Factors Associated with Fatigue in Family Caregivers of People with Dementia
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Introduction

• Currently, the US alone is home to more than 5 million senior citizens with dementia (Alzheimer’s Association, 2016)
• About 80% of those seniors are cared for by a family member in the community (Center for Disease Control, 2016)
• Caregivers of people with dementia have poorer quality sleep than their peers (Ferrara, et al., 2008)
• Caregivers also experience high incidence of depression, (Peng & Chang, 2013).
• There is qualitative evidence that these individuals experience fatigue as well (Ali, Bokharvey, 2015). However, there is very little quantitative evidence regarding potential factors association with fatigue.

PURPOSE

• The purpose of the study was to examine the association between fatigue and depression, sleep, social support, and care recipient’s functionalities.

Methods

• Participants were recruited from the Buffalo Chapter of the Alzheimer’s Association.
• Caregivers were included if they were unpaid, over 50, considered the primary caregiver of an individual with dementia, living with the family member receiving care, and functioning independently. Participants needed to be native English speakers.

MEASURES

• Lee Fatigue Scale (LFS)- scores range from 0-80 with higher scores indicating more fatigue
• Pittsburgh Sleep Quality Index (PSQI)- sum of 2.5 indicates poor quality sleep
• Center for Epidemiologic Studies Depression (CES-D)- scores range from 0-60 with higher scores indicating more symptomology
• Social Support Survey Index (SSSI)- made up of 5 sub-scales with scores ranging from 19-95, higher scores indicate more social support
• Physical Self-Maintenance Scale and Instrumental Activities of Daily Living Scale- these two scales together indicate functionality. Scores range from 0-11 with lower scores indicating less functionality

Data Analysis

• Descriptive and correlational statistics were used in the data analysis. Correlations were tested with Pearson’s Correlation Model to examine relationships.
  A. Correlations were found between fatigue and depression (.736) and sleep quality (.576).
  B. A negative correlation was found between fatigue and patient functionality, indicating that as functionality decreases, caregiver fatigue increases.
  C. Pearson’s test indicated no significant correlation between fatigue and social support (.218).

Results

• Results indicated that family caregivers do experience fatigue at moderate levels
• Caregivers fatigue was significantly associated with depression, sleep quality, and care recipient’s functionality indicating that caregivers experiencing a higher level of fatigue were more likely to report a higher level of depression, poorer sleep quality, and lower care-recipient’s functionality.

Discussion and Conclusion

• Because fatigue, depression, poor sleep quality occur concurrently in family caregivers, these conditions should be addressed together.
• Future studies should include larger, more diverse samples.

References

All references available upon request