Levels of Psychological Distress and Predictors of Distress in Family Carers of Patients with Cancer at End of Life

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Background

Family carers provide substantial support for patients at end-of-life. We need to understand how caregiving impacts on carer outcomes to guide interventions to improve carer wellbeing.

Aim

To investigate psychological distress and its predictors during end-of-life cancer family care giving.

Methods

Four-month post-bereavement postal survey of a national census sample of all relatives reporting a death from cancer 1-16th May 2015. Data collected included carer demographics, care giving hours, patient psychological and physical symptoms and ADL, and carer psychological distress (GHQ-12) during the patient's last three months of life.

Levels of carer distress were compared with population data from Health Survey for England 2014.

Predictors of distress were investigated through univariate and multiple regression analyses.

Results

Surveys were completed by 1504 (28.5%) of 5271 carers.

Figure 1 shows % with clinically significant distress (GHQ score >=4)

83% of carers had clinically significant distress compared to 15% of the population based sample.

Table 1 shows the variables related to distress scores in the univariate (p<0.001) and multiple regression (MR) analyses.

The MR analyses showed hours of caregiving, one off expenses, being female, patients' psychological symptoms, and adequacy of formal service support to significantly predict distress.

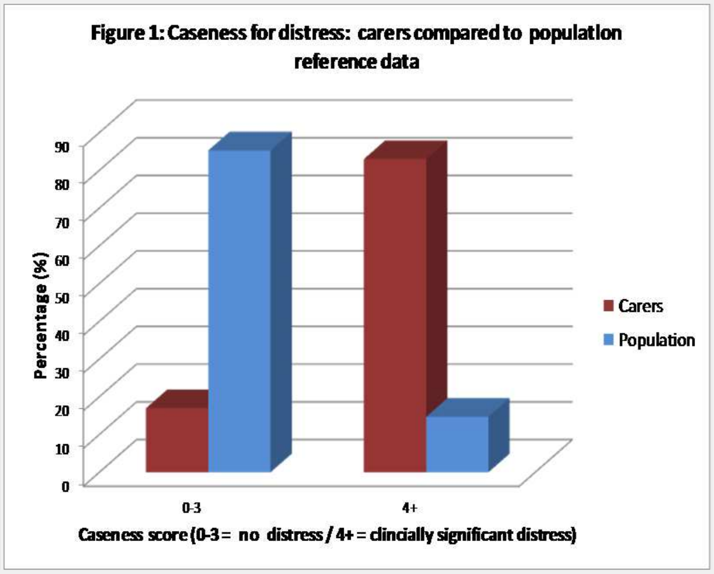
Figure 1: Caseness for distress: carers compared to population reference data

Red=negative impact; Green=positive impact

Table 1: significant predictors of carer distress	Univariate analysis	MR analysis
Hours of care	🟥	🟥
One off expenses	🟥	🟥
Older age	🟩	
Sex (female)	🟥	🟥
Higher education	🟩	
Change to work	🟥	
Hours at work		
Hours of relaxation	🟩	
High deprivation area		
Patient physical burden	🟥	
Patient psych. distress	🟥	🟥
Formal support	🟩	🟩

Conclusion

Carers' prevalence of clinical distress is 5 times higher than that of the general population. Good service provision, psychological support for patients, added focus on the situation of female carers and those with high care giving hours may improve carer outcomes.

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