

# CROSS-COUNTRY PROFILE OF ADULT CAREGIVERS

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## OBJECTIVE

- Caring for an adult relative (e.g., elderly parents) has been associated with stress and negative outcomes such as depression and anxiety as well as financial burdens.<sup>1,2</sup>
- The aim of this analysis is to profile caregivers (CGs) across eight countries relative to non-CGs with respect to differences in demographics, health-related quality of life (HRQoL) scores, depressive symptoms (Patient Health Questionnaire, PHQ-9), and CG burden.

## METHODOLOGY

- Results were taken from the 2013 National Health and Wellness Survey (NHWS) conducted by Kantar Health.
- The NHWS is a cross-sectional survey of adults aged 18 and over.
- A stratified random sampling was used to ensure representativeness to the adult population.
- Results from eight countries were post-stratified, weighted, and projected based on gender and age (US: gender, age, race/ethnicity).
- NHWS asked adults if they were caring for an adult relative with a health condition (a prompted list of conditions were shown) and the Short Form-36 version 2 (SF-36v2) to assess HRQoL.<sup>3</sup>
- The Caregiver Reaction Assessment (CRA) questions were asked among CGs to evaluate burden.<sup>4</sup>

Table 1. Sample by Geographical Area

Country	Field Period	Weighted Using Population Estimates From:
US	Q1-Q3 2013	2012 Current Population Survey (Annual Demographics File) of the US Census Bureau
France, UK, Germany, Italy, Spain	March-May 2013	International Data Base of the US Census Bureau and Organization for Economic Cooperation and Development
Japan	Nov-Dec 2013	International Data Base of the US Census Bureau and Organization for Economic Cooperation and Development
China (Urban Areas)	May-July 2013	2012 National Bureau of Statistics of China

## RESULTS

- Among the countries profiled, Spain (11.6%) and China (10.6%) had the highest proportion of adult CGs, while Japan (4.9%) had the lowest (Figure 1).
- Over half of CGs were women, except in China where 44% of CGs were women (Figure 1).
- CGs tend to be younger than non-CGs (mean age = 44.1 years vs. 46.3 years), especially in China (CG mean age = 38.9 years vs. 44.3 years) (Figure 1).

