PREVALENCE OF GERIATRIC DEPRESSION AND ALEXITHYMIA IN WIFE CAREGIVERS OF PATIENTS WITH DEMENTIA

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BACKGROUND

Caregiving for a patient with dementia is a stressful process which increases the risk of physical and mental problems and tends to restrict the social life of the caregiver to the caregiver-patient relationship [1].

Traditionally, the role of the family's main caregiver was assumed by married, middle-aged women who lived with the patient, her spouse and children. However, due to world population ageing and changes in global economy, this profile is starting to change. At present, the majority of female caregivers are elderly women who, in addition to providing care for their spouses, go through the vicissitudes of their own aging process [2,3].

When analyzing specifically the group age of subjects over 65 years old, a higher occurrence of symptoms of depression is found, which makes it one of the main mental health problems [4]. In this respect, Alexopoulos [5] argues that physical, economical and psychosocial loss along with biological changes suffered by older adults can be considered predictors of depression.

During the last years, different studies started to analyze the relationship between Depression and Alexithymia, in different populations [6,7,8]. Although the results are controversial, several studies point out to the joint presence of these constructs.

OBJECTIVE

To evaluate the prevalence of Geriatric Depression and Alexithymia and the possible association between these two variables in elderly wife caregivers, of patient with dementia, undiagnosed with Depression.

HYPOTHESIS

Higher levels of Alexithymia experienced by wife caregivers, of husband with dementia, are associated to an increased presence of Geriatric Depression.

METHOD

- **Design and Setting**

A simple retrospective, cross sectional, correlational study was conducted. A non-probability, purposive sampling strategy was used. The study was performed in the Institute of Neurosciences of Buenos Aires (INEBA, according to its acronym in Spanish) and the Acute Care Hospital "Dr. Cesar Milstein", both of them located in the City of Buenos Aires, Argentina.

- **Subjects**

The sample was comprised of 105 elderly wife caregivers of patients with dementia. The inclusion criterion was retirees over sixty years old and to be family caregivers of patients with dementia. The exclusion criterion was elderly people with motor and/or severe sensory deficit that impede the evaluation and those individuals who had serious psychiatric disturbances

- **Procedures**

Each subject underwent an individual structured interview that lasted approximately 60 minutes. The study was performed with the approval of the institutional review board. The research was performed in compliance with the Declaration of Helsinki [9]. Written informed consent was given by all participants.

- **Measures**
  - Socio-demographic and Psychosocial Questionnaire data (built ad hoc)
  - Spanish version of Geriatric Depression Scale [10]
  - Latin American Alexithymia Sacale, LAC TAS 20 [11]

- **Statistic Analysis of Information**

Measures of central tendency and of dispersion were obtained to describe study variables and the Pearson's "r" correlation coefficient was used to measure the degree of association between variables. Data were analyzed by SPSS statistical software version 21.0.

RESULTS

Median age of caregivers was 70.20 years old (ds: 7.1 years). They had second level of education (34.4%) and presented middle occupational levels (41%). The average time of care, was 4 years.

Table 1. Prevalence of Geriatric Depression and Alexithymia in elderly wife caregivers of patients with Dementias (n=105). CABA, Argentine, 2017.

Variables	n	%	n	%
Geriatric Depression*				
Absence	44	42.2		
Presence	61	57.8		
Mild Depression			42	69
Moderate Depression			16	26
Severe Depression			3	5
Alexitymia**				
Absence	50	48		
Presence	55	52		
Indefinite Alexithymia			31	56
Definitive Alexithymia			24	44

*The levels according to cut-off scores of the instruments are: 0-4 absence; 5-8 mild depression; 9-11 moderate depression and 12-15 severe depression)
** The levels according to cut-off scores of the instruments are: < 40 Absence Alexithymia, 41-55 Indefinite Alexithymia, > 56 Defined Alexithymia.

Table 1 shows the frequencies and percentages of the variables "Geriatric Depression" and "Alexithymia". In this respect, 57,8% of the sample suffered Geriatric Depression and 52% from Alexithymia.
Furthermore, arithmetic means and standard deviations for both variables are shown. Regarding Geriatric Depression, the average score observed was 5,47 (ds= 2.94). In turn, the average score for Alexithymia was 44.65 (ds= 17.42).

Table 2. Correlation between Geriatric Depression and Alexithymia in elderly wife caregivers of patients with dementias (n=105). CABA, Argentine, 2017.

	Alexithymia	
	"r"	p
Geriatric Depression	.464**	.000

r= Pearson 's Correlation

Finally, Table 2 shows the calculation of Pearson´s "r" correlation coefficient between the scores obtained for Geriatric Depression and for Alexithymia, through which a positive and moderate correlation between these variables was found.

DISCUSSION

The results of the present work show a positive and moderate association between Geriatric Depression and Alexithymia in elderly wife caregivers of patients with dementia. This outcome supports the proposed research hypothesis and is in agreement, in part, with the results of previous studies in general population [6], elderly persons [12], and caregivers [7].

Similarly, and considering the type of design of the present study, it is noteworthy that only an association between Alexithymia and Geriatric Depression was identified. In this sense, the results are partially coincident with other studies that link Alexithymia with a greater severity of anxious, depressive symptoms, and a worse response to pharmacological treatment. Other researchers point to Alexithymia as trigger and/or perpetuator of psychophysiological disorders, and as an index of prognosis in chronic diseases [8, 13, 14]. Also, studies [15] have emphasized that the perceptive decline of emotions during old age produces a reduction in spontaneous expression, as well as the accentuation of an anchoring in immediate reality. Therefore, Alexithymia can be considered to be a factor associated with the deterioration of the health of the elderly.

CONCLUSION

Family caregivers are underdiagnosed patients. Therefore, the evaluation of these subjects in parallel with the patient's medical consultation is recommended. Assessing levels of Geriatric Depression and Alexithymia on its initial stages allows for proper diagnoses and treatment, in order to preserve the family caregiver's well-being.

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