



The Impact of Alzheimer's Disease on Caregiver's Mental Condition

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ABSTRACT

Alzheimer's disease presents a serious social problem nowadays. Because of the prolonging of the human life, this type of dementia appears more often. Family members are usually taking care of Alzheimer's patients, which involve twenty-four hours care. The care is very demanding for the caregiver and often evokes the feelings of frustration and stress, which are mostly cost by the lack of the support from the government. In developing countries, opposite to the countries of the West Civilization, the older person is the natural part of the bigger family, so the care of him is shared by more members of the family. In our paper, we focused on family members who take care of Alzheimer's disease patients and emotions and feelings they have to face. Furthermore, we present the results of the qualitative research, which has been done in 2015 in Slovakia and was focused on caregiver's mental condition.

KEYWORDS : Alzheimer's disease, Care, Family, Dementia.

Global ageing of the population is one of the main processes of the twentieth century and it has severe economic, political, and social consequences. It is assumed, that in the 2030 the quarter of the population of the economically developed countries will be at the age of 65, and almost the half of the population of the Western Europe at the age of 50 (Hrozenská, 2008). It is true that the biggest achievement of the twentieth century was the prolonging of the human life by twenty years; however, it brought the increasing number of mental illnesses, above all the dementia. It is assessed that till the end of the 2015, there will be 36, 5 million people with the dementia in the world. There will be 7, 7 million new cases every year and every 4 seconds new case will appear. The care of the people with the dementia should be one of the priorities of the national health care systems and social care all around the world (Sosa-Ortiz & Acosta-Castillo & Prince, 2012).

Alzheimer's disease is one of the most common causes of dementia of the people in the middle and the higher age and its occurrence in last years has increasing tendency (Callone & Kudlacek & Vasiloff, 2008). The phenomenon of the increasing number of the Alzheimer's disease patient determines the fact than in the future there will be also the increasing number of the family members who take care of the Alzheimer patients.

It is estimated that in the USA 5, 2 millions of the population suffer from the Alzheimer's disease, and approximately 200 000 thousand of them are younger than 65 years. In the next decades the number of people suffering from Alzheimer's disease will probably grow to 10 millions. It is expected that by the end of the 2050 in USA new case will appear every 33 seconds and the number of ill people will increase to 13, 8 millions. Alzheimer's disease is the sixth most common cause of the death in the United States and the fifth most common cause of the death of the Americans older than 65 years. The fees for the long term health care and nursing homes for the people with dementia in the 2013 reached 203 billion dollars without the fees for the free family member caregivers (Alzheimer's Association, et al. 2013). Besides that, it is estimated that in the USA there live more than 800 thousand people with Alzheimer's disease without the caregiver. Those patients face the risks far more severe than patients with dementia who live in the families. The risks involve the insufficient care, malnutrition, health complications, injuries, and accidental deaths (Alzheimer's Association, et al. 2012).

The dementia and therefore also Alzheimer's disease is the growing problem in all parts of the world. However, the society in general shows the low level of the knowledge about the dementia and absence of the social and supporting services. This is the reason why the biggest part of the care of the Alzheimer's disease patients is in the hands of their family members, from whom the most of them are women. Home care of Alzheimer's patients has its own specifications in which it defers from the institutionalized care mostly in the context of health, and mental conditions of the caregiver.

Among the main problems of the care of the Alzheimer's disease patients, caregivers listed behavior of the patients, which is directly connected to the illness and incontinence. These problems are often the main triggers of the family conflicts, as a result of which many of the caregivers notice the striking deterioration of their own mental health. It is clear that there is a need for the education, counseling, and support of the families which take care of the patients with the dementia. It is necessary to consider providing field services, as a part of the community services, which would be focused on the support of the caregivers who take care of the people with the dementia (Shaji et al., 2003).

It is clear that the biggest part of the responsibility of the taking care of the Alzheimer's disease patients is on the caregivers. It is the person who takes over the patient's care and also takes the emotional burden, because the health condition of the patient evolves from the beginning stages to the more progressed ones when patient does not recognize own family members. The role of the caregiver who is the family member is very stressful, because it has the impact on not only physical health of the caregiver but also on his mental condition and social-economical status. We can prove that in the minute when the family member is diagnosed with the dementia, there is second, so called "hidden", patient. It is the person who takes care of the patient. The members of the family who take care of the person with the dementia describe their feeling as a constant stress and frustration, which has impact on the relationship with the patient. We call this phenomenon a psychological burden of the caregiver (Tabaková & Václavíková, 2008).

