

# Lecture 12

## Caring for the elderly at home: Consequences to Caregivers.

- Demographics
- Shift in health care
- Economic burden
- Elderly Caregivers
- Health of the caregiver
- Video

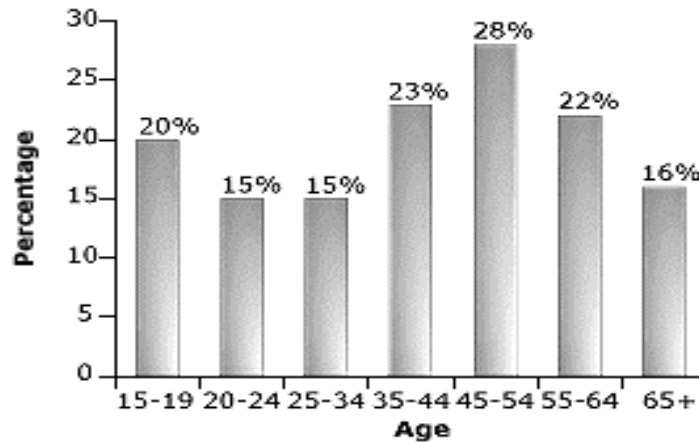
Shift in care

## Definitions

- Paid Caregivers “Formal Care” , includes home care workers, nurses, support staff.
- Unpaid Caregivers “Informal Care”, usually family members motivated by a deeper commitment for the patient.

For the basis of this lecture caregivers will be those who are unpaid, providing informal care.

## Proportion of informal caregivers within each age group



Canadian Health Monitor, No.18, August 1998

Twenty percent of Canadians care for family members.

Caregivers tend to be baby boomers (28%)

Of informal caregivers: 68% care for 1 person, 22% care for 2 people and 9 % care for 3 or more people.

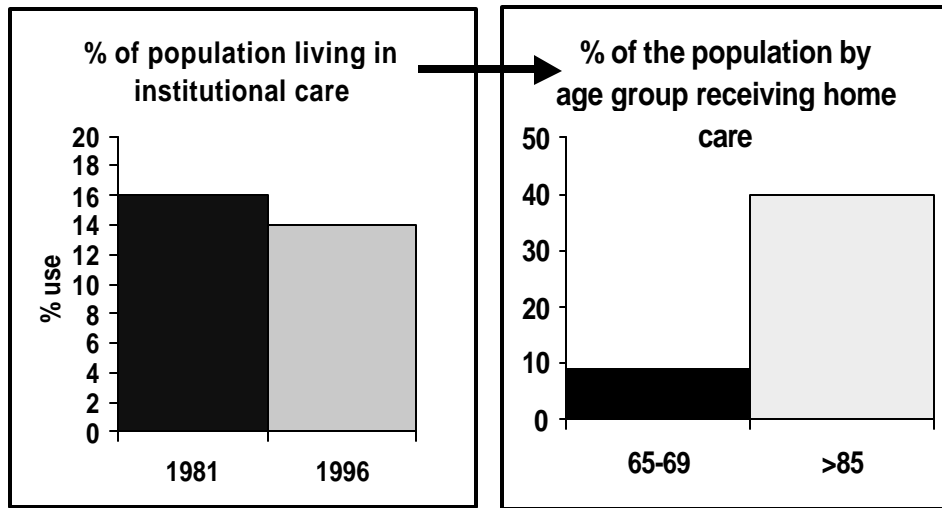
On average caregivers will spend 3 hours per visit with the care recipient.

Among survey respondents 7% said they needed care themselves and 11% said they would be better off in special housing.

# Canadian Caregiving Facts

- **40 % of those > 30 years of age presently care for one or more elderly, family members.**
- **Adult children will spend more years caring for an elderly parent than raising a child.**
- **Many are working women who will spend more than 8 hrs per week on the telephone dealing with eldercare issues.**
- **85 - 90% of care provided to elderly patients at home is provided by relatives.**
- **For every one person living in an institution, we know that there are two people with the same level of disability who are living at home.**

# Devolution of health care



Statistics Canada, 1999

Canada has experienced a decline in institutionalized older adults  $\geq 75$  years.

Increased use of home care services, especially those  $> 85$  years of age.

Lack of knowledge by health care providers to deliver effective programs as well as staff in institutional setting to provide effective interventions for this older, sicker and frailer population.

Learned dependence by both residents and staff.

