

Same Gender and Different Gender Dementia Caregiving Dyads: Differences in Psychosocial Outcomes

D.W. Durkin, M.S.W. & F. Sun, M.A.

Abstract Overview

This study examined the differences in psychosocial variables of female caregivers caring for women with dementia and those caring for men. Results suggest that female caregivers caring for men with dementia may be more depressed and less likely to perceive positive aspects of caregiving than those caring for women.

Introduction

With the costs of long-term health care rising, the health care system in the United States will increasingly rely on family caregivers in the community to care for persons with Alzheimer's disease or other related forms of dementia. The issues associated with caregiving are numerous and complex. Caregivers have issues in multiple, interrelated domains at varying levels of intensity (Schultz, Burgio, Burns, Eisdorfer, Gallagher-Thompson, Grlin, & Mahoney, 2003). Previous research has indicated that a one-size-fits-all intervention is unlikely to be effective (Schultz et al., 2003) and that practitioners should consider the individual needs and desires of the caregiver that are gender sensitive and fit into the context in which they live (Thomas et al., 2002; Yee & Schultz, 2000). Social workers serving this population will need to be aware of pertinent information that may help them develop interventions tailored to fit the specific needs of families caring for a person with dementia.

Research Questions

1. Does the gender of the care recipient affect psychosocial outcomes for female caregivers? Hypothesis: Caregivers in same gender dyads will report less depression, less anxiety and more positive aspects of caregiving than those in different gender dyads.
2. If differences are found, what other variables might explain the difference?

Measures

- Center for Epidemiological Studies - Depression Scale (CES-D: Ratloff, 1977)
- Positive Aspects of Caregiving Scale (Turlow, et al., 2004)
- Anxiety Inventory - 10 item Modified Spielberg State-Trait Personal Inventory (Spielberger, Gorsuch, Lushene, Vagg & Jacobs, 1983)
- Subjective income adequacy in paying for basics (ranging from: not difficult at all to very difficult)
- Total Subjective Health (4-item self-perceived health status ranging from: poor to excellent or definitely false to definitely true) (Steward & Archbold, 1986)
- Revised Memory and Behavior Problem Checklist (RMBPC: Teri, et al., 1992)
- Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) (Kempen & Suurmeijer, 1990)
- Mini-mental State Exam (MMSE: Folstein, Folstein, & McHugh, 1975)

Sample

This study is a secondary analysis of data from 988 female caregivers collected through the Resources for Enhancing Alzheimer's Caregiver Health (REACH) project. Data for the study were collected through in-home interviews during the baseline phase. Six research sites (Birmingham, Boston, Memphis, Miami, Palo Alto and Philadelphia) and a coordinating center (Pittsburgh) focused on characterizing and testing the most promising home and community based interventions for maintaining and improving the health and quality of life of Caucasian, African American and Latino caregivers of dementia patients. Female caregivers were assigned to two categories based on the gender of the care recipient. There were 460 same gender and 528 different gender caregiving dyads. Male caregivers were excluded from this study due to the low number of same gender dyads.

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Graph 1. Percentages by dyad type and relationship to care recipient

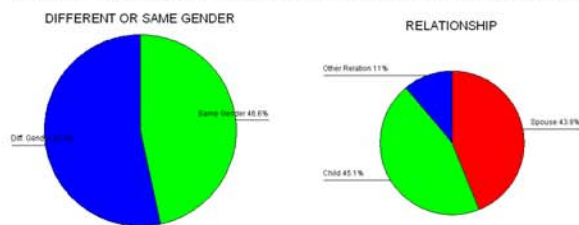


Table 1. Descriptive Analysis of Measurement by Group

	Female CG Female CR	Female CG Male CR	P-value
CES-D Total	15.62	17.31	.05*
CES-D Positive Affect	8.73	7.79	.00**
CES-D Negative Affect	5.13	5.78	.05*
Anxiety	21.5	22.29	.08
PAC Total	41.76	39.56	.00**
PAC Outlook on Life	11.57	11.11	.05*
PAC Self-Affirmation	22.65	21.67	.02*
ADL/IADL	11.68	10.69	.00**
MMSE	12.07	13.51	.00**
Problem Behaviors	11.01	10.00	.00**
CR Health	2.7	2.5	.04*
Subjective Income	2.39	2.20	.01**
Subjective Health	14.10	13.44	.00**

*significant at the .05 level, ** significant at the .01 level



Results

We examined differences in measures of three psychosocial outcome variables: positive aspects of caregiving (PAC), depression and anxiety.