Nowadays it is proven that there is the link between taking care of the patient with dementia and increasing number of health and psychological problems of the caregivers. Therefore family members who are taking care of such a patient should have access to the specialized services and their health status should be monitored (Baumgarten et al.1992).

Demographic ageing will lead to the greater number of the people suffering from the dementia in the developing countries, too. However, opposite to the countries of the West Civilization, in the developing countries the older person is the natural part of the bigger family and the care of him is shared by more members of the family, so the quality of the care can be compared to the one in western countries (Prince, 2004). There is an assumption that the care is realized by more than one family member.

The development of the services for the older people suffering from dementia has to be adjusted to the context of the health care systems. Countries with the low incomes do not have economical and human capital for introducing the specialized services. The best and the most economical way of providing better quality of the life of the people suffering from the dementia is to create the education, counseling, and the support system for the family members who are taking care of them. In the future the creation of the relief services and

the day centers which are focused on the creation of the stimulating environment and offering information should be encouraged (Prince & Livingston & Katona, 2007).

It is more than desirable to provide the psycho-social interventions for the caregivers, which will be based on the support, help, and education (Brodaty & Green & Koschera, 2003).

Werner, in the connection to taking care of the Alzheimer's disease patients, talks about the stigmatization of the caregivers which result from the feeling of shame. From the results it is clear that the stigmatization of the caregivers is increasing the psychological burden of the caregivers; therefore, it is necessary to provide them with the psycho-social intervention (Werner et al. 2012).

According to the Schulza (2003), it is necessary to pay attention to the caregivers who are taking care of patients with dementia. In the sample of 217 caregivers more than half said that they were "on duty" 24 hours a day and they helped patients with everyday activities more than 46 hours a week. The majority of the caregivers had to leave their jobs or to start to work part time because of the demandingness of the care of the family member with the dementia. The caregivers showed the increased level of depression symptoms. Up to three months after the death of the family member with dementia their depression symptoms decreased and after the next year the symptoms were significantly reduced. 72% of the caregivers announced that the death of the patient, they were taking care of, was the relief for them and more than 90% said that the death was the relief for the patient, too. The care of the patient with dementia represents a very stressful and demanding period for the caregiver; therefore, it is necessary to present the intervention and supporting services for them (Schulz et al., 2003).

The ability to manage something can be seen as the ability to face the stress factors to which the caregiver is exposed. It is not only the ability to manage the situation but also to overcome it. The question still is what the main stress factor for the caregiver is. In the 2015 we carried out the qualitative research with the sample of 25 respondents who take care of the patients with the Alzheimer's disease. The research focused on the psychical conditions of the caregivers. One of the determinants which respondents listed as the stress factor is the bad health condition of the patient resulting from the illness itself. It is mainly the inability of the patient to perceive the reality, to understand the spoken word, and also the fact that patient with Alzheimer's disease shows the signs of irritation and anger. Another stress factor which has been listed by 80% of the caregivers was the possibility that the patient can run away from home.

The caregiver who takes care of the patient with the dementia needs strong social support, either formal or informal. The way how to help caregivers to overcome those difficult situations is to create the relief centers and day centers. However, caregivers listed in the research that when centers are located more than twenty kilometers from their homes they are in far bigger stress, which is connected to the traveling with the patient. The respondents would appreciate the paid home nurse assistant service, but not all of them could afford it.

Conclusion

The inevitable part of the handling the situations, which rise from taking care of the patient with the dementia, is to learn how to control the emotions. The emotion, which was most commonly listed by the caregivers, was the anger. This anger rises from the incapability to improve health status of the patient and from the constant fear from possible complications of the care of the patient. The loss of the family member in the way that the mother or father is still alive but he/she is not interacting in the way he/she used to or he/she does not recognize the love ones is also the cause of the anger. All respondents are aware of the fact that this emotion is harmful and does not bring to the care of the patient any good aspects. Many of them realize that to overcome this anger it is helpful to talk to another family member or to someone else who is emphatic and sympathetic. The stress is cost by the feeling of responsibility for the patient who is in the extreme degradation. In some way also the economical factor can be considered to be one of the stress factors which the caregiver has to face. The factor is manifested in the lower income of the family. The acute stress of the caregiver caused by the long term care of

the patient with the dementia can easily be changed to the chronic stress which has negative impact on the health and social life of the caregiver. Considering this, it is inevitable to provide the development of the specialized services which will be focused on the support of the caregivers and on the growth of the awareness of the society about this illness in the context of preventing of the stigmatization of the caregivers.

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