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

BACKGROUND

Caring 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—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 to their spouses, go through the vicissitudes of their own aging process [2,3].

METHOD

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 (INBA, according to its acronym in Spanish) and the Acute Care Hospital “Dr. Cesar Mistra”, both of them located in the City of Buenos Aires, Argentina.

OBJECTIVE

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

HYPOTHESIS

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

RESULTS

Median age of caregivers was 70.20 years old (ds: 7.1 years). They had second level of education (34.4%) and presented 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.

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

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
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<tbody>
<tr>
<td>Geriatric Depression*</td>
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<tr>
<td>Absence</td>
<td>44</td>
<td>42.2</td>
<td>61</td>
<td>57.8</td>
</tr>
<tr>
<td>Presence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild Depression</td>
<td>42</td>
<td>69</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>Moderate Depression</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Severe Depression</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Alexithymia**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence</td>
<td>50</td>
<td>48</td>
<td>55</td>
<td>52</td>
</tr>
<tr>
<td>Presence</td>
<td>48</td>
<td>52</td>
<td>50</td>
<td>48</td>
</tr>
</tbody>
</table>

*Presence 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.

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.

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 diagnosis and treatment, in order to preserve the family caregiver’s well-being.

REFERENCES


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 psychosocial disorders, and as an index of progression in chronic diseases [9, 13, 14]. Also, studies [10] have emphasized that the perception of desires of emotions during old age produces a reduction in spontaneous expression, as well as the ascention 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.