

USC study examines effects of caregiving

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A new study from the USC Davis School of Gerontology found that caregivers of different ethnicities showed few negative mental or physical health effects as a result of tending to a family member with dementia.

The findings, which appeared in the September 2007 journal *Aging & Mental Health*, analyzed mental health and physical health differences between African-American and white caregivers.

A population-based sample of 102 caregivers compared with 102 non-caregivers matched participants on ethnicity, gender and age. The study, funded by the National Institute on Aging, is the first to use a population-based or community sampling strategy, to focus specifically on ethnic differences among caregivers tending to people with dementia.

“Community samples show a wider range of responses to family caregiving than those surveyed from clinics and service agencies, where most show clinical levels of distress,” said lead author Bob Knight, holder of the Merle H. Bensinger Professorship in Gerontology. “Some caregivers are coping well; others are clearly over-stressed and in need of help.”

Well-known ethnic differences in health rather than a specific response to caregiving explain the findings that both African-American caregivers and non-caregivers had worse physical health than white caregivers and non-caregivers. Analysis was based upon self-reported diseases of the circulatory system and measures of blood pressure.

One exception was that diastolic blood pressure was uniquely elevated in African-American caregivers.

“If confirmed by future research, this finding is especially important since it points to a specific health risk for African-American caregivers and one not reflected in self-reported health,” Knight said.

Another NIA funded study led by Knight examined the role of familism, or prioritizing the good of the family over one’s self, on stress and coping between white and African-American caregivers.

The results, which appeared in the September 2007 journal *Health Psychology*, found putting the needs of the family over personal well-being is related to lower educational levels rather than ethnic or cultural differences. These self-sacrificing caregivers were found to avoid coping with problems and as a result to be in poor physical and mental health.

Knight’s team determined behavioral problems of the person with dementia to be the source of increased burden for less educated caregivers, which led to the use of unhealthy coping mechanisms, known as avoidant coping. These detrimental habits include denying a problem exists, substance abuse, drinking and simply giving up – ultimately resulting in poor physical and mental health outcomes.

Diastolic blood pressure indicators were affected differently through the use active coping styles, which are a healthy way of dealing with the problems that come with caregiving. Active coping styles include planning, positive reappraisal of problems and choosing the best time to address problems. Researchers found these techniques provide some protection for the high levels of diastolic blood pressure in African-American caregivers.

“The results could serve as a basis for improving services for caregivers

and to understanding when the services can cross cultural lines and when they need to be more culture specific,” Knight said.

Source: University of Southern California

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