ESICM 2014: What About the Family's Burden?

How much do we know about the burden for family caregivers of patients in the ICU? An intensive care unit (ICU) in Mexico surveyed family caregivers about the burden they carry with having a family member in intensive care.Dr Olivares Durán from Mexico presented the results at the European Society of Intensive Care Medicine (ESICM) congress this month, arguing that understanding the risk profile would enable ICUs to better assist those caregivers at high risk.

Their study aimed to evaluate the frequency with which family caregivers of inpatients at the Adult-ICU and the Paediatric-ICU of a regional high-specialty hospital are submitted to burden and to describe the risk profile of such family caregivers.

Methods

The Zarit Burden Inventory (ZBI) was used with (121 family caregivers of inpatients at the Adult and Pediatric ICUs of the HRAEB Hospital. The researchers added other elements to those of the original ZBI in order to identify a general profile of the caregiver and a risk profile of the caregiver with burden.

The classification and interpretation of the ZBI were carried out using two methodologies: a) the one originally described by Zarit et al.; and b) the Bayen method. Durán explained that the intervals between cut off were not regular in the Zarit method, but they are in the Bayen method.

The Chi-square test was used for the statistical analysis of differences in frequencies or percentages among diverse sub-groups; values of p lower than 0.05 were considered significant.

Results

The incidence of burden in the 121 surveyed family caregivers differed according to the method used: 59.50% (Zarit) and 71.90% (Bayen). The caregiver profile was: women, homemakers with elementary and middle schooling and low socio-economic level. The risk factors for burden in family caregivers, identified in this study using both methodologies were:

1. The respondent feels excessively burdened by giving care to his/her relative (last question of the ZBI);
2. Two or more physical disorders are shown (gastrointestinal, cardiovascular, skeletal muscle, headache);
3. The patient had been in bed months or years before the current hospitalisation.

There were significant factors identified in at least one of the two methodologies:

4. Two or more psychological disorders are shown (insomnia, depression, anxiety, anguish, stress, fear);
5. The caregiver sees the patient 6 or 7 days a week;
6. The caregiver has difficulties understanding the medical reports;
7. The caregiver considers that his/her socio-economic level as low.

The ICU has a social worker available 24 hours in the waiting room. They are working to integrate the support network around the patient and not only family caregivers. For example, if the patient has only the same visitor every day, then that is the visitor who is likely to need support. They are also looking at the quality of medical communication. If the family do not understand the information they are given, that increases their risk of burden.

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