

Frequency of some psychosomatic symptoms in informal caregivers of Alzheimer's disease individuals. Prague's experience

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Abstract

BACKGROUND: This study was motivated by the growth in the number of elderly with dementia and consequent need to help family caregivers who face the daily stress for long periods of time. The aim was to describe the frequency of some common psychosomatic symptoms in self-assessed health status and to determine whether there are gender differences in these symptoms and the perception of one's own health in family caregivers.

METHODS: The first results of cross-sectional survey design as the first phase of a longitudinal cohort study are presented. The participants in this investigation (n=73) were family caregivers of outpatients suffering from moderate (59 cases = 80.8%) or mild (14 cases = 19.2%) stage of Alzheimer's disease (AD).

RESULTS: The group of caregivers consisting of 61 (83.6%) women and 12 men (16.4%). Participants of this study were recruited from the Department of Psychiatry, Prague, Czech Republic. Data from caregivers were collected by using a self-administered questionnaire containing various items to measure self-perceived health including some common psychosomatic symptoms in relationship with their caregiving role.

CONCLUSIONS: The following symptoms appeared the most frequent among family caregivers: chronic fatigue and sleeping disturbances. Most caregivers of patients with moderate stage of AD evaluated their own health as poor and experienced more symptoms in comparison with caregivers of patients with mild stage of Alzheimer's disease, who scored their own health as good or very good. A follow-up of the survey population seems to be necessary.

INTRODUCTION

Alzheimer's disease is a progressive, irreversible neurodegenerative illness and the most common of the dementing disorders. Onset occurs gen-

erally after 60 years of age but may span 8 to 10 years. Caregiving for persons with dementia is a global issue because of aging populations worldwide (Family Caregiver Alliance 2006). About 80% of patients with Alzheimer's disease are cared

for by family members, who often lack adequate support, finances, or training for this difficult job. As the dementing illness progresses, usually one person in the family comes forward as caregiver. Much of the caregiving responsibility will fall on family caregivers, such as a spouse, although other family members are increasingly assuming this role (Etters *et al* 2008). Most caring spouses are wives rather than husbands. Partners, relatives and friends who take care of patients experience emotional, physical and financial stress. Caring for demented people has been associated with negative effect on caregiver health (Schulz *et al* 2006). The combination of loss, prolonged distress and the physical demands of giving care in older caregivers increases the risk of physical health problems. Studies from various cultures generally find that female caregivers are at greatest risk for caregiver burden (Rinaldi *et al* 2005). The aim of this paper is to describe the prevalence of some psychosomatic symptoms in self-assessed health status to determine whether there are gender differ-

ences in these symptoms and the perception of one's own health in family caregivers. Finally, the relationship between stages of AD and self-perceived health was examined.

SUBJECTS AND METHODS

Participants were recruited from the Department of Psychiatry, 1st Faculty of Medicine, Charles University, Prague, Czech Republic between 2010 and 2011. All AD patients met NINCS-ADRDA criteria for probable AD and intellectual impairment was documented with neuropsychological testing. Data from informal caregivers were collected by using a self-administered questionnaire containing various items to measure self-perceived health including some common psychosomatic symptoms. The participants in this investigation (n=73) were family caregivers of outpatients suffering from moderate (59 cases=80.8%) or mild (14 cases=19.2%) stage of Alzheimer's disease. The group of caregivers consisting of 61 (83.6%) women and 12 men (16.4%). The mean age of demented people was 70.3±6.3 (SD) years. All participants were in a role of an informal caregiver for more than 12 months. A questionnaire was self-administered by a family caregiver directly during an initial visit and contained various items designed to measure self-perceived health in relationship with caregiving role. The response was ranked by 4 items (very good, good, fair, poor). The tool contained 7 questions concerning with how caregivers would assess their own health compared to that before becoming a caregiver. Participants were asked how often during the period of being a care-taker they were bothered by following: chronic fatigue, dyspeptic symptoms, sleeping disturbances, tension headache, feelings of restlessness, palpitation and feelings of irritability. These mainly psychosomatic symptoms were self-reported by caregivers as the most common. Responses were coded as never (0), seldom (1), sometimes (2) and often (3). Analysis of variance (ANOVA) was used to calculate the association of self-perceived health and mean scores of the frequency of symptoms.

Tab. 1. Frequency of investigated symptoms among men/women.

Symptom	Never %	Seldom %	Sometimes %	Often %	Men / Women	
					Men	Women
Chronic fatigue	16.6/8.1	25/22.9	33.3/47.5	25/21.3		
Dyspeptic symptoms	25/9.8	16.6/14.7	33.3/44.2	25/31.1		
Palpitation	33.3/18.03	41.6/24.5	16.6/45.9	8.3/11.4		
Feeling of restlessness	16.6/14.7	33.3/22.9	33.3/40.9	16.6/21.3		
Feeling of irritability	16.6/6.5	25/11.4	25/47.5	33.3/34.4		
Tension headache	25/11.4	41.6/19.6	25/37.7	8.3/31.1		
Sleeping problems	8.3/8.1	25/14.7	33.3/54	33.3/22.9		

Tab. 2. Impact of AD stages on the caregivers' self-perceived health ratings by sex.

