

Family Caregiving and Depression in Older Adults

Nutchanart Bunthumporn*

Faculty of Nursing, Thammasat University, Rangsit Campus , Khlong Nueng , Khlong Luang ,
Pathumthani 12120 Thailand

Abstract

Older adults are at a high risk of developing depression. They are also a rapidly growing part of the population. Often, family members such as spouses and adult children provide the majority of care for older adults with depression. Families of older adults with depression have an important role in the provision of care to those older adults. This responsibility may impose a great amount of stress on the families. Although it is consistently found that close family members have a critical influence in the process of recovering from later life depression, older adults sometimes respond negatively to assistance from their families. The purpose of this article is to understand the effects of the attributes of family caregiving on depressed older adults. Moreover, practical applications and research issues are discussed.

Keywords: Family Caregiving; Depression; Older Adults.

1. Introduction

Depression is common in older adults, and it is important that it is understood as a mental health problem. At least 15-20% of older adults in the general population may experience depression [1]. The older adult is more at risk for depression and suicide due to the losses they experience, including death of a spouse, death of friends, retirement, medical illness and disability. Depression in older adults can be disabling, contributing to problems with daily living activities and thus increasing their dependence on others [2]. Normally, depressed people often view themselves as unworthy, incapable, undesirable, and unloved. Depressive

symptoms such as dispirited mood, inactivity, and social withdrawal may disturb one's ability to perform daily activities. If these symptoms are not treated or resolved early, they may increase in severity and can lead to suicide attempts.

Depression has a severe impact on the individual, family, and society. Family members play a significant role in an older relative's response to treatment for depression as shown in many studies. The most powerful predictor of the relapse rate of unipolar depressive patients was the patients' view of the criticalness of the spouse [3]. Moreover,

*Correspondence : nutchanart_6@hotmail.com

the spouses' and adult children's psychiatric symptoms, their reported difficulties in caring for the depressed older patients, and their poorer physical health were related to the patients' status as not having recovered [4]. In addition, marital quality as well as the caregiver's well-being were related to increased depressive symptoms [5]. Therefore, understanding the impact of family caregiving on the symptoms of depression in older adults may help health care professionals provide care more effectively.

2. Depression in Older Adults

Depression is a common mental disorder that may be indicated by such symptoms as a dejected mood, the loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration [6]. Prevalence rates among older adults seen in primary care range from 6.5 to 9% for major depression [7].

Depression in older adults is most frequently associated with physiological changes or abnormalities of the brain [8]. Socio-demographic factors and personal characteristics such as gender, increasing age, low income, lower educational status, personal or family history of depression, and divorced, widowed, or separated marital status are associated with higher rates of depression [9, 10, 11]. The major psychosocial influences associated with increased risk for depression include living alone and low spirituality [12], chronic stress, recent social stressors, a stressful social environment, loss of meaningful social interaction, lack of social support [10], loss of roles, loss of loved ones [13]. Moreover, studies have consistently

found that depression was associated with chronic illnesses [14] and chronic pain [15].

Depression in older adults can be disabling, contributing to problems with daily living activities thus increasing their dependence on others and the health care system [2]. Moreover, depression in older adults has serious consequences, including increased health costs, patient and caregiver distress, amplified disabilities, increased mortality related to medical illness and suicide [16]. Therefore, family members of depressed older adults experience moderate to high levels of general caregiver burden [17, 18]. At the same time, family members may play a significant role in an older relative's response to treatment for depression.

3. Influence of Family Caregiving on Depression in Older Adults

3.1 Relation of Family and Depression in Older Adults

Some older adults may depend on assistance from their family in order to perform various daily activities, especially when they have physical or mental health problems. It is consistently found that close family members such as spouses and adult children are critical influences in the process of recovering from later life depression [19]. However, older adults sometimes respond negatively to assistance from their families even when it is well-intentioned. These negative reactions have been linked to poorer psychological well-being of the caregivers over time [20].

There are many reasons to believe that family caregivers may have an influence on their relatives' recovery from depression. Family caregiving can be a very stressful role, especially if the caregiver has his or her own health problems, if the care recipient requires many hours of continuous supervision and hands-on care, or if the caregiver lacks support from others. Family members' hostile or critical behaviors are associated with greater symptoms of depression in healthy and ill older adults [5, 21]. Commonly, caregiving often takes a physical, emotional and financial toll on caregivers. Furthermore, caring for an older family member with depression has been linked to poor mental health and psychological burden associated with those caregiving demands [22, 23]. Caregivers who feel more burdened by the patients' depressive symptoms may be less able to be supportive with regard to the setbacks that the patients encounter, and may have difficulty adhering to the prescribed treatment related to reduced recovery [4, 24]. This lack of support may subsequently compromise the patients' ability to experience improvements in mood and to adhere to a medication regimen. Moreover, the strain between older adults and their relatives may create difficulties that can lead to suicide attempts [25].

