ABSTRACT

Caregivers of Alzheimer's patients were significantly more likely than non-caregivers to experience anxiety, depression and high cholesterol. Those providing care for an adult with Bipolar disorder were twice as likely to experience anxiety, depression and diabetes. They were also more likely to experience high blood pressure and high cholesterol. Caregivers of individuals with cancer were more likely to experience anxiety and depression. Caregivers of adults with Multiple Sclerosis were more likely to report suffering from one of the listed conditions. Those providing care for an adult who had suffered from stroke were nearly twice as likely to experience anxiety as non-caregivers. They were also more likely to experience high blood pressure and high cholesterol. Informal caregivers of individuals with Parkinson's disease were more likely to experience anxiety and depression.

INTRODUCTION

Caring for adults with chronic conditions negatively impacts mental and physical well-being of caregivers. The specific illness of care recipient does impact the outcomes.

METHODS

Data were obtained from the 2006 National Health and Wellness Survey (NHWS). NHWS is a nationally representative, Internet-based survey of the adult population. Information regarding respondents' demographics, health conditions, was gathered. Respondents also reported if they provided care for another adult with Alzheimer's disease (AD), bipolar disorder, cancer, epilepsy, multiple sclerosis (MS), stroke or Parkinson's disease. Multi-variate analyses were performed to determine the likelihood that caregivers vs. non-caregiver of patient type experienced anxiety, depression, diabetes, hypertension, and high cholesterol. Caregiver gender, age, employment status, number of adults in the household and country of residence were controlled for in the models.

RESULTS

Results of the study are consistent with current literature. Providing care for a chronically ill adult does negatively impact the physical and mental health of caregivers (Schutz, O'Brien, Bookwalter, & Fleisner, 1995; Schulz, Newson, Mittelmark, Burton, & Hirsch, 2007). Caregivers of patients experiencing any of the conditions studied had significantly higher levels of anxiety, depression and diabetes than non-caregivers but did not vary significantly in age. Caregivers of patients experiencing AD, bipolar disorder, or stroke experienced a greater likelihood of suffering a physical condition. In this analysis, it was not the strength of the effect of a care recipient condition on caregiver health that varied, but the type of caregiver condition on caregiver health that varied. Caregivers of patients with multiple sclerosis were more likely to experience all conditions analyzed, and were the only caregivers who were significantly more likely to experience anxiety. Caregivers of patients with diabetes were more likely to experience depression and anxiety, but not diabetes. Caregivers of patients with depression were more likely to experience anxiety and depression, but not diabetes. Caregivers of patients with cancer were more likely to experience anxiety and depression, but not diabetes. Caregivers of patients with Parkinson's disease were more likely to experience anxiety and depression, but not diabetes.

CONCLUSION

A significant number of adults require the services of caregivers. The specific illness of the care recipient does impact the outcomes. The strengths of the current study are its large sample size, the use of a national probability sample and the use of a validated instrument to measure caregiver health. The limitations of the study are the use of a cross-sectional design and the reliance on self-report measures of health outcomes. Future research should focus on the role of caregiver characteristics in the relationship between caregiver condition and caregiver health.

OBJECTIVE

To quantify the effects of caring for adult patients with chronic conditions on the physical and mental health of caregivers. To determine if there is an association between the types of condition suffered by the care recipient and the specific effect on caregiver health conditions.