	Moderate stage of AD (n=59)				Mild stage of AD (n=14)			
	Women (n=52)		Men (n=7)		Women (n=9)		Men (n=5)	
Ranks	n	%	n	%	n	%	n	%
Very good	3	5.7	2	28.5	4	44.4	2	40
Good	17	32.6	3	42.8	3	33.3	2	40
Fair	23	44.2	1	14.2	1	11.1	1	20
Poor	9	17.3	1	14.2	1	11.1	0	0
Total	52	99.8	7	99.8	9	99.9	5	100

RESULTS

The following symptoms were the most frequent among men: sleeping disturbances, feeling of irritability, chronic fatigue, feeling of restlessness, dyspeptic symptoms, tension headache and palpitation. The most significant symptom which male caregivers mentioned experiencing often was sleeping disturbances and feeling of irritability. The most frequent symptom among female caregivers was feeling of irritability followed by chronic fatigue, sleeping problems, dyspeptic symptoms, tension headache, feeling of restlessness and palpitation. The most significant symptom which female caregivers mentioned experiencing often was feeling of irritability. Data are presented in Table 1. The

mean scores of the symptom indices by sex: Females had higher scores on symptoms than males. Significant differences exist between the means of the scores between men and women as determined by the t-test ($p < 0.0001$). Women were more likely than men to have experienced investigated symptoms. Differences by sex could be detected regarding mainly following symptoms: palpitation (prevalence of symptom: never and seldom were scored 74.9% of men vs. 42.8 % of women), dyspeptic symptom (prevalence of symptom: never and seldom were scored 41.6 % of men vs. 24.5% of women), tension headache (prevalence of symptom: never and seldom were scored 66.6% of men vs. 31% women) and feeling of irritability (prevalence of symptom: never and seldom were scored 41.6% of men, vs. 17.9% women). Symptoms were reported frequently by women. The prevalence of these symptoms proved significantly higher for females ($p < 0.0001$) than for men. Self-perceived health by gender as a group, men scored higher than females to evaluate their health as very good. Table 2 is a cross-tabulation of perceived health by gender in relationship with the AD stage of care-recipients. Men scored higher than women in particular in terms of evaluating their health as very good. Those who evaluated their own health as bad were caregivers of individuals at moderate stage of AD.

DISCUSSION

The main objective of the present survey was to describe some common psychosomatic symptoms and self-perceived health in family caregivers of AD patients. We also examined the relationship between stages of AD and self-perceived health of caregivers. The following symptoms appeared most frequent among family care givers of both sexes: sleeping disturbances (91.6% both) and feeling of restlessness (83.2% in men, 85.1% in women). The mean scores of the symptom indices by sex showed higher prevalence among female family caregivers (tension headache, dyspeptic symptoms and palpitation). Chronic fatigue was in our study more frequent in women (91.7 vs 83.3%). It is one of the most common complaints in ambulatory care (Kroenke *et al* 1988). Self-assessment of health obtained from surveys and interviews has consistently found gender-based differences (Hunt *et al* 1984).

CONCLUSION

It has been well established that AD is a disease that involves not only the patient, but also affects the whole family. The literature provides substantial evidence that caregivers are hidden patients in need of protection from physical and emotional harm. Caring is held

to be very demanding and emotionally involving. The caregivers of dementia patients arguably endure greater emotional challenges in their roles as they must face an on-going loss in their family member's personality over time culminating in the patient's lack of recognition of the caregiver as well as the patient's eventual death. Psychosomatic health problems, such as chronic fatigue, sleep disturbances and headache, are quite common in the general population (Piko *et al* 1997). Quality of life and personal satisfaction depend greatly on the physical and psychosomatic symptoms people experience day by day. Some studies on self-perceived health have provided evidence of the validity and reliability of self-assessed health as an important component of perceived quality of life. The complexity of the treatment, the constant commitment of the person taking care of the AD patient, as well as the inadequacy of the public service; the consequent effects upon the emotional and interpersonal relations; the direct and indirect costs of care also play a major role in influencing the social, psychological and physical wellbeing of the caregiver and of his/her family. Developing good coping skills and a strong support network of society, family and friends are important ways that caregivers can help themselves handle the stresses of caring for a loved one with Alzheimer's disease.

Conflict of interest statement

Author's conflict of interest disclosure: The author stated that there are no conflicts of interest regarding the publication of this article.

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