



Evaluation of the caregiver's psychosocial and mental state in peritoneal dialysis (PD)

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Introduction

Peritoneal dialysis (PD) requires significant change in the habitual normal lifestyle of families. The PD procedure adversely affects not only the patients' but also their family members' physical and psychosocial status. Most patients are individually unable to perform the PD treatment and unable to take care of themselves, thus they require a helper. These caregivers are in most cases unpaid family members who assume a major responsibility. Without proper coping strategy, the caregivers have a high risk for burden.

The aim of this study

To determine the burden among PD patients' caregivers and identify the leading causes and influencing factors of burnout in order to understand this phenomenon better.

Material and methods

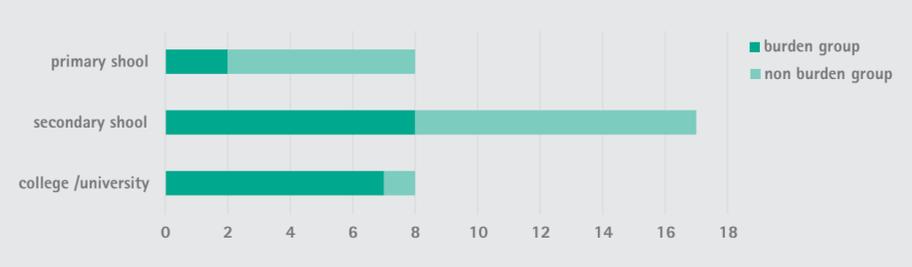
We conducted a questionnaire based survey for 24 PD patients' 33 caregivers at our dialysis centre. We examined the social status of the caregivers and compared it with the burnout level revealed by the evaluation of the questionnaire. We used the Zarit Burden Interview to measure the caregiver burden.

We divided the caregivers into two groups: 'burden caregivers' were defined as those with scores greater than 20 and 'non burden caregivers' were defined as those with scores less than 20.

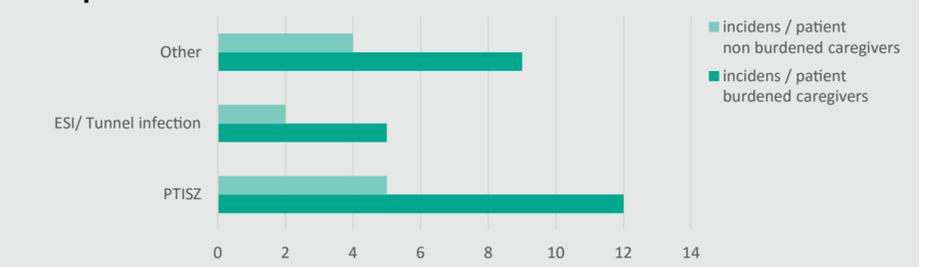
Assessment of burden score



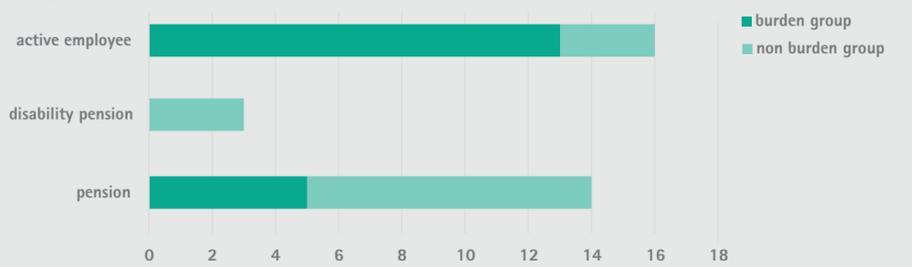
Educational level



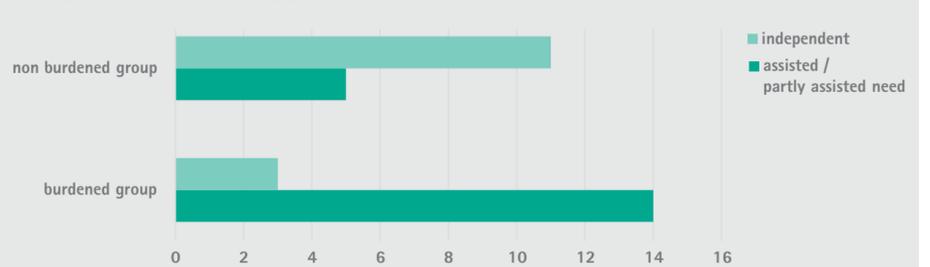
Complications



Income status



Need of assistance



Characteristics of the ,burden caregivers' group

- We have not found correlation between the duration of PD and the scores of the burden.
- The educational level is higher in this group than in the non-burden group and more caregivers have a higher qualification.
- Depression is common among these caregivers.
- Their social conditions are better in this group than in the other group. Generally the income problems are not so definitive.
- We have found correlation between the degrees of the support and the score of the burden. In those families, where the assisted or partly assisted PD is performed there are more burdened caregivers.

The risk of the caregiver's burden is higher in case of a parent-child relationship than in case of spousal caregivers. It is determining in what life cycle the families are, caregivers with small children bear a heavy responsibility, their social stability may decrease due to the consistently long -care of their relatives suffering from chronic illnesses.

Characteristics of the ,non burden caregivers' group

- We didn't find a correlation between the duration in PD and the burnout degree.
- The educational level is lower in this group than in the group with burden, some of these caregivers have only a primary qualification.
- The family members suffer from several different chronic diseases, the diabetes is the most common disease among these caregivers.
- Social conditions are not as good as in the other group, the income problems are the biggest burden. The financial difficulties may adversely affect the quality of the care.

In these families several generations live together and the roles are typically traditional. The care of the PD patient does not cause any particular burden, the presence of the illness becomes part of the family life, the care and the nursing are the 'natural role' in these families. These families better accept the PD caused altered lifestyle, they better adapt to challenges, and they have better coping strategies for chronic diseases

Conclusion

The care for the PD patient poses a higher burden for active relatives. The occurrence of the negative changes in the interpersonal relationships of the patients and the caregivers must be examined in case of recurring complications. One of the reasons for the emergence of burnout may be the assumption of excessive responsibility.