Figure 1. Caregivers' Demographic Characteristics Across Countries

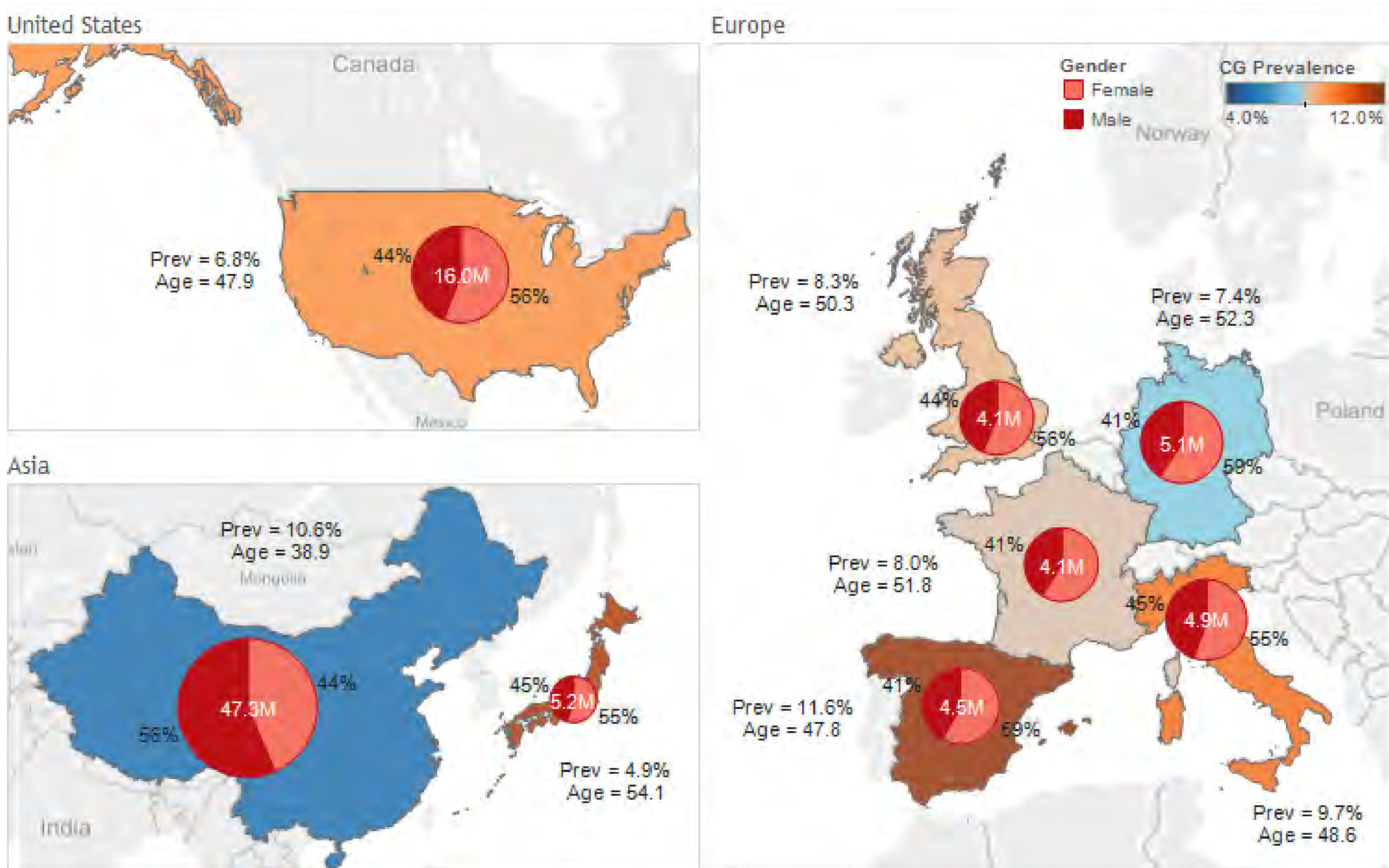


Figure 2. Conditions of Patients Cared for by Caregivers

The heat map colors go from brown (lower percentages) to blue (higher percentages).

	CHINA	FRANCE	GERMANY	ITALY	JAPAN	SPAIN	UK	USA	Total
Osteoarthritis	33.6	21.4	13.8	9.1	7.6	11.6	15.8	13.1	23.7
Alzheimer's Disease or Dementia	10.5	24.4	26.0	22.9	43.8	25.8	20.1	24.3	18.2
Stroke	21.4	8.6	15.6	10.2	11.9	9.2	9.8	13.1	16.8
Cancer	11.8	21.1	20.0	15.8	15.4	19.4	14.4	14.9	14.1
Bipolar Disorder	17.4	5.6	3.7	6.2	3.0	5.2	7.9	10.8	12.4
Parkinson's Disease	7.0	6.9	7.0	9.8	5.8	6.6	5.1	5.7	6.7
Congestive Heart Failure	4.6	4.6	8.1	6.0	0.7	6.5	5.6	10.8	5.8
COPD	3.6	2.6	6.7	4.7	1.2	5.6	8.2	10.2	5.1
Schizophrenia	5.2	2.2	2.6	2.9	4.7	3.8	4.0	3.8	4.4
Macular Degeneration	2.1	6.4	5.9	4.6	2.9	4.7	5.4	6.9	3.8
Epilepsy	2.9	3.3	5.8	4.7	2.7	6.0	6.2	4.0	3.6
Chronic Kidney Disease on Dialysis	3.2	1.3	3.8	3.1	3.8	2.0	2.4	4.5	3.3
Multiple Sclerosis	1.6	2.4	6.0	4.0	0.6	3.4	4.1	3.8	2.5
Muscular Dystrophy	2.8	0.6	2.0	0.9	1.0	2.2	1.3	1.4	2.1
ITP (Platelet Disorder)	0.9	0.5	0.3	0.6	0.3	0.7	0.6	0.4	0.7
Other Condition	7.7	14.0	20.9	18.8	11.7	17.4	25.5	20.1	13.0

- Alzheimer's disease/dementia was the most cited condition of the patients being cared for (except in China where osteoarthritis ranked highest) (Figure 2).
- Other notable conditions of the patients were cancer, stroke, osteoarthritis, and bipolar disorder (Figure 2).

- HRQoL scores (mental, physical, and SF-6D) were overall lower among CGs vs. non-CGs. For example, mean mental HRQoL scores among CGs in Italy and China were both 41.9 compared to 45.0 and 45.8 respectively among non-CGs (Figure 3).
- CGs also had higher mean PHQ-9 scores vs. non-CGs, indicating higher rates of depression. CGs in China had the highest mean PHQ-9 score (8.4) while Japan had the lowest (4.7) (Figure 3).
- CGs also had higher rates of moderate to severe depression (30%) based on PHQ-9 scores vs. non-CGs (14%) (Figure 4).

