

Psychosocial problems of the informal caregiver

of the older patient with cancer (≥ 70 years)



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Introduction

KLIMOP study: observational study in Belgium/The Netherlands with caregivers of older patients with cancer (cOCP, ≥ 70 years) and two control groups: caregivers of middle-aged patients with cancer (cMCP, 50 – 69 years), caregivers of older patients without cancer (cOP, ≥ 70 years).

Aim

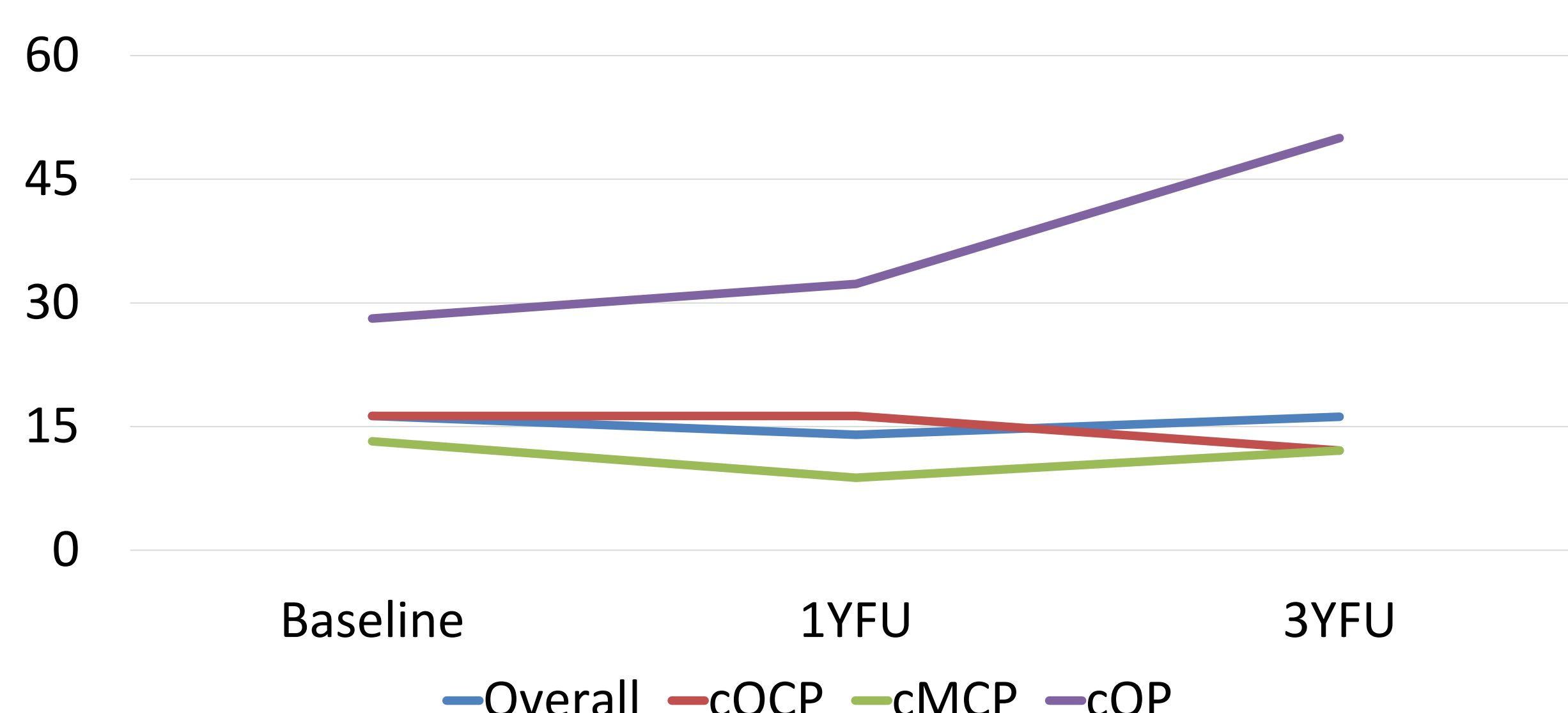
To identify risk factors for developing psychosocial problems of cOCP

Methods

- A *systematic literature review* was conducted to describe psychosocial problems of cOCP. Specific end-of-life care was not the focus of this review.
- Data-analyses*: 440 caregivers were questioned (at baseline, 1 year and 3 years after diagnosis) about caregiver characteristics, the 15 item Utrecht Coping List (UCL-15), the 15 item Geriatric Depression Scale (GDS-15) and the 12 item Zarit Burden Interview (ZBI-12).
- In-depth interviews* with 17 caregivers about their psychosocial well-being, tasks, perception of caregiving, met and unmet needs, informal and formal support.