- Caregivers in different gender dyads reported significantly lower PAC and higher depression than same gender dyads.
 - Although caregivers in different gender dyads reported higher anxiety than caregivers in same gender dyads, this finding was not statistically significant.
- We next examined differences in the subscales of the PAC and depression measures.
- Caregivers in different gender dyads reported significantly lower scores on the PAC Self-Affirmation subscale and on the Outlook on Life subscale. Caregivers in different gender dyads reported significantly higher negative affect and lower positive affect than caregivers in same gender dyads.
- We then examined variables that might help explain the differences in positive aspects of caregiving and depression between caregivers in different gender and same gender dyads.
- Caregivers in different gender dyads reported significantly lower subjective health but less difficulty paying for basics than caregivers in same gender dyads.
 - Caregivers in different gender dyads reported that their care recipients had statistically significantly less need for assistance in ADL/IADLs and displayed fewer problem behaviors than caregivers in same gender dyads.
 - Care recipients in different gender dyads demonstrated statistically significantly more cognitive impairment and the caregiver's subjective report of the care recipient's health was significantly worse.

Daniel W. Durkin and Fei Sun are with The University of Alabama, Tuscaloosa
Email correspondence to: durki001@bama.ua.edu

Table 2. General Linear Model Using CES-D Total as Outcome

Parameter	B	Std. Error	t	Sig.
Intercept	20.518	3.145	6.524	.000
SAME GENDER	-1.374	1.309	-1.049	.294
DIFFERENT GENDER	.0(a)	-. -	-. -	-. -
SPOUSE	.750	1.625	.462	.644
CHILD	.470	1.268	.371	.711
OTHER RELATION	.0(a)	-. -	-. -	-. -
ADL/IADL	.178	.133	1.340	.181
MMSE	-.001	.056	-.014	.989
BEHAVIOR PROB	.699	.095	7.350	.000
SUBJ INCOME	1.009	.367	2.752	.006
SUBJ HEALTH	-1.137	.106	-10.758	.000

*a Parameter set to zero - redundant.
R Square = .258 (Adjusted R Square = .250)

Table 3. General Linear Model Using PAC Total as Outcome

Parameter	B	Std. Error	t	Sig.
Intercept	37.124	3.008	12.344	.000
SAME GENDER	.238	1.274	.187	.852
DIFFERENT GENDER	.0(a)	-. -	-. -	-. -
SPOUSE	-3.267	1.529	-2.136	.033
CHILD	-1.801	1.200	-1.501	.134
OTHER RELATION	.0(a)	-. -	-. -	-. -
ADL/IADL	.124	.127	.976	.329
MMSE	-.128	.053	-2.421	.016
BEHAVIOR PROB	-.266	.090	-2.955	.003
SUBJ INCOME	2.296	.348	6.590	.000
SUBJ HEALTH	.251	.101	2.498	.013

*a Parameter set to zero - redundant.
R Square = .088 (Adjusted R Square = .08)



Results Continued

Finally, we ran a general linear model for CES-D Total and PAC Total adding relationship to the care recipient as a variable.

- For both CES-D and PAC the gender of the care recipient was not a significant predictor after controlling for selected variables.
- For CES-D subjective income adequacy in paying for basics, subjective health and the total number of behavior problems were significant predictors of depression.
- For PAC, subjective income adequacy in paying for basics, subjective health, the total number of behavior problems, the cognitive impairment of the care recipient and relationship status as a spouse were significant predictors of the perception of positive aspects of caregiving.

Implications

- These results suggest that female caregivers caring for men with dementia may be more depressed and less likely to perceive positive aspects of caregiving than those caring for women.
- Social workers serving this population should conduct a thorough psychosocial assessment to identify contextual stressors and develop interventions that are individually tailored and gender specific and that address the unique context of the caregiving experience.