Figure 3. Depression and Health-related Quality of Life

The dotted line represents the population norm for all three HRQoL measures or the threshold between minimal and mild depression.

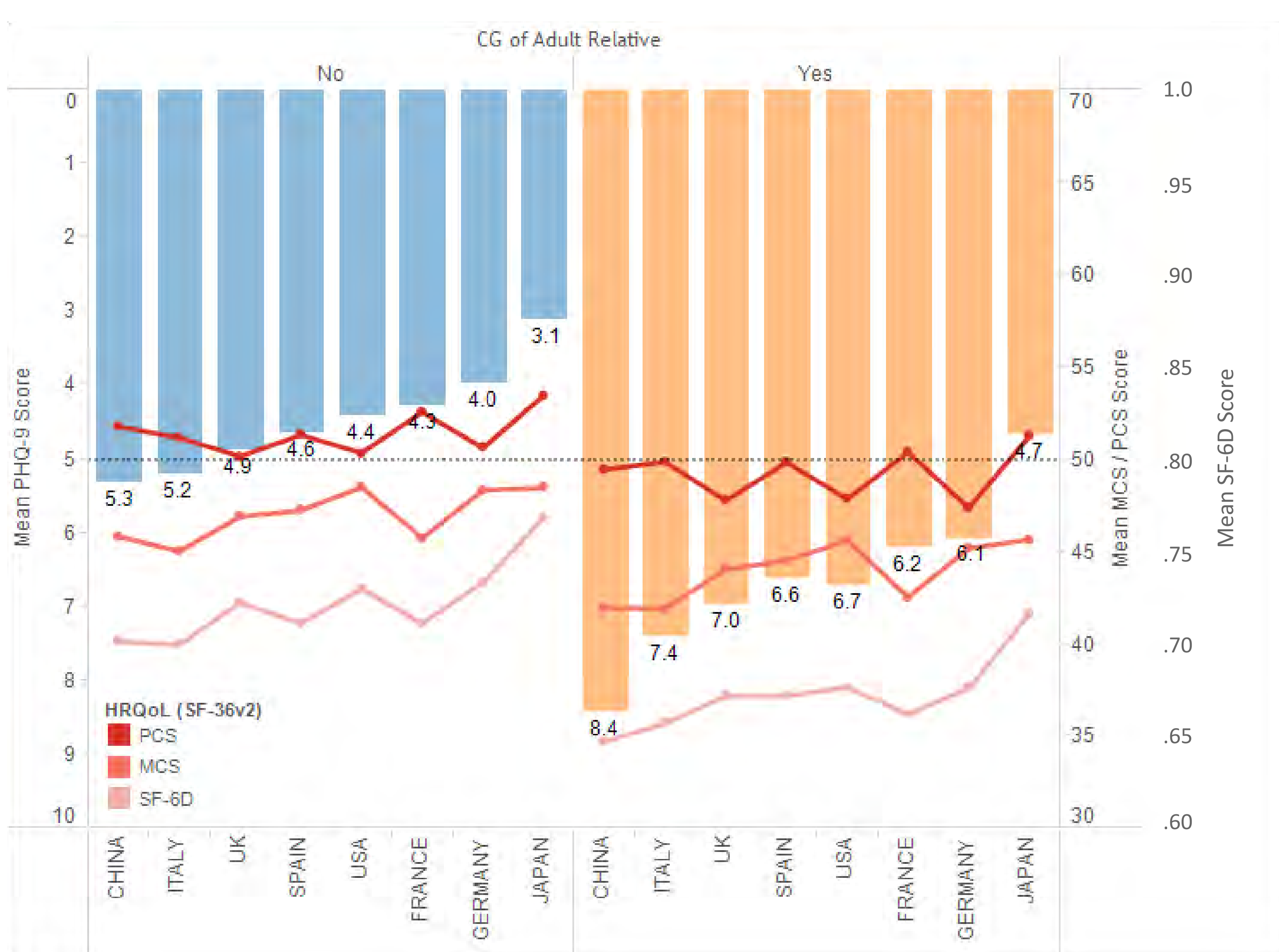


Figure 4. Depression Severity

Bars represent relative frequencies of no/minimal depression (blue) to severe depression (brown). Gray dots are mean PHQ-9 scores.

