Schizophrenia is a mental disorder that affects the patient's ability to engage in daily activities, which increases the patients' reliance on caregivers to assist in daily activities [5]. It is estimated that caregiving has a significant impact on the caregiver's health-related quality of life (HRQoL) and is a potential risk for the caregivers to develop depression [6].

| Data from the 2010, 2013, and 2015 EU survey (Germany, France, Italy, Spain, and UK) National Health and Wellness Survey (NHWS) were used in the analysis. The NHWS is a national, Internet-based health-survey of adults (18 years and older) who were employed and currently living in the EU (28 countries) [7].

Respondents of the NHWS are recruited from an internet panel using a random stratified sampling framework to ensure the demographic composition (with respect to age and sex) is identical to that of the adult population composition in the respective sample, particularly in the older population and in the middle age group. The survey was supported by computer-assisted web-interviews (CAWI).

If possible for no fewer than two waves of data collection, no more than one survey over a one-year period, only the most recent data for a given respondent was kept in these instances.

All NHWS respondents were asked: “Are you currently caring for an adult relative with any of the following conditions? (e.g., Alzheimer’s disease, stroke, multiple sclerosis, epilepsy, and cancer).” Data were analyzed for respondents who self-reported being a caregiver for an adult relative with schizophrenia compared with those not providing care for an adult relative with any condition or the average health of all caregivers.

**OBJECTIVES**

- To assess the burden of illness and comorbidities experienced by caregivers of adults with schizophrenia compared with non-caregivers and caregivers of adults with other conditions (e.g., Alzheimer’s disease, cancer, stroke, but not schizophrenia).

- To analyze differences in demographics, health characteristics, and HRQoL of caregivers and non-caregivers of other conditions (unmatched and matched) were analyzed by demographics, health characteristics, and HRQoL using Chi-square tests for categorical variables and ANOVA for continuous variables. For all analyses, p-value was considered statistically significant.

- The average age of caregivers of adults with schizophrenia was 63.5 years (standard deviation 15.5 years), 58.6% were females, 53.3% were currently employed, and 24.3% reported an annual income of less than £20,300 (63.2%) or greater.

- Before matching, schizophrenia caregivers compared with non-caregivers, were more likely to be female (58.6% vs. 61%), less likely to be married (57.4% vs. 62%), less likely to have a college degree (36% vs. 49), and were less likely to smoke (36.7% vs. 36.1) and report greater comorbidity burden, all p<0.05.

- No differences were found (p=0.1) in the alcohol consumption or exercise behaviors were found between these 2 groups (see Table 1).

- Before matching, schizophrenia caregivers compared with non-caregivers of adults with other conditions (schizophrenia caregivers), were younger (54.1 vs. 56.0, 1%) years, less likely to be married (57.4% vs. 61%), but a lower annual household income, were more likely to currently smoke (24% vs. 23%), and reported increased obesity burden, all p<0.05.

- No differences were found between gender, education, employment status, BMI, alcohol consumption use and exercise behaviors were found between these two groups (see Table 1).

- After matching, all caregivers were more likely to report experiencing insomnia (24.0% vs. 10.5%), sleep difficulties (47.2% vs. 28.5%), pain (39.7% vs. 16.0%), anxiety (27.0% vs. 9.2%) and depression (18.5% vs. 9.2%) compared with non-caregivers (see Table 2).

- After propensity matching, caregivers who matched were more likely to report experiencing insomnia (32.4% vs. 34.9), sleep difficulties (47.2% vs. 36%), pain (39.7% vs. 31.6), and anxiety (27.0% vs. 30.7) than other caregivers. In both instances, the differences were found to be statistically significant (see Table 2).

- After matching, caregivers who matched were more likely to report experiencing depression (18.5% vs. 9.2%) compared with non-caregivers (all p<0.01).

- After matching, caregivers who matched were significantly less MCS (46.3 vs. 50.5) and PCS (49.6 vs. 54.0) compared with non-caregivers (all p<0.01). Difference on MCS scores exceed MDC for schizophrenia caregivers compared with non-caregivers (see Table 2).

**RESULTS**

- Comparing schizophrenia caregivers and other caregivers, schizophrenia caregivers reported lower MCS post-matching. No significant differences on PCS scores were observed (see Table 2).

- After matching, schizophrenia caregivers reported lower HRQoL and family burden with schizophrenia compared with the caregivers of other conditions (unmatched and matched) were analyzed by demographics, health characteristics, and HRQoL using Chi-square tests for categorical variables and ANOVA for continuous variables. For all analyses, p-value was considered statistically significant.

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