

B. WIEBE IT OR NOT!

Medical Director's Newsletter

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Caregiver Burden

Do we consider it?

Day by day we care for patients in our offices, in the hospital, in Long-Term care settings, and at home. It behooves us to be aware of the effect of illness, hospitalization, and death on the caregivers of our patients. Considerable research has demonstrated the extent of the burden of care-giving.

A landmark study published in the February 16, 2006 issue of the *New England Journal of Medicine* gives us remarkably significant and sobering information. The author of the study, Dr. Nikolas Christakis, examined the effects of “caregiver burden” (the effect of caregiving on the risk of illness on the care-giving partner), as well as the “widower effect” (the effect of the death of one spouse on the mortality of the other). *In persons over 65 years, if one partner is seriously ill or dies, the risk that the other spouse will become seriously ill or die increases significantly.*

I’m sure we’ve all seen examples of spousal death within a surprisingly short time after the death of the first and his study confirms there is a linkage. “When a spouse is hospitalized, the partner’s risk of death increases significantly and remains elevated for up to two years,” said Dr. Christakis. The study showed that a wife’s risk of death is 61% greater during the first 30 days after the death of her husband, and the husband’s risk of death after his wife’s increased by 53%!

The study also reveals various specifics of caregiver stress on physical and mental health: the adverse effects on the immune system, increased rates of heart disease, substance abuse and depression, for example. Another recent study shows that “the majority (67%) of caregivers had high depression scores and 35% had very high depression scores.”

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Dr. Christakis concludes, "Our study shows that people are connected in such a fashion that the health of one person is related to the health of another," and he suggests that interventions could be especially useful during riskiest times for caregivers. He emphasizes the need for medical practitioners, family, and friends to consider the needs of the caregiver spouse as well as the sick person. Support and education of caregivers can improve the health of our patients and their spouses or other care caregivers, and likely lower costs.

Sometimes it's hard to find the supportive resources in the community through which to provide such caregiver support. *For those who are terminally ill, the hospice team is well equipped to help us as attending physicians, in this effort to support caregivers.* Thankfully the regulations of the Medicare Hospice Benefit require hospice agencies to direct care not only to the sick patient, but also to provide supportive care to caregivers; regulations also require the provision of bereavement support for up to 13 months after the death of a hospice client. We *can* help to alleviate "caregiver burden," and we *can* reduce the "widower effect."

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