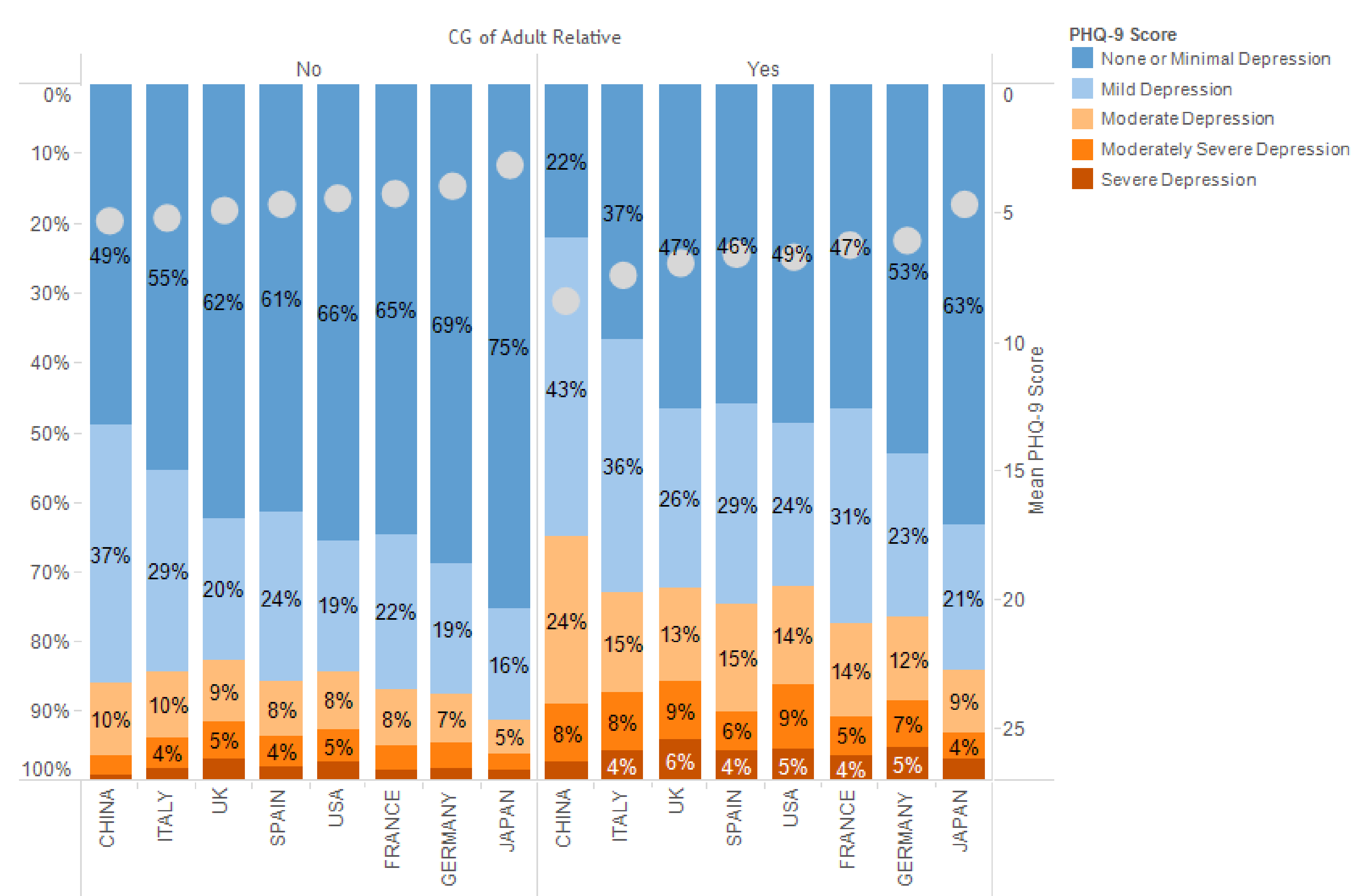


Figure 5. Caregiver Reaction Assessment (CRA) Questions

Mean scores go from low (1, brown) to high (5, blue).