However, providing care to others may also be an important part of an individual's identity. Family caregiving is different across cultural lines. In the Asian culture, taking care of parents, especially when they are older with health problems, is viewed as a way to express gratitude. Children that convey this gratitude as caregivers receive high praised from the community. Studies

reported that spouses and adult children can derive added meaning from life by perceiving caregiving as a positive experience. Consequently, a new perspective is gained, and they become more resilient people [26].

3.2 Model of Family Caregiving and Depression in Older Adults

Family members have an important role as caregivers for older adults. As caregivers, family members have both positive and negative effects on recovery from physical and mental health problems in older adults. The personality attributes and life circumstances of those caregivers make a big difference in caregiving. Providing care to another person is not always bad for a caregiver, and receiving care is not always good for the care recipient. To demonstrate the association of family to depression in older adults, a model of family caregiving and depression in older adults adapted from a model of the health effects of elder caregiving [20] is helpful.

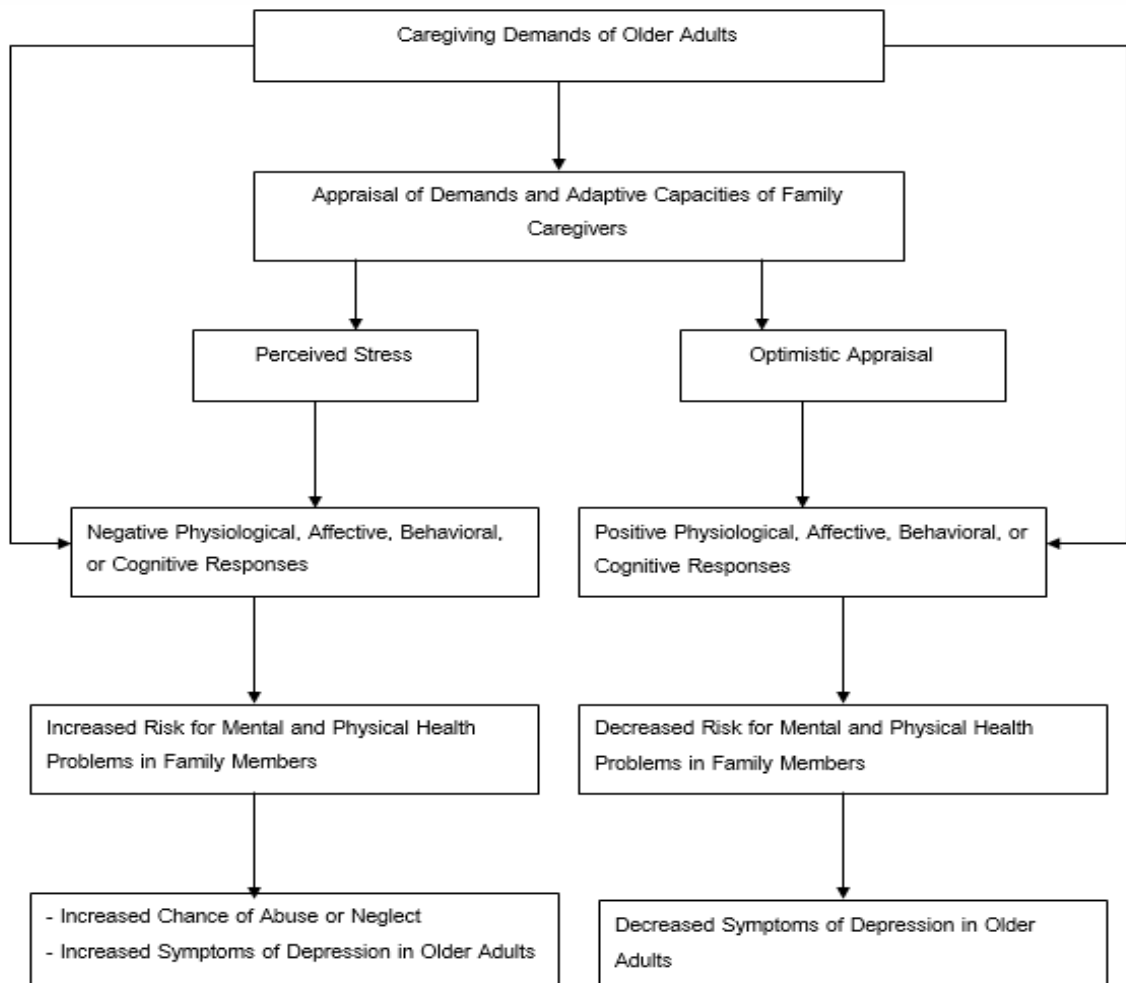


Fig.1. A model of family caregiving and depression in older adults. Adapted from a model of the health effects of elder caregiving[20].

