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Factors associated with the burdens of caregivers caring their loved ones with Alzheimer's disease in Hong Kong

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Introduction

Alzheimer's disease (AD) is the most common type of dementia and is a progressive decline in cognitive function. Multiple cognitive areas become seriously impaired and results in a decline in emotional and behavioral changes. Finally, the function of daily living was loss. According to the study of Wu et al (2013), there are estimated 8.4 million people with dementia over 50 years old in China, Hong Kong and Taiwan. The numbers of people with dementia will double every 20 years (Ferri et al., 2005). As the prevalence grow rapidly, the burden to family and society increases.

In Hong Kong, family member assuming the role of a caregiver is strengthened by the shift toward community care for patients, which has resulted in transferring responsibility for home care of patients to their family members. Therefore, this change in the way healthcare services are delivered has increased the reliance on caregivers for the care of patients.

Many literatures focus on the burdens of caregiver such as anxiety, frustration, depression, fatigue and poor health but little study explores about the factors associated with these caregiver burdens in Hong Kong.

Objectives

The aim of study was to identify the factors that significantly predict heightened caregiver burden in Hong Kong.

Methodology

Design and study participants

The purposive sampling was used to recruit the sample. Interviews were conducted with caregivers of patient with Alzheimer's disease at home in Hong Kong. All of the patients received a definitive diagnosis of dementia or probable Alzheimer's disease at the Hong Kong Hospital. All of the caregivers were principal caregivers. Principal caregiver was defined as the person who assumes most of the responsibility of caring of the patient. Caring responsibilities included basic accommodation, daily care, financial support and accompanying the patient to medical treatment and follow up. Caregivers were excluded if they suffered from psychiatric disease before caring for

the patients.

Result

Results

A total of 15 caregivers were included in the study. The mean (SD) of the caregivers was 60.3(11.8) and most of the caregivers were female (81.2%). More than 85% of the caregivers were spouses (Wives: 62.7%; husbands: 22.6%). Most of the caregivers (89.2%) were the only caregiver. The mean (SD) time needed for patient care was 16.8 (3.2) hours per day. Their patient cares included eating, bathing, dressing, using toilet and psychological support.

The factors that were associated with increase in caregivers burden include (1) lacking of social support in the community; (2) lacking of caregiver training skills; (3) increased time spent providing care and they had little time for themselves; (4) anxiety about patients and their aging; (5) they were admitted that their finance were tight as caring for patients and the cost of medical care.

Recommendation

There were five recommendations were made by researcher and participants for caregivers caring their loved ones including (1) increasing the number of respite care service and day care centre for relieving their workload of taking care of patient; (2) providing caregiver training consisted of 1-day workshop, provision of a caregiver manual, and provision of an education CD on the disease to enhance their knowledge; (3) providing stress reduction programme for caregiver, encouraging them to find balance by setting limits on caregiving, creating daily routines for themselves and setting aside time to get relax; (4) providing counselling services and support for caregivers including telephone counselling to reduce their anxiety; (5) providing financial assistance on the cost of medical care.