RESEARCH LETTER

Depression and anxiety in primary caregivers: a comparative study of caregivers of demented and nondemented older persons

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Family caregivers are often highly distressed by the wide range of tasks and services that they have to provide for the patient. Research has clearly documented the negative consequences of caregiving, both physically and psychologically. Caregivers of demented patients have been found to suffer increased levels of emotional distress associated with higher patients' behavioural symptoms and cognitive impairment. Nevertheless, available empirical data about differences in emotional distress or well-being between dementia and nondementia caregivers are limited and inconclusive (Ory *et al.*, 1999).

Lawton et al. (1991) and Pearlin et al. (1990) developed particularly helpful and extensively used stress process models of caregiving that propose a series of interrelated conditions. From this perspective, primary stressors, such as the cognitive and behavioural problems associated with dementia, create the conditions under which emotional distress may occur, but the extent to which caregivers experience distress depends on their appraisal style and the resources they may have to assist in managing stressors. In other words, the type of stressors may matter less than how caregivers react to them and the resources they have to modulate their impact. The current study investigated the emotional state of caregivers of demented and nondemented patients and the stress experienced by both types of caregivers, stemming from the theoretical framework of a stress process model.

The sample was made up of 108 primary caregivers of older persons (66 demented persons and 42 dependents without cognitive impairment) who were providing care for a community-dwelling dependent older patient (aged over 60), resided permanently with the patient and had been caring for the patient at least for 6 months. As reported in most studies of caregiving, women caregivers predominated both among dementia (78%) and nondementia (88%) patients. There were no significant differences between groups in any relevant sociodemographic variables.

Information was collected in a personal structured interview with the caregiver, which included: items about demographic characteristics of caregivers and patients, and features of the caregiving situation; the Activities of Daily Living Scale as a measure of functional impairment; the Global Deterioration Scale to rate cognitive decline; the Memory and Behavior Problems Checklist to assess common behavioural problems in dementia; the Burden Interview; the Caregiving Satisfaction Scale; the Rosenberg Self-Esteem Scale; the Social Support Questionnaire; the Brief-COPE that measures coping strategies; the Beck Depression Inventory and the Anxiety subscale of the Hospital Anxiety and Depression Scale.

As expected, dementia patients were more cognitively impaired and had more memory and behaviour problems, but they didn't experience more functional impairment. Furthermore, the proportion of dementia

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Table 1. Stepwise multiple regression equations to predict depression and anxiety scores

		β	Adjusted R ²	F
Dependent variable: depression (BDI)				
Block 1: stress-related	Weekly hours of care	0.160	0.036	4.87*
Block 2: appraisal	Burden	0.171	0.258	19.29**
	Caregiver's reactions to memory and behaviour problems	0.113	0.298	15.85**
Block 3: personal resources	Self-esteem	-0.326	0.442	21.78**
	Social support satisfaction	-0.316	0.518	23.55**
	Emotion-focused coping	0.346	0.606	27.92**
Dependent variable: anxiety (HAD-A)				
Block 1: stress-related	(No significant variables were found)	_	_	_
Block 2: appraisal Block 3: personal resources	Burden	0.322	0.252	36.44**
	Self-esteem	-0.266	0.319	25.64**
	Emotion-focused coping	0.290	0.378	22.3**

p < 0.05; *p < 0.001.

caregivers who used professional services was significantly higher than that of nondementia patients, and the same result was observed in the use of Adult Day Care Centres. No significant group differences emerged in caregivers' appraisals, except for their reactions to memory and behaviour problems, with caregivers of the nondemented older persons reporting less intense reactions, even after controlling the frequency of their relatives' memory and behaviour problems. No significant differences were revealed for resource variables (i.e. self-esteem coping or social support scores).

Staged stepwise regression analyses were used to explain the influence of sociodemographic, stressrelated, appraisal and resource variables on caregiver depression and anxiety, following the stress process model (Table 1). In the first step, only more weekly hours of care was related to more depressive symptoms. In the second step, two appraisal variables, more burden and higher caregiver's reactions to memory and behaviour problems, were significantly related to more depressive symptoms. In the third step, resources, including less self-esteem, less social support satisfaction and more emotion-focused coping, were significantly associated with more depressive symptoms. In the case of anxiety, none of the stress-related variables, including clinical status, were significant. One appraisal measure, more burden, and two personal resource variables, less self-esteem and more emotion-focused coping, had a significant association with more anxiety.

Consequently, these data do not show evidence that caregivers of dementia patients had poorer emotional status than those assisting a dependent relative without cognitive impairment. The results suggest that the nature of the older person's illness (dementia or non-dementia) may not be as important for the caregivers' emotional state as their appraisals and resources for managing care-related problems. These results also suggest that primary stressors also have a limited impact on caregivers' emotional status. Instead, self-esteem, caregiver burden, and emotion-focused coping had significant associations with both anxiety and depression.

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