

Abstract

Evaluation of the overload of caregivers in a group of Geriatric Oncology patients: comparison of quality of life of care givers and control individuals.

Cassia da Silva (A.C. Camargo Cancer Center, Brazil), Celso Abdon Lopes de Mello (A.C. Camargo Cancer Center, Brazil),

Background: With the aging of the world population, cancer is becoming the most incident disease, with high mortality among the elderly. Brazil has changed its demographic characteristics, through the process named "aging" of the population. As a result of the increase of cancer incidence, specially among elderly, we will observe and increase in the number of informal caregivers. There is, at present, a tendency to transfer to care of the patient with cancer to their family, with increased burden for caregivers. In this context, the primary caregiver arises as the individual made responsible for their jobs.

Objectives: Assess the quality of life of caregivers in geriatric patients with cancer diagnosis, and compare with quality of life of healthy adults.

Methods: This is a prospective case control study, with a convenience sample. The survey was developed in the outpatient Oncology Clinic of A. C. Camargo Cancer Center, located in the city of São Paulo-SP, from January 2013 to July 2013. The population of this study was 201 caregivers of patients who attended the outpatient medical visits with the medical staff of the outpatient Oncology clinic. To compose the control group, 101 individuals who attended the outpatient institution prevention campaign cancer. For data collection, we used 2 instruments: demographic characterization and the questionnaire Evaluation of Quality of Life (WHOQOL-BREF), divided into four domains: physical, psychological, social relations and environment.

Results: The average age of caregivers was 57 years, the predominant relationship with the patient was spouse/child (84%), other demographic characteristics were: religion: Roman Catholics (74%), citizenship: Brazilians (96%) and gender: female (77%); marital status: married (68%); race: whites (81%); education level: superior course (62%). The control group was predominantly: Catholics (53%), women (59%), married (71%), white (60%), superior course education (68%). Caregivers and control groups are not homogeneous in regard to the distribution of gender, race, religion, number of children, dependents, educational level and economic classification according to the Brazilian Criteria. Thus, to evaluate the real impact of the variable group (control x caregiver), we made a subgroup analysis. Overall, regardless of subgroup considered, we note that the quality of life of caregivers group is significantly better than the control group. We found in our study that the caregivers are satisfied with their quality of life with average of 18.9 points (4-20 score scale) and overall quality of life of the controls is lower than the quality of life of caregivers with the average of 17.7 points.

Conclusion: We noted that the quality of life of caregivers, in this single center study, was positive, with high satisfaction in all areas of the instrument used. It has not been possible to identify potential factors that could be affecting the quality of life of caregivers. These results were contrary to what was expected because the average quality of life of the control group was lower than caregivers. These findings should be evaluated in a larger population of individuals. Many factors could influence our finding, including social and cultural aspects of the Brazilian society.