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107.7 What is the value of keeping patients at home if informal caregivers become exhausted to the detriment of their own life satisfaction?

Wednesday, August 1, 2012: 1:47 PM
Faculty of Economics, TBA

Distributed Paper

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Cerebrovascular diseases like Alzheimer's disease increase among European populations, and the number of patients living at home, with domestic support is growing. Our study analysed, two years post-stroke, the life satisfaction (LS) and its relationships with the quality of life (QoL) of the survivors and their informal caregivers, and socioeconomic characteristics, and impaired functions.

All stroke survivors admitted in hospital from the 1st July 2006 to the 30th June 2007 were selected by the National Health Insurance of Luxembourg, using the administrative reimbursement database: patients living at home and their main caregivers were interviewed with questionnaires assessing LS (one question as the European survey), survivor's Newsqol, and caregiver's Whoqol-bref.

Ninety-four survivors (65.5 years) and 62 informal caregivers (59.3 years) were included in our analyses. Sex and occupational status had a positively effect on patients: their LS was higher in women and retired people. In opposite, patients at home without a professional activity had a much lower LS score. Adjusted for sex, occupational status and impaired motor and memory functions, patients' LS was higher for higher scores of Newsqol dimensions of feelings, sleep, emotion, cognition, and pain, but was not correlated with any of the caregiver's Whoqol-bref domains.

Informal caregiver's LS was negatively associated with female sex and care taking of patients with impaired memory. Similarly, it was related to feelings and emotion Newsqol dimensions and to all Whoqol-bref domains: social relationships, psychological, physical health, and environment.

The needs, resources, skills and will of the informal caregivers for taking care of the other must be better taken into account. The informal caregivers represent a "population at risk" who European health systems need to consider. Coaching patients and informal caregivers with socio-educational activities that foster positive attitudes and provide motivation, reassurance and information can help sustain home-based rehabilitation and maintain patients' LS.

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