	CHINA	FRANCE	GERMANY	ITALY	JAPAN	SPAIN	UK	USA	Total
Caring for the patient is important to me	3.65	3.46	3.70	3.72	3.21	3.65	3.95	4.03	3.70
I feel privileged to care for the patient	3.64	3.04	3.89	3.58	2.88	3.31	3.65	3.81	3.60
I really want to care for the patient	3.46	3.18	3.63	3.69	3.08	3.50	3.79	3.76	3.52
I am healthy enough to care for the patient	3.47	3.28	3.32	3.48	3.03	3.53	3.60	3.72	3.48
My family works together at caring for the patient	3.71	2.92	3.04	3.46	3.28	3.33	3.00	3.08	3.44
Caring for the patient makes me feel good	3.37	2.88	3.37	3.45	2.62	3.43	3.36	3.69	3.37
I enjoy caring for the patient	3.23	3.24	3.68	3.52	2.48	3.21	3.53	3.69	3.32
I have enough physical strength to care for the patient	3.28	3.13	3.30	3.33	2.96	3.31	3.46	3.51	3.31
I will never be able to do enough caregiving to repay the patient	3.57	2.32	2.61	2.95	2.80	3.07	3.11	3.11	3.25
I have eliminated things from my schedule since caring for the patient	3.30	2.58	2.54	2.89	3.02	3.03	3.09	3.05	3.12
My financial resources are adequate to pay for things required for care	3.30	2.63	3.00	2.74	2.72	2.75	2.92	2.85	3.06
I visit family and friends less since I have been caring for the patient	3.19	2.38	2.42	2.60	2.59	2.74	2.89	2.85	2.95
My activities are centered around care for the patient	2.97	2.47	2.67	2.78	2.68	2.81	3.25	3.21	2.95
Since caring for the patient, it seems like I'm tired all of the time	3.06	2.46	2.30	2.69	2.66	2.68	2.89	2.82	2.88
The constant interruptions make it difficult to find time for relaxation	2.98	2.50	2.55	2.79	2.74	2.90	2.85	2.78	2.87
Transportation, meals, housework, medication management	2.75	2.26	2.99	2.68	2.58	2.96	3.30	3.20	2.84
Caring for the patient has put a financial strain on the family	2.93	2.24	2.31	2.76	2.81	2.95	2.61	2.68	2.79
It is very difficult to get help from my family in taking care of the patient	2.91	2.52	2.33	2.53	2.73	2.72	2.74	2.78	2.79
It's difficult to pay for the patient's health needs and services	2.81	2.48	2.56	2.91	2.45	3.11	2.46	2.69	2.74
Managing the finances for this person	2.54	2.45	2.78	2.82	2.62	2.75	2.88	2.86	2.65
My family left me alone to care for the patient	2.79	2.62	2.15	2.34	2.74	2.46	2.52	2.58	2.65
My health has gotten worse since I've been caring for the patient	2.83	2.17	2.28	2.44	2.44	2.51	2.64	2.47	2.64
Making treatment decisions for this person (including nursing home)	2.61	2.36	2.44	3.01	2.61	2.78	2.45	2.68	2.62
Others have dumped caring for the patient onto me	2.72	2.63	2.05	2.53	2.18	2.84	2.21	2.43	2.57
I have to stop in the middle of work	2.73	1.97	2.13	2.33	2.44	2.26	2.24	2.31	2.50
Since caring for the patient, I feel my family has abandoned me	2.72	2.09	2.02	2.13	2.21	2.26	2.22	2.26	2.46
I resent having to take care of the patient	2.68	2.24	1.88	2.20	2.51	2.29	2.08	2.15	2.39
Bathing or grooming, toileting, feeding, transferring from bed to chair	2.18	1.51	1.98	2.02	1.96	2.21	1.94	1.91	2.06

- CRA is a combination of positive and negative statements inquiring about CGs' burden and motivation to care about their sick relatives. Overall, it appears that CGs' moderate to high willingness to care for their relatives, while the burden was moderate to mild (Figure 5).
- The highest agreement was for statements like "Caring for the patient is important to me" and lowest for others like "I resent having to take care of the patient" or the burden of "Bathing or grooming, toileting, feeding, transferring from bed to chair, or dealing with incontinence" (Figure 5).
- French and Japanese CGs seemed to experience higher levels of burden overall, while China and the US reported the lowest (Figure 5).

## References

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## CONCLUSIONS

- Family members assume important roles when caring for an adult relative, which may negatively impact their own well-being and finances.
- CGs exhibited lower HRQoL scores and higher rates of depressive symptoms.
- Profiling the differences of CG burden by country could help illustrate the need for interventions to minimize burden, especially in France and Japan.

