structural equation modelingQuestionnaires – by phone, mail, onlineMontgomery & colleagues burden measurement scaleLikert scale | Dementia receiving social security w/family caregiver, KATZ index, Berger scale, Gottfries-Brane-Steen scale, CASI, CB scale, Nottingham Health Profile | Open-ended questionnaire, Burnout self-rating scale (Pines & Aronson), interview of caregivers | Clinical data from nursing chart, questionnaire (patient), caregiver self-reported questionnaire | Participants drawn from CHS cardiovascular study, CHS assessment protocol, Cox regression, CHES interview assessment |
| Threats to internal validity? | Adult children working full time vs. retired spousesMost were experienced caregivers | Only people who were receiving social security were included, selection bias not representative of population | Outcomes of burnout may be related to other factors, difference in relationship of caregiver to patient | Stroke patient may be more physically dependent than other types of caregiving situations | Patients had been previously identified as cardiovascular risks, follow up 4 years prior to study |
| Outcomes / findings | Burden is the same between spouse and adult children. Assisting with ADL’s is directly related to burden. Stress burden was the only predictor of self-rated health. Problem behaviors are linked to intention to institutionalize. | Most caregivers report satisfaction in addition to burden and negative health effects. Burden and satisfaction can coexist. Burden caused by ADL’s, memory loss, lack of social support. | Strain results from patient’s memory difficulties, changed behavior, caregiver’s feelings of loss, adjustment to new role. Less burden directly resulted from problem-solving strategies (confronting the problem, seeking information and social support). | Burden is primarily caused by partner’s emotional distress – not by amount of care provided. Burden caused by heavy responsibility, patient needs, worry, social life restraints. | Strain is the result of help with ADL’s and IADL’s. Living in same home as patient is at higher risk for strain.Being a caregiver who is experiencing mental or emotional strain is an independent risk factor for mortality – caregivers who report strain are more likely to die than non-caregiver counterparts. |
| Limitations | Experienced caregivers vs. novice caregiversPredetermined responses in questionnaire | Some patients receiving formal care whereas others were not. Information may not be relevant for sole caretakers. | Small sample size. Mostly women caregivers  | Only serious stroke patients included, may not be representative of community, selection bias | First study to present caregiver strain as a risk factor for mortality. |
| Strengths | Strongly assessed demographic information of patients/caregivers | Representative population – all receiving social security services | All caregivers were experiencing self-reported strain | Dementia patient studies showed similar results of burden aspects | Consistent with other studies whose outcomes include strained caregivers |
| Clinical Implications | The need for practitioners to address the differing needs of spouse vs. adult child caregivers. | Practitioners should help educate how to decrease burden and enhance sense of satisfaction. | Practitioners should recognize caregivers need for psychosocial, emotional, and mental support – suggest effective ways of coping and problem solving | Caregivers emotional status is more important in explaining burden then amount of patient care – identify caregivers who at risk of heavy burden | Patient and caregiver should be evaluated as a unit to identify at risk caregivers, and identify possible alternatives to care. |
| Social validity | Caregivers at risk for mental health issues should be identified. | Positive benefits of being a caregiver in addition to negatives | Very representative of societal problems, proved attainable interventions | Social support for caregiver is critical | Caregiver should be evaluated to determine best plan of care for both. |

*Gaps in the literature*: There are no studies that list specific ADL’s that contribute to strain. Also, there is no information about which ADL’s cause the greatest burden to caregivers. There are differentiating opinions about whether the amount of care is related to the amount of burden. Some studies show there is no correlation between amount of care and burden, and others show there is a positive correlation. There is limited evidence about successful strategies for countering caregiving burden. More in depth literature is needed to determine the best way to alleviate the burden placed on caregivers.

*Clinical Summary for occupational therapy practice*: Aspects of patient care that contribute to caregiver burden include helping with ADLs and IADLs, dealing with problem behaviors, and memory difficulties. Other aspects of the caregiver’s decreased mental health in relation to patient care include feelings of loss, adjustment to new roles, lack of social support, and heavy responsibility.

*Attach documentation of search strategies*.