Introduction
Alzheimer’s disease (AD) is the most common type of dementia for which there is no cure. Increases in life-expectancy and greater disease awareness in regions such as Latin America is driving greater growth in dementias thus increasing the need for caregivers. It is estimated that 15%-32% of caregivers have major depression, and even more have significant psychological illness. Since patients often live 10-15 years following diagnosis, the familial impact is large. In this World’s scenario of increasing lifespan where in 1950, there were 205 million people aged 60 or over throughout the world. By 2050, the number of persons aged 60 or over had increased three and a half times to 737 million. By 2050, the population aged 60 or over is projected to increase again nearly threefold to reach 2 billion, and Brazil would have a population aged 60 or over of 65 million, dementia is becoming more evident.

In 2010, approximately 35.6 million people were living with dementia and this number is likely to increase to 115.4 million in 2050 (According to Alzheimer’s Disease International, the global prevalence of Alzheimer’s Disease and other dementias was estimated to be more than 35 million in 2010 and expected to double every 20 years. This dramatic growth will impact the burden on families, governments, and healthcare systems)3. Furthermore, the conclusion of a study on Alzheimer’s Disease caregivers in Brazil was that emotional exhaustion among caregivers is closely related to dementia severity and psychiatric morbidity in caregivers4.

Objectives
This study is aimed to assess co-morbidity, quality of life (QOL), work/productivity loss, and medical resource utilization in caregivers of AD in Brazil.

Methods
A total of 12,000 individuals’ (age 18+) self-reported data were collected from 2011 National Health and Wellness Survey (NHWS) in Brazil5. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12). Loss of work/productivity was measured by the validated Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by health care provider, emergency room visits and hospitalization in the past 6 months.

Results
Of the 12,000 respondents, 215 (1.8%) were identified as AD patient’s caregivers where 63.7% were women. The age group with the highest proportion of caregivers was 45-54ys old (36.2%). Caregivers are significantly older than non-caregivers (44.7 vs. 40.8, p<0.05). AD caregivers group reported more specific co-morbidity (inomnia 33.8%, cardiac arrhythmia 20.7%), similar mean scores of PCS (49.8 vs. 47.9) and MCS (47.3 vs. 46.9), similar percentage of emergency room visits (21.5% vs. 21.8%), and similar percentage of hospitalization visits (9.9 vs. 9.8) over the past 6 months compared to the group of not caregivers of AD patients.

Furthermore, caregivers of AD patients’ group reported 22.3% impairment in daily activity compared to 21.1% in the group of non-caregivers of AD patients.

Conclusions
From the Brazil NHWS results, AD caregivers suffer from impairment in QOL, work/productivity loss and more specific co-morbidities. Findings indicate there is still an unmet medical need in AD caregivers in Brazil.

References