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FACTORS INVOLVED IN DEPRESSIVE SYMPTOMS IN INFORMAL CAREGIVERS OF OLDER ADULTS. NARRATIVE REVIEW

INTRODUCTION

Between 2015 and 2050, the number of global inhabitants older than 60 years will double from 12% to 22% and the world's population over this age is expected to be up to two billion, an increase of 900 million over half a century (OMS, 2021).

This unprecedented event means that more children will meet their grandparents and even their great-grandparents; especially their great-grandmothers, since women live an average between 6 and 8 years longer than men.

A person's functional capacity increases in their early life, peaking in early adulthood and beginning to decline at that time. The rate of this decline is determined by our behaviour and what we face throughout life, for example, eating habits, physical activity and exposure to risks such as the use of tobacco, alcohol and toxic substances. Nevertheless, advances and research in medicine have allowed the population to have more information and become aware, increasing life expectancy.

According to the National Institute of Statistics (INE, 2020), the birth rate in the last decade in Spain has decreased by 3.5%; These results bear some relation to the late emancipation of young people. By raising the age, the risks of pregnancy increase so, to avoid it, they use contraceptive methods. Other factors that intervene in the decrease in the birth rate have to do with the labor inclusion of women and their personal development as professionals.

In this way, we can foresee an increase in cases of dementia, chronic diseases and degrees of dependency that would cause the patient difficulties in carrying out activities of daily living (ADL) on their own, demanding care. Given this situation, several questions arise: are the needs of caregivers being met? Do they know what they should do at different times or where for additional information? Do we have an organization or people responsible for training these caregivers? The answer to these questions will help us to improve the care of the elderly.

Law 39/2006, December 14th, on the Promotion of Personal Autonomy and Care for people in situations of dependency (BOE, 2006), provides two types of caregivers; non-professional (or informal) caregivers, who are those who provide the required help to people in a situation of dependency at home, whether they are family members, people around them or professionalized care services; and professional (or formal) caregivers provided by a public or self-employed institution, for-or-not-for- profit, whose purpose is to provide their services to people in a situation of dependency, either in a center or moving to the patient's home. It is also necessary to consider another formal caregiver (paid non-professional) that includes all those immigrants or not, who are paid for their service.

The document of the National Institute of Safety, Health and Welfare at Work (INSST, 2017) shows that people involved in caring activities in residential establishments are women (89.3%) with an average age of 49 years (the highest percentage is between 35 and 59 years old). 81.5% carry out their work in the private sector, where permanent contracts (67.9%) and full-time contracts (more than 80%) prevail. More than 24% have a medium-level qualification in specific professional training. Despite the immigrant population is greater than that of other work sectors, 76% of caregivers are Spanish.

Caregivers can become subject to a series of situations, such as poorly designed, inadequate or deficient working conditions, related to physical demands (ergonomic risks) that can become risks to their health and those situations associated to their work such as content, load, time and its control, role performance, professional development or interpersonal relationships/social support (psychosocial risk). Consequently, the constant exposure and demand of these factors may lead to depressive symptoms in caregivers (INSST, 2020).

The gender that is most affected with depressive symptoms is the female one with an average age of 60 years. 50% in this sample have mild depression and 8% have moderate depression (Becerra-Partida and Villegas, 2020). Indeed, they do not show feelings of overload for caring for an older adult, but the more they do manifest depression, the more severe the burden related to the perception of basic economic deficiencies for care (Hernández et al., 2019). The cultural justification and the burden borne by the caregiver are direct factors influencing their level of depression (Powers, 2014).

OBJECTIVE

To analyze the factors related to depressive symptomatology in the informal caregiver of older adults.

METHOD

A narrative review of the literature has been carried out following the presentation format and the guidelines proposed by the PRISMA declaration (Moher, Liberati, Tetzlaff, Altman, 2009, 2021).

METHOD OF SEARCHING

Four international databases were consulted APA PsycArticle, APA PsicInfo, PubPsych, PubMed and Psychology. The search was restricted between 2015 and 2021, using the keywords “informal caregiver” AND “older adults” AND “depression”, with the exception of APA PsycArticles where the use of the keyword “depression” was rejected since when entering it in the database the search results obtained were 0. The search began in APA PsycArticles with a result of 1 article, APA PsicInfo where 23 were found, PubPsych with 13 articles and PubMed with 4 results. In addition, a final study of interest for this research was added.

STUDY SELECTION CRITERIA

The instruments reviewed shared the following inclusion criteria: 1) they focus on informal caregivers of older adults; and 2) assess signs of depression in informal caregivers. The exclusion criteria were those that: 1) focus on depression in the elderly; 2) did not correlate depression with other variables; 3) analyze how the action of the informal caregiver affects the elderly; 4) do not evaluate depressive symptoms among the pathologies that the informal caregiver may present; 5) focus on the caregiver's age (very high); 6) evaluate depression in older adults and not in informal caregivers; 7) analyze interventions in informal caregivers.

