

Behavioural and Psychological Symptoms in Alzheimer's disease and caregiver burden: The effect of "Sawy caregiver group"

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Introduction:

Alzheimer's disease is defined as a considerable decline in cognitive functions, and in socio-occupational functioning and behavioural and psychological disturbances. The relatives caregivers are under a lot of stress, and their life's quality might become worse.

Objective

The objective of our study was to investigate and describe the behavioural disorders perceived by caregivers in patients with AD and evaluate the effectiveness of support groups for caregivers who care for parents with Alzheimer's disease. (1)

Patients:

We enrolled in the study 50 patients mean age 80.30 (SD 4.46) 49 women e 31 men education average 6.30+ 3.24 and the mean M.M.S.E was 15.97 (SD 5.46), consecutively attending the UVA in the period of January 2013-December 2014.

Daily number of caring hours 14.79 ± 11.00 . Caregiver mean age (77.76 ± 30.97 education 12.11 ± 3.20).

Materials and methods:

The cognitive levels were investigated by MMSE. The psychological and behavioural symptoms of caregivers were assessed by NPY, BSI for anxiety and depression. The impact of BPS on the caregiver was assessed through a CBI.

Caregivers were randomly assigned to the treatment or to the control group who did not participate in group meetings.

The treatment group for 25 caregivers (two hours, four six weeks) was conducted by a trained psychologist.

Univariate analysis of variance (ANOVA) and Student's paired t test (Student's t paired groups) were conducted



Results

In baseline tests:

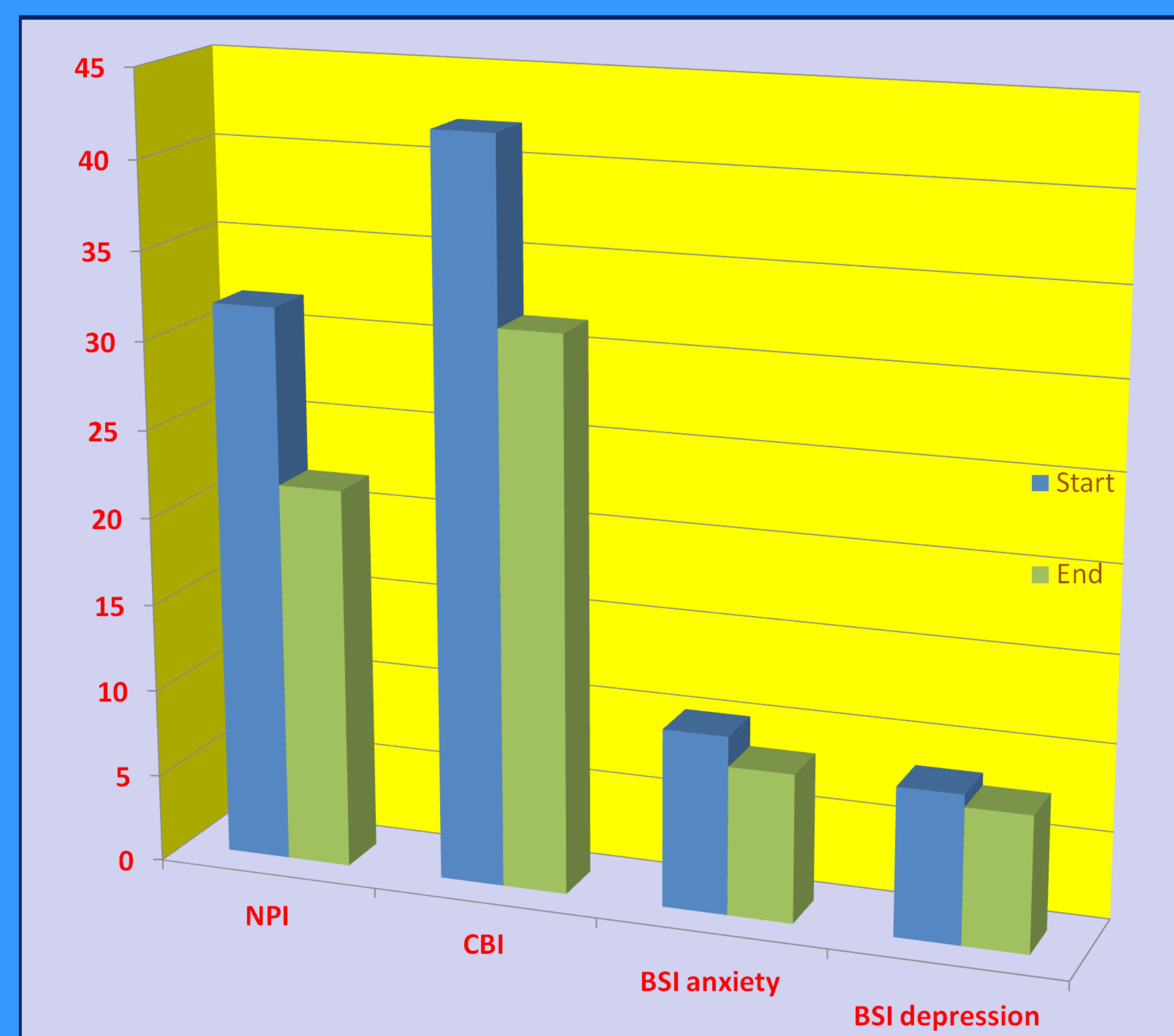
N.P.I. start 31.8 ± 16.3 , end 21.8 ± 9.9 ; ($t=8.988$, $p>0.001$)

C.B.I. start 42.1 ± 13.7 end 31.6 ± 6 ; ($t= 1.508$, $p<0.005$)

BSI anxiety start 10.2 ± 5.9 ; end 8.5 ± 5.3 ($t=3.994$, $p<0.01$)

BSI depression start 8.5 ± 4.8 ; end 7.8 ± 4.1 ($t= 1.027$ $p= 0.169$).

From the burden analysis we can relieve a decrement of the care burden, anxiety and depression between the first and second administration.



Discussion

The quality of life of caregivers is correlated with the severity of (BPSD).

The treatment of behavioural disturbances represents one of the main outcome in caring for the patient with dementia and it is usually a challenge that requires a multiple approach and includes the relatives and caregivers education (2)

Conclusion The participation of the caregiver to the psycho-educational group and support interventions is essential to intervene on thoughts and emotions connected to the problematic situation in order to modify the answers and aid to families could be a valid solution to the stress, anxiety and depression caused by the caring experience.

The AD patient should be treated as a new person and the carer should seek a new relationship with him/her.

1) McKhann G.M et al (1984) Clinical diagnosis of Alzheimer's disease: report of the NINCDS-ADRDA Work Group under the auspices of Department of Health and Human Services Task Force on Alzheimer's Disease. *Neurology*; 34 (7): 939-44

2) Mitrani V.B & Czaja S.J. (2000) Family-based therapy for dementia caregivers: Clinical observations. *Aging and Mental Health*, 4, 200-209

3) Ryu S. H., Ha J. H., Park D. H., Yu J., Livingston G. (2011). Persistence of neuropsychiatric symptoms over six months in mild cognitive impairment in community-dwelling Korean elderly. *Int. Psychogeriatr.* 23, 214-220