

The Study of Quality of Life of Dementia Caregivers and results after providing Pharmaceutical Care

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Introduction

Dementia is a chronic disease that has been a problem in taking care of patients for a long time. Prasat Neurological Institute is the largest institution in Thailand which provides care for patients with dementia. The pharmacy department has been treating these patients with drugs, and giving advice to patients and caregivers. The problems in treating these patients usually occur with the drug usage and the issues relating to the caregivers. Therefore, the study of the quality of life of dementia caregivers before and after providing pharmaceutical care can be very useful.

Objective

To investigate the quality of life of dementia caregivers before and after providing pharmaceutical care.

Methodology

The study was performed at the outpatient dispensary unit of pharmacy department, Prasat Neurological Institute. The research was focused on caregivers who care for patients with moderate to severe dementia for at least 6 months. The quality of life of the caregivers was assessed using the SF-12 version 2 to evaluate their quality of life before and after providing pharmaceutical care. The research period was from October 2012 to September 2013.

Result

Using the SF-12 quality of life questionnaire, the quality of life for dementia caregivers before and after providing pharmaceutical care was assessed. According to the result, the average quality of life scores for caregivers both before and after the provision of pharmaceutical care were within the criteria (62.78 ± 12.94 and 59.51 ± 11.46). This implies that the caregivers of dementia patients had a good quality of life.

Table 1.

Data	number	percentage
Sex	male	44 37.6
	female	58 62.4
Status	single	32 34.4
	married	61 65.6
Relationship	husband	8 8.6
	Wife	14 15.1
	Daughter	33 35.5
	son	27 29.0
	daughter in law	3 3.2
	grandchild	5 5.4
Term care patients (years)	less than 5	69 74.2
	greater than or Equal to 5	24 25.8
Period per day of care (hours)	less than 8	2 2.2
	greater than or Equal to 8	91 97.8
Medical condition of caregivers	healthy group	57 61.3
	hypertension group	22 23.7
	rheumatoid group	4 4.3
	other disease	10 10.8

Table 2.

Dimension	Quality of Life Scores					
	Measure 1 (before)			Measure 2 (after)		
	N	mean	s.d.	N	mean	s.d.
General Health	93	47.31	21.95	61	51.64	24.09
Physical Functioning	93	77.42	23.90	61	58.36	24.57
Role Physical	93	63.90	28.53	61	55.77	26.33
Bodily Pain	93	72.76	27.78	61	67.76	24.32
Mental Health	93	54.12	24.28	61	58.31	19.74
Role Emotional	93	64.69	24.92	61	59.84	24.60
Social Functioning	93	75.00	26.32	61	74.18	24.56
Vitality	93	37.09	21.05	61	50.27	26.95

Table 3.

Dimension	N	Quality of Life Scores				t	p-value
		Measure 1		Measure 2			
		mean	s.d.	mean	s.d.		
General Health	61	49.18	20.39	51.64	24.09	-0.676	0.501
Physical Functioning	61	78.27	23.04	58.36	24.57	6.591	*0.000
Role Physical	61	64.87	29.22	55.77	26.33	2.649	*0.010
Bodily Pain	61	76.50	23.83	67.76	24.32	2.454	*0.017
Mental Health	61	58.19	22.28	58.31	19.74	-0.042	0.966
Role Emotional	61	66.66	22.56	59.84	24.60	1.805	0.076
Social Functioning	61	72.95	27.87	74.18	24.56	-0.327	0.745
Vitality	61	35.65	21.63	50.27	26.95	-4.702	*0.000
PCS	61	67.20	15.70	58.37	16.76	4.704	*0.000
MSC	61	58.36	12.42	60.65	12.57	-1.232	0.223
Total Score	61	62.78	12.94	59.51	11.46	2.219	*0.030

* Significant at 0.05

In the dimensional analysis, we found that the quality of life for the caregivers in term of the vitality which implies about the sense of enthusiasm and strength scored very low. The score for vitality of both before and after the provision of pharmaceutical care was lower than the score of those in other factors. This suggests that caregivers were feeling tired as if they were being tortured.

In a comparative study of the caregivers' quality of life before and after the provision of pharmaceutical care, the result shows that in term of the physical factors such as physical functioning, role physical and bodily pain, the scores decreased after the patients were provided with the medication. This could point toward the caregivers' degeneration in physical health. However, in term of mental health, the score increased from 35.65 ± 21.63 to 50.27 ± 26.95 . This indicates that providing pharmaceutical care to the patients helps to create a better interaction between the caregivers and the patients. Therefore, it could improve the caregivers' quality of life.

Discussion

All in all, caring for dementia patients requires a lot of support and it will last forever. The results of this study show that the caregivers' health is likely to decline both physically and mentally before the patients received medication. Whereas in the patients, after being provided with pharmaceutical care, the medication couldn't reduce the decline in physical health of the caregivers; however, it could increase the caregivers' mental health significantly. Especially in the cases where the caregiver was the wife of patient, the medication would be very effective.