The choice of instruments was made following 3 steps: firstly, all those with repeated documents were eliminated; secondly, studies were selected based on their title and abstract; and thirdly, potentially relevant studies were retrieved for full- text reading.

RESULTS AND DISCUSSION

According to the articles examined, the appearance of depressive symptomatology shows as triggering causes factors related to the degree of kinship with care, external locus of control, social support, religious practices, age of the caregiver, educational level and income. So, after reviewing the results obtained from the search, the correlations are as follows: when the external locus of control increases and there are interruptions in the daily tasks of the caregiver and instrumental support there is evidence of depressive symptoms.

Consequently, depressive symptoms will be reduced or will not be reflected in the caregiver when the kinship relationship between the caregiver and the one who receives caring is null, if the social support is minimal and when the caregiver follows a specific religious practice. Also, older age, higher educational level and a higher income of the caregiver serve as protection against the possibility of manifesting some type of symptomatology compatible with depression.

If the caregiver presents symptoms and disruptive behaviours or an evident state of depression, the caregiver will be more likely to suffer from a state of depression.

The research on this topic shows that more optimistic caregivers have lower levels of depression (Márquez-González, 2009). As resources to face this possible state of depression, the caregiver has the possibility of using active coping techniques, planning, emotional support, positive reassessment, acceptance, self-distraction, humour and relief, making stronger the ability to manage the emotional feelings which can prevent depressive symptomatology (Pérez-Escoda, 2014). In addition to having a high educational level and belonging to an age group over 50 years. On the contrary, the mechanisms of denial and disconnection cause an increase in depressive symptoms.

Some limits arise from the lack of coincidence among these elements that affect the depressive symptomatology demanding to establish the role of the caregivers legally.

Finally, as was mentioned in the introduction, 89.3% of the people devoted to assistance activities in residential establishments are women and belong to an age group with an average of 58 years.

We face the necessity to implement more active policies to help the informal caregiver in order to solve this situation.

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FACTORES IMPLICADOS EN LA SINTOMATOLOGÍA DEPRESIVA EN CUIDADORES INFORMALES DE ADULTOS MAYORES. REVISIÓN NARRATIVA

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INTRODUCCIÓN

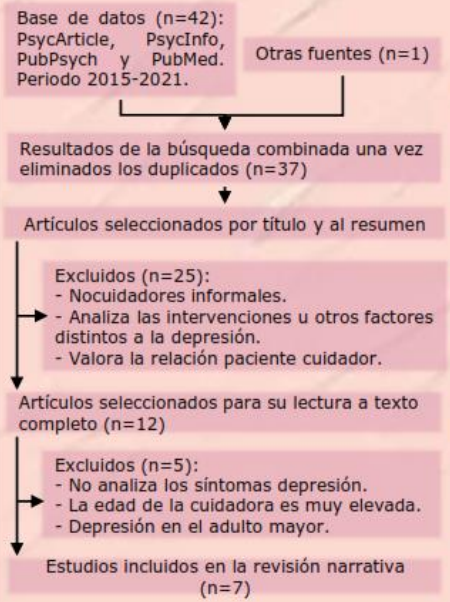
Entre 2015 y 2050, el número de habitantes a nivel mundial mayores de 60 años se duplicará, pasando del 12% al 22% (OMS, 2021). Como consecuencia, podemos prever un aumento de casos de demencia, enfermedades crónicas y grados de dependencia que ocasionarían al paciente dificultades para llevar a cabo las actividades básicas de la vida diaria (ABVD) demandando cuidados.

A tal efecto, la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia (BOE, 2006), contempla dos tipos de cuidadores; los **informales** (cuidadores no profesionales) y **formales** (profesionales).

Además, el documento del Instituto Nacional de Seguridad, Salud y Bienestar en el Trabajo (INSST, 2017) muestra que los cuidadores pueden manifestar síntomas depresivos cuando se ven sometidos a riesgos ergonómicos y riesgos psicosociales (Powers, 2014), siendo la mujer con una edad media de 60 años la que presenta mayor sintomatología depresiva (Becerra-Partida y Villegas, 2020).

MÉTODO

Figura 1: Flujo del proceso de búsqueda y selección (PRISMA 2009, 2021).



OBJETIVO

Analizar los factores relacionados con los síntomas depresivos en cuidadores informales de adultos mayores.

