

Abstract

Alzheimer's Disease is a progressive, irreversible neurodegenerative illness and the most common of the dementing disorders. Only few diseases disrupt patients and their relatives so completely or for so long a period of time as Alzheimer's. Caring is held to be very demanding and emotionally involving. Caregiver burden has been defined as a multidimensional response to emotional, social, physical, psychological, and financial stressors associated with the caregiving experience.

The objective of the 1st study was to assess the degree of burden and its possible change in family caregivers of the long-term sick family member with progressive Alzheimer's disease during eight-month monitoring. In addition to the common psychiatric examination the Mini-Mental State Examination (MMSE) was administered in patients to indicate the severity of the dementia and the Zarit Burden Interview was administered in caregivers to assess degree of burden. The total of 60 people have been examined – 30 patients with AD and 30 their caregivers (24 females, 6 males) were recruited from the Department of Psychiatry, First Faculty of Medicine, Charles University in Prague and General University Hospital in Prague. At the beginning of the study there were 18 patients with mild stage of AD (60%), 11 patients suffered from moderate or severe stage of AD (36%) and 1 patient's MMSE was below 6 points. After 8 months from the beginning of the study there were 9 patients with mild stage of AD (30%), 19 patients with moderate or severe stage of AD (63%) and two patients suffered from severe stage of AD (6.6%). The change in the degree of caregiver burden was examined during the whole study; at the baseline there were 22 caretakers with moderate, high or extremely high degree of burden from the total number of 30 responders (13, 8, and 1 caregivers), after next 4 months 24 caregivers exhibited moderate, high or extremely high degree of burden (17, 5 and 2 CGs). At the end of monitoring there were 27 caregivers who have scored these degrees of burden (13, 12 and 2 CGs) and 5 patients with AD were due to the caregiver burden institutionalised. During the study twenty two caregivers (75 %) asked for the professional psychiatric help. Intervention and support must therefore be carefully targeted, recognising those components of a potential care package that will be useful in the particular circumstances. It is also important to promote measures to soften the impact that the patient has on the caregiver, and that, at the same time, improves the quality of life of the patient.

The aim of the 2nd study was to describe the prevalence of some psychosomatic symptoms in self-assessed health status to determine whether there are gender differences in these

symptoms and the perception of one's own health in family caregivers. Finally, the relationship between stages of AD and self-perceived health was examined. The participants in this investigation (n=73) were family caregivers of outpatients suffering from moderate (59 cases =80,8%) or mild (14 cases=19,2%) stage of Alzheimer's disease (AD). The group of caregivers is consisting of 61 (83, 6%) women and 12 men (16, 4%). Participants of this study were recruited from the Department of Psychiatry, Prague, Czech Republic. Participants were asked how often during the period of being a care-taker they were bothered by following: chronic fatigue, dyspeptic symptoms, sleeping disturbances, tension headache, feelings of restlessness, palpitation and feelings of irritability.

The following symptoms appeared the most frequent among family caregivers: chronic fatigue and sleeping disturbances. Most caregivers of patients with moderate stage of AD evaluated their own health as poor and experienced more symptoms in comparison with caregivers of patients with mild stage of Alzheimer's disease, who scored their own health as good or very good. Developing good coping skills and a strong support network of society, family and friends are important ways that caregivers can help themselves to handle the stresses of caring for a loved one with Alzheimer's disease. In conclusion, we may say that the issues of CGs are neglected by the global society.

Key words: Alzheimer's disease, family caregiver, family caregiver burden, intervention, self-perceived health