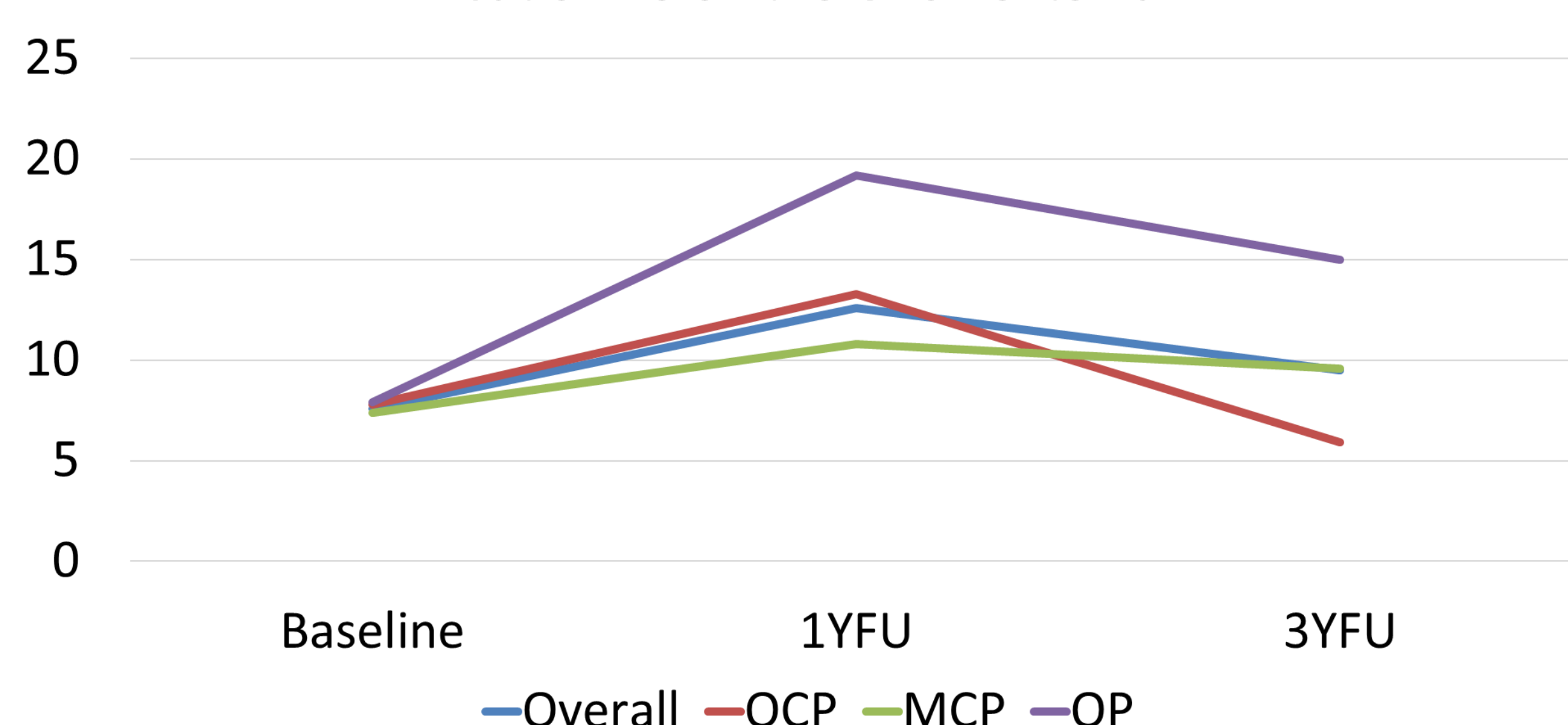
Caregiver burden

Cut off ≥ 17 on the ZBI-12 items



Caregiver depression

Cut off ≥ 5 on the GDS-15 items



Self-evidence of caregiving

"That is, you do that spontaneously, carin for someone. You are together. Yes, then you care for each other. That is logical, right? It's not like: I have to pay special attention. No, absolutely not, that is the normal course of events, I think"

"That is not an obligation and that is, yes, that is not a must, there is no, ... no obligation. It is, it comes from the heart"

Importance of social contact

Remain concerned

"And I often go outside too, but I'm always afraid that he would fall or something, then I often go outside, surely when he is in his greenhouse."

"That is the most important part of my life, contact with grandchildren"

Results & Clinical implications

- We identified major gaps in the scientific literature. It was impossible to synthesize results accurately, because of the variety of measurement instruments and study populations.
- No differences were found between the groups of informal caregivers.
- Caregiver burden and depression are strongly associated. It is important for professional caregivers and GPs to recognize both aspects in time.
- Caregiver burden was reported more negative in the in-depth interviews as compared to the questionnaires.
- Informal caregivers often see their role as natural, but experience problems or burden caused by their informal care tasks.
- Informal caregivers consider social contacts and social network to be essential.
- The diagnosis of cancer and the further process often results in lasting changes but also in the sense of being concerned of the other person.
- Informal caregivers often see their GP as an source of support. The GP should be sensitive to this.

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