DISCUSIÓN

Los factores relacionados con la depresión en cuidadores informales de personas mayores son diversos, destacando el nivel económico, el nivel educativo y la práctica religiosa, que pueden afectar en mayor o menor medida. Confirmamos que "las cuidadoras" de personas mayores son mujeres de una media de 60 años.

Los estudios muestran que los cuidadores más optimistas presentan niveles más bajos de depresión (Márquez-González, 2009) aumentando el afrontamiento activo, aceptación, planificación... fortaleciendo la capacidad de gestión emocional que puede prevenir síntomas depresivos (Pérez-Escoda, 2014).

Es decir, afrontamos la necesidad de implementar políticas más activas de ayuda al cuidador informal para dar solución a esta situación.

Algunas de las limitaciones que surgen es la falta de coincidencia de variables que afectan a la sintomatología depresiva y la necesidad de regularizar el papel del cuidador informal.

RESULTADOS

Tabla 1: Principales características de los estudios

Autores: Ang y Malhora (2018). **Participantes**: N=662, mujeres (48%), $\bar{X}$=50.8 años. **Objetivo**: Evaluar si el apoyo instrumental y expresivo de la familia y amigos tiene un efecto positivo en la asociación entre interrupciones del trabajo del cuidador y síntomas depresivos.		
- Depresión: CES-D *scale* (Kohout, Berkman, Evans y Cornoni-Huntley, 1993). - Interrupciones en el trabajo: SSIC (Reid, Stajduhar, & Chappell, 2010). - Apoyo social: Escala de Pearlin, Mullan, Semple y Skaff, (1990) y Autoinforme.		A mayor cantidad de interrupciones y mayor apoyo social, mayor depresión. El aumento social expresivo disminuye los síntomas depresivos.
Autores: Band-Winterstein, Edelstein y Bachener (2019). **Participantes:** N=112, mujeres (60.7%), $\bar{X}$=59.55 años. **Objetivo:** Evaluar el nivel de depresión, explorar asociaciones entre las características de los beneficiarios de la atención, las características de los cuidadores, los factores situacionales y la depresión entre los cuidadores judíos ultraortodoxos (UOJ).		
- Depresión del cuidador: HADS-D (Zigmond y Snaith, 1983). - Locus de control (LC): *The multidimensional LoC orientation scale* (Levenson, 1981). - Apoyo social: *Multidimensional Scale of Perceived Social Support* (Zimet et al., 1988).		Una relación familiar entre el cuidador y el cuidado, un bajo apoyo emocional y un alto locus de control externo (oportunidad) surgen como predictores de depresión.
Autores: Bhan, Rao y Raj (2020). **Participantes**: N=28611, mujeres 58.99%, >50 años el 70,02%. **Objetivo**: Estudio de los riesgos de salud entre los cuidadores informales en países con rentas bajas y medias.		
- Depresión. - Niveles educativos. - Edad.	Todos los datos han sido extraídos de los estudios WHO-SAGE (2011).	Las mujeres manifiestan estados de depresión severa y extrema más elevados que los hombres. Factores protectores: nivel educativo y edad.
Autores: LaManna et al. (2020). **Participantes**: N=186, mujeres (62.37%), $\bar{X}$=69.93 años. **Objetivo**: Evaluar la percepción de la depresión, la satisfacción de salud y bienestar de los encuestados de tres grupo, no cuidadores, cuidadores ocasionales y cuidadores.		
- Depresión: CES-D (Devins et al., 1988). - Datos personal y profesional: Autoinforme.		Relación negativa entre el nivel de depresión y los factores de edad, nivel educativo e ingresos económicos.
Autores: León-Campos, Chonchol y Marinada-Castillo (2018). **Participantes**: N=166, mujeres 81.9%, $\bar{X}$=57. **Objetivo**: Describir los mecanismos de afrontamiento, el apoyo social y los síntomas depresivos y ansiosos en cuidadores informales de personas con demencia.		
- Depresión: HADS-D (Zigmond y Snaith, 1983). - Mecanismos de afrontamiento: *Coping (Brief COPE)* (Carver, 1997).		Los cuidadores con mayor sintomatología depresiva utilizaban más los mecanismos de negación y desconexión; y usaban menos el afrontamiento activo, planificación, apoyo emocional, reevaluación positiva, aceptación, humor, autodistracción y desahogo.
Autores: Magalhaes et al. (2018). **Participantes**: N=98, mujeres (73.5%; >40 años el 65.3%). **Objetivo**: Evaluar si las practicas religiosas/espirituales de los cuidadores informales de adultos hospitalizados se relacionan con síntomas depresivos.		
- Depresión: BDI *(versión de* Gorestein y Andrade, *1996).* - Índice teológico: *Brief* SRC (Panzini y Bandeira, 2005).		Los cuidadores informales sin creencias religiosas/ espirituales tienen un mayor índice de depresión.
Autores: Zauszniewski, Lekhak y Musi (2018). **Participantes**: N=138 mujeres, $\bar{X}$=56 años. **Objetivo**: Evaluar como afecta a la salud de la cuidadora la gestión de los cuidados en personas con demencia.		
- Estrés percibido: PSS (Cohen, Kamarck y Mermelstein, 1983). - Síntomas depresivos: CES-D (Radloff, 1977).		Relación positiva entre la depresión de la cuidadora y los síntomas disruptivos y depresivos de los pacientes con demencia.