## **Economic burden**

- **Widely held view that home-based care is more cost effective than institutional care.**
- **Indirect costs family labour costs make caring for a patient at home no less expensive than caring for the same patient in a nursing home.**
- **Employee-caregiver who provides basic care -eating, bathing and dressing costs the employer an estimated \$3,142 US per year.**

Indirect costs include: opportunity costs, lost wages, and family labour costs.

Employer cost include:

Employee-caregiver absences, work interruptions, medical and employee assistance costs and hiring replacements for those who quit.

Recent support from Health Insurance Companies to provide support networks, programs etc. for caregivers.

## The elderly face double jeopardy

- Family members unavailable to provide care when needed
- Older adult may be suffering from chronic illness when needed as a family caregiver

### Family members unable to provide caregiving

- fewer family members to depend upon
- they may have moved away
- both working full-time jobs, more women in the labour force

Women live longer however spend more years living with chronic illness and in a state of dependence.

This makes caring for a spouse even more difficult

# How Caregivers Cope

Hypothesis 1

**“Wear and tear model”**  
Caregiver’s health will decline as the patient’s dementia progresses

Hypothesis 2

**“Adaptation model”**  
Caregiver’s eventually adapt to the demands, this includes looking for a way out.  
For example institutional care.

Reseachers describe two differnet models that describe



# The Health of the Caregiver

CHRONIC STRESS



DEPRESSION/ANXIETY



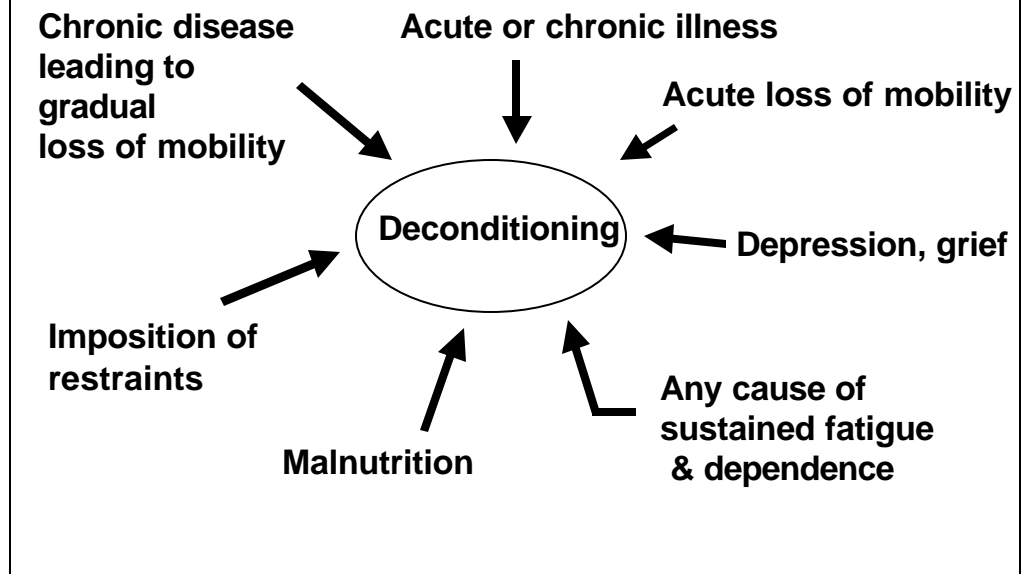
**PHYSICAL ILLNESS ?**

Chronic illness  
Increased rate of acute, infectious disease  
due to a compromised immune function

Sleeplessness, irritability, emotional exhaustion, frustration/guilt



# Caregiver also at risk of deconditioning



The caregiver, like the frail care-recipient, is also at risk of deconditioning, especially those who are older and may already live with a compromised state of health.

Chronic disease - such as osteoporosis can lead to vertebral fractures - poor posture - pain - and reduced mobility and function.

Acute/chronic illness - such as pneumonia/influenza can lead to immediate immobilization.

Acute loss of mobility - hip fracture comes to mind, as illustrated in the earlier slide.

Any sustained fatigue - due to chronic illness, reduced cardiorespiratory function will all contribute to the deconditioned state.

Malnutrition - possibly, if financial resources are poor and the caregiver continues to place the care-recipient before themselves.

**Relate this to my Hip Fracture study in which 60% were all caregivers (spouse), within 5 years prior to their hip fracture.**