This model demonstrates when older adults have depression; they require caregiving such as assistance for daily activities and emotional support from others, especially family members. If family members acting as caregivers perceive these demands as threatening along with an inadequate view of their coping competency, they may perceive themselves as under stress. This stress can activate negative physiological, affective, behavioral, or cognitive responses which, in turn, place them at an increased risk for mental and physical health problems. These results can lead to abuse and neglect in older adults and increase symptoms of depression, which is an adverse outcome for caregiving and treatment.

The demands posed by caregiving may not always be evaluated as stressful. Family members that possess the capacity to deal with older adult's caregiving demands will appraise these demands optimistically. This evaluation may lead to positive physiological, affective, behavioral, or cognitive responses and decreased risk for mental and physical health problems from caring for older adults. These consequences may decrease symptoms of depression and may enhance physical and mental health in older adults. Moreover, they foster the effectiveness of the treatment.

The model of family caregiving provide important information for healthcare providers to understand that caregivers' influence with respect to the quality of care. The results of the care of depressed older adults' depend on the appraisal of their demands and the adaptive capacities of the

family caregivers. Therefore, healthcare providers, especially nurses, should assess family members' perceptions, experiences, and attitude in taking care of older adults with depression. If they perceive it as optimistic, it will have a positive result for both older adults and family members, which would forego special help from healthcare providers. On the other hand, if they perceive it as a stressful life event, this perception will create a negative result for both the older adults and the family members. Consequently, family members will view the required care as a burden on their lives, which may lead to physical and mental health problems. When this negative situation arises, healthcare professionals, especially nurses, must provide appropriate strategies in order to improve the quality of life of the family members

3.3 Family Caregiving in Thai Older Adults with Depression

The proportion of the aging population of Thailand has been increasing gradually due to a rapid and extensive decline in fertility and a substantial increase in life expectancy [27]. The proportion of Thai older adults age 60 and over was 11.5% in the year 2005 and is projected to increase up to 26.4% by 2050 [28]. Therefore, Thailand has become an aging society. This growth will exacerbate the population experiencing physical and mental health problems. Many older adults have been left alone or have lived with young grandchildren resulting in loneliness and depression. In 2008, approximately 5% of Thai elders had depression [29].

As mentioned above, family caregiving is different across cultural lines. In Thai culture, taking care of parents, especially when they are getting older with health problems, is viewed upon as a way to express gratitude. Therefore, a Thai family has a certain prospect for their children, and the children know what is expected of them, particularly in the area of parental care as the parents age. Interestingly, many studies have shown that taking care of older adults with mental illness was a burden. However, a specific study of caregivers' that cared for older adults with chronic illness in Thailand found that the majority of the caregivers were not classified as burdened [30]. Cultural background might be an important factor to influence that result. The children who take care of their parents are respected as grateful persons from the community. Thus, these caregivers may perceive or look after their parents with less stress, which benefit both the older adults and the children.

4. Practical Applications and Research Issues

Many studies have shown that taking care of older adults with chronic psychiatric illnesses such as depression is a burden that may create physical, financial, and psychological hardships. Many studies showed that the families with this stressful situation had depression and anxiety [31], reduced leisure, decreased social activities, a sense of loss, worried more about the future, and the family life was disturbed [32]. Moreover, the caregivers of the elders with mental illness may experience exhaustion, and the families' functions became poor. However, it should be noted that the persons suffering from illnesses do not influence mental problems, but it is an interactive process affecting all family members. Consequently, health care professionals must remove the burden from the care by providing support or services to

alleviate physical and mental health problems. When the family members are in good mental and physical health, they may give the depressed older adults better care leading to a positive process of recovery.

Also, as mentioned above, the outcome of caring for depressed older adults depends on the appraisal of the demands and of the adaptive capacities of the family caregivers. Even though this situation may be viewed as a burden, some family caregivers can cope effectively. Another study found that the caregiver-dependent factors, which were age, health status, income, and duration of care, were more strongly associated with high burden than the patients' characteristics [30]. Therefore, a further investigation into the factors related to the burden of caring for depressed older adults is needed to help nurses develop effective strategies in order to improve the quality of life of the family caregivers. Moreover, the cultural background is an influential factor that requires further exploration. In addition, the caregiver-dependent factors and the characteristics of the patient must be explored to determine which is the better predictor of the burden of care.

5. Conclusion

Depression in older adults not only diminishes the quality of life but also strains the resources of the family unit and increases the risk of family problems if family members lack adaptive capacities. Family members are one of the most important factors in improving the symptoms of depression in older adults. However, family members can also cause an increase in symptoms of depression when their interaction is unwanted. Nevertheless, the cultural background is an important factor that can influence the caregivers' perception of the burden. More studies are needed to help older adults and their family members deal with these difficulties.

6. References

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