Why Caregiving is a Growing Public Health Concern
From a Physician’s Perspective

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Framing the Discussion

- The Patient Caregiver - or Caregiver Patient?
- Impact of Caregiving on a patients’ overall health
- Impact of Caregiving stress on the physician - patient relationship
- Barriers to address these issues
Framing the Discussion

• The Patient Caregiver- or Caregiver Patient
  – Who are they? What do they do?
• Impact of caregiving on a patients’ overall health
• Impact of caregiving on the physician–patient relationship
• Barriers to address these issues
“The Patient-Caregiver”

- ~52 million informal and family caregivers provide care to someone aged 20+ who is ill or disabled - underestimation
- ~34 million adults involved in caregiving to persons aged 50+ - underestimation
- ~8.9 million informal caregivers provide care for someone aged 50+ with dementia - underestimation
Framing the Discussion

• The Patient Caregiver- or Caregiver Patient

• Impact of caregiving on a patients’ overall health
  – Mental and physical health

• Impact of caregiving on the physician-patient relationship

• Barriers to address these issues
What Physicians See in their Offices

• Most family caregivers are women; spouses and daughters; “informal” (unpaid)
  • Caregiving is the great “equalizer” for women
  • Crosses all race/ethnicities

• AD caregiving, at least 60 hours per week at home; at least 9 hours after placement
  – Becomes the second “career”

• Grandchildren providing care for older adults
  – More prevalent than reported in literature

• Differences with caregiving exist in many conditions
  – Dementia, stroke, frailty
  – No general training for how to provide care
Caregiving Chronic Stress Timeline

- **Initiate IADL CG**
- **Expand ADL CG**
- **Placement**
- **Death**

**Psychological Appraisal**
- **Benign?** Underestimation of needs/abilities
- **Minor?** Sex and Gender differences, Race/ethnicity

**Distress**
- Psychiatric/Physical Morbidity
- Death-care receiver or caregiver

**Distress**
- Guilt, Burnout
- Little education about "rules" for placement

**Relief**
- Sex differences

**Recovery**
- Sex differences?

**Continued Depression or Reengagement**
- Social support determinant

Modified from Schulz et al., 2010
Caregiving: **Not** about Balance, **All** about Management

- **Primary caregiving stressors:** the “Work” involved
- **Secondary stressors:** Family, Services or lack of access to them
- **Other chronic strains and life events:** Medical conditions / illnesses
- **Internal coping resources:** Highly variable, race/ethnic differences, sex and gender bias
- **External coping resources:** Financial and Economic Issues - Increasingly common, Devastating Effect for Older Women
- **MD and health care team involved:** Issues here – referral, denial

Modified from Perkins et al., 2007
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Need I say more?
When was the last time you thought about the Health and Wellness of the Physicians who are treating the Patient Caregiver?

Stress, Burnout and Energy
Startling Facts

• 30-60% MD have distress and burnout
• MDs suicide > other professions
• One physician per day
  – Women Physicians have HIGHEST Suicide Rate
  – Depression/bipolar & substance abuse = suicide risk

Chronic Stress and Decreased Productivity with Physicians

- Prolonged Stress
- Reduced Cognition
- "Impairment"

No Prolonged Stress

Situational Stress

Produtive Stress

Stressed

Declining Function

Burnout

Non-Functional
Power of Environment

• Practice environment major impact for physician health – major cause of stress
  • Environment was the only significant predictor of stress
  • Job stress predicts job satisfaction
  • Job satisfaction is positive predictor of positive mental health
  • Perceived stress was a stronger predictor of both poorer reports of physical and mental health

• Together this - Impacts the physician patient relationship and care

Symptoms of Burnout

1. Chronic exhaustion
   1. Impact on Physician – Patient Relationship
      1. Poor listening ability to issues

2. Cynical and detached
   1. Impact on Physician – Patient Relationship
      1. Not asking or discussing caregiving needs with patient
      2. Not reaching out to “find the services” for patient

3. Increasingly ineffective at work
   1. Impact on Physician – Patient Relationship
      1. Needs of patient and family not met
Social services often asked for by Caregivers –

Support groups- Which ones? Where are they?
Meals on wheels- How to access this?
Respite care – Who provides the best care in area?
Home care seminars and workshops- Where to get this information?
Home care agencies- Who does the practice use? What are the recommendations?
Caregiving facilities- Which one does the practice recommend?

Physician office not able to provide easily

Leads to more STRESS in the office Setting
Office and Built Environment is **not** equipped to assist Patient Caregiver with Social support entities

- **Referrals are not handed off in manageable way in office**
- Paperwork, no point of contact in any facility/services
- Physician under the time constraint and billing issues for practice
  - Volume – High volume, fast paced
  - Billing – constant issue with practices
  - Administrative Documentation – biggest cause of stress