PSYCHOLOGICAL DISTRESS OF FAMILIES CARING FOR THE FRAIL ELDERLY

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ABSTRACT

In a study of psychological problems in 60 principal family carers of elderly patients, 12 (20%) were found to experience mild depression or anxiety. There was no significant difference in psychological distress between male and female carers, and between carers in the two age groups, 20-49 years and 50 years and above. Those carers who lacked social support had a greater propensity to develop anxiety or depression, but there was no association between psychological distress of carers and functional disabilities of the elderly patients.

Key words: distress, carers, elderly.

SING MED J. 1989; No 30: 42 — 44

INTRODUCTION

There is a growing concern about caring for an increasing number of the frail elderly in Singapore. This concern is not only because of an increasing number of the elderly but also a diminishing number of carers. Traditionally, carers are the women in the family. The present dilemma emanates because of the social transformation in the Singapore family. Women are better educated now and prefer to go out to work rather than to remain at home. Another factor which contributes to the diminishing number of carers is the decrease in family size — most families today have only two children. Moreover young couples tend to live away from their parents, partly because of the constraint of space in high-rise apartments. These changes affect the care of the elderly at home.

There had been some studies on the psychological burden of families caring for the frail elderly (1, 2, 3). Isaacs (4) reported that the strain on relatives of patients with dementia was often the trigger for readmission to hospital. In a study of spouses of patients with stroke, Kinsella and Duffy (5) found that depression was common amongst the carers.

This paper reports on the psychological distress of family carers of elderly patients.

MATERIAL AND METHODS

The study was conducted in the general medical wards of the Singapore General Hospital. The principal family carers of 60 elderly patients admitted consecutively were interviewed by a research worker. All the carers self-administered the scaled version of the General Health Questionnaires (GHQ), (6) a screening test for neurosis.

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The validity and reliability of the General Health Questionnaires in the Chinese population had been reported by Chan and Chan (7). All those carers who scored 5 points or more on the GHQ were referred to the author for a psychiatric assessment. Diagnosis of psychiatric disorder was based on the International Classification of Diseases (8).

The carers were also asked whether they received any support from other relatives, friends or social services. The support included assistance in nursing or domestic chores. The availability of support was divided into 2 categories:

(1) adequate — help available daily or help available at least once a week.
(2) inadequate — help available less than once a week or no help available.

The severity of disabilities of the elderly patients were measured indirectly by assessing their performance in activities of daily living which included shopping, cleaning, cooking, walking, dressing, feeding, bathing and toileting. Their functional disabilities were divided into two categories:

(1) nil to mild — no help needed in all activities of daily living or help needed in 3 or less than 3 activities.
(2) moderate to severe — help needed in more than 3 activities of daily living; bed-ridden patients were classified as severe.

The carers were also asked whether their jobs were affected since they started looking after their sick relatives.

RESULTS

Of the 60 elderly patients there were 26 men and 34 women. Their mean age was 70.5 years (SD + 4.2 years). They were admitted for heart diseases (18), stroke (15), dementia (12), diabetes mellitus (11) and others (4).

There were 18 male and 42 female carers: 15 wives, 20 daughters, 13 sons, 7 daughters-in-law and 5 husbands. Thirteen carers scored 5 or more points on the General Health Questionnaires but only 12 were found to

have minor psychiatric disorders. Of these, 10 carers had neurotic depression (ICD 300.4) and 2 had anxiety state (ICD 300.0). There was no significant difference in psychological distress between male and female carers, and between carers in the age groups 20-49 and 50 years and above. The single case of false positive GHQ was a female carer who had recently delivered a baby and although she felt listless there was no evidence of any psychiatric disorder.

In analysing the availability of support it can be seen in Table 2 that carers who received inadequate support were more likely to develop psychiatric symptoms — the difference was highly significant ($p < 0.001$). But there was no association between the degree of functional disabilities of the patients and psychological distress of the carers (Table 2). This indicates that psychological distress is not associated with the severity of the illness. The degree of functional disabilities is also a measure of the amount of time spent nursing the patient and hence the extent of leisure time affected. It appears that those with less leisure time did not have more psychiatric symptoms.

Table 1.
PSYCHOLOGICAL DISTRESS IN CARERS — SEX AND AGE DIFFERENCES

	Sex		**Age Groups (yrs)**	
GHQ Score	**Male**	**Female**	**20-49**	**≥50**
High* (n = 12)	2	10	9	3
Lower** (n = 48)	16	32	30	18
Total	18	42	39	21
X^2	– 1.26		– 0.6	
P	> 0.05		> 0.05	

* ≥ 5
** < 5

Table 2
PSYCHOLOGICAL DISTRESS IN CARERS — SOCIAL SUPPORT AND DISABILITIES OF PATIENTS

	Social Support		**Disabilities of Patients**	
GHQ Score	**Adequate**	**Inadequate**	**Nil-Mild**	**Mod-Severe**
High (n = 12)	4	8	5	7
Low (n = 48)	39	9	17	31
Total	43	17	22	38
X^2	– 10.8		– 0.16	
P	< 0.001		> 0.05	

On occupation, 50 carers mentioned that there was no change in their jobs, 8 had to do part-time jobs and 2 resigned. Therefore, 10 families (17%) were affected financially but those whose jobs suffered did not have higher GHQ scores compared with the others.

DISCUSSION

There are social as well as psychological consequences of caring for a disabled or sick relative. Social and leisure activities are curtailed, and psychological burden is likely to be disorder of mood (9). Sanford reported anxiety and depression in 32% of carers, (2) and in the study by Argyle et al, 51% of supporters of psychogeriatric patients had neurotic symptoms (10). Gilleard et al reported high GHQ scores amongst 57% to 73% of carers of the elderly mentally ill (1).

In this study 20% of carers had minor psychiatric disorders, mainly depression and anxiety. There was no difference between male and female carers and between young and old carers. Psychological distress was also not associated with severity of disabilities of the patients. But those carers who lacked social support had a greater propensity to develop psychiatric symptoms. Most of these carers lived alone with the elderly relatives and were socially isolated. Many of them were also ignorant of the available services for the elderly in their community. Most families in Singapore prefer to seek help either from relatives or close friends and are reluctant to request assistance from governmental agencies. The families in this study were from very traditional background with firm beliefs in Confucian norms and filial piety. Although there are only a few old people's homes or day centers in Singapore, families may not be eager to use these services because to send an elderly relative to these centers imply a failure of family responsibility. However, with the change in family structure, many carers may have to turn to the limited community services to assist in caring for their elderly.

It is likely that in future the burden of caring for the majority of the frail elderly in Singapore will continue to rest on the family. Carers need to seek help outside the home. Community and governmental supports are necessary to alleviate the burden of the family.

ACKNOWLEDGEMENTS

I wish to thank Professor Seah Cheng Siang and Professor Cheah Jin Seng for permission to interview the patients and relatives in their wards.

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