BIBLIOGRAPHY

(1) Ang, S. & Malhotra, R. (junio de 2018). Expressive social support buffers the impact of care-related work interruptions on caregivers' depressive symptoms. *Aging Ment Health, 22*(6), 755-763. DOI:10.1080/13607863.2017.1317329

(2) Bans-Winterstein, T., Edelstein, O.E. & Bachener, Y.G. (2019). Correlates of Depressionin in Caregivers of Ultra-Orthodox Frail Older Adults*. American Journal of Orthopsychiatry, 89*(6), 654-664. DOI: http://dx.doi.org/10.1037/ort0000337

(3) Becerra-Partida, E. & Villegas Pacheco, C. A. (2020). Prevalencia de depresión en cuidadores primarios de pacientes mayores de 60 años de edad y con alguna dependencia física. *Conammet, 25*(4), 161-166. DOI: 10.35366/97335

(4) Boletín Oficial del Estado. (15 de diciembre de 2006). *Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia.* From:https://www.boe.es/eli/es/l/2006/12/14/39/con

(5) Hernández, G.M.A., Fernández, D.M.J., Blanco, R.M.A, Alves, P.M.T., Fernández, D.M.J., Souto, R.A.I., González, I.M.P. & Clavería, R.A. (6 de agosto de 2019). Depresión y sobrecarga en el cuidado de personas mayores. *Revista Española de Salud pública, 93*.

(6) Instituto Nacional de Estadística. (2020). *Tasa de Natalidad por comunidad autónoma, según nacionalidad (española/extranjera) de la madre*. From: https://www.ine.es/jaxiT3/Datos.htm?t=1433#!tabs-grafico

(7) Instituto Nacional de Seguridad, Salud y Bienestar en el Trabajo. (octubre de 2017). *Siniestralidad en la actividad de asistencia en establecimientos residenciales*. Madrid: Servicio de Ediciones y Publicaciones del INSSBT.

(8) Instituto Nacional de Seguridad, Salud y Bienestar en el Trabajo. (octubre de 2020). *Las mujeres en actividades de cuidado de personas mayores. Exposición a factores psicosociales en establecimientos residenciales y servicios de ayuda a domicilio*. Madrid: Azcárate & Asocia2.

(9) Magalhaes, V.L., Souza, M.L., Granero, L.A.L., Oliveira, S.A.E., Preposi, C.J., Oliveira, C.P.J. & Lucchetti, G. (2018). Spiritual/religious coping and depressive symptoms in informal caregivers of hospitalized older adults*. Elsevier*, *39*, 48-53. DOI: https://doi.org/10.1016/j.gerinurse.2017.06.001

(10) Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G. & PRISMAS Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement (Chinese edition). *Journal of Chinese Integrative Medicine, 7*(9), 889-896.

(11) Organización Mundial de la Salud. (4 de octubre de 2021). *Envejecimiento y salud*. From: https://www.who.int/es/news-room/fact-sheets/detail/envejecimiento-y-salud

(12) Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shameseer, L., Tetzlaff, J. M., & Moher, D. (2021). Updating guidance for reporting systematic reviews: development of the PRISMA 2020 statement. *Journal of Clinical Epidemiology,* 134, 103-112.

(13) Pérez-Escoda, N., Velas, C.K. & Ruiz-Bueno, A. (2014). Competencias emocionales y depresión en cuidadores familiares de personas mayores dependientes. *Ansiedad y Estrés, 20* (2-3), 181-191.

(14) Powers, S.M. (2014). The influence of cultural values on the informal caregiving experience of dependent older adults. *ProQuest LLC*. From: https://www.proquest.com/dissertations-theses/influence-cultural-values-on-informal-caregiving/docview/1645769925/se-2?accountid=15297

(15) Zauszniewski, J.A., Lekhak, N. & Musil, C.M. (16 de febrero de 2018). Caregiver Reactions to Dementia Symptoms: Effects on Coping Repertoire and Mental Health. *Mental Health Nursing, 39* (5), 382-387. DOI: 10.1080/01612840.2018.1424974