

# Caregivers of ICU patients are collateral damage of critical illness

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Intensive care unit patients are not the only ones likely to be severely depressed in the aftermath of hospitalization. Family and friends who care for them often suffer emotional and social hardship, too, according to a prospective study from the University of Pittsburgh School of Medicine that is the first to monitor patients and caregivers during a one-year period for predictors of depression and lifestyle disruption.

The findings, published this month in *Chest*, indicate that the informal [caregivers](#) of ICU survivors endure even more stress than those caring for Alzheimer's disease [patients](#), noted senior author Michael R. Pinsky, M.D., professor and vice chair for academic affairs, Department of [Critical Care Medicine](#).

"Caregiver depression is the collateral damage of these stressful ICU admissions," he noted. "This research reveals that loved ones of critically ill patients have profound and unmet needs for assistance even after [hospital discharge](#). The emotional and [economic burden](#) is enormous, and these issues must be addressed."

Part of a larger project examining ICU outcomes, this study focused on the survivors of critical illness requiring breathing assistance with a ventilator for at least 48 hours as well as their informal caregivers, meaning family and friends. Caregivers were evaluated for depression symptoms two, six and 12 months after mechanical ventilation was initiated in the patient. At the two-month mark, more than 40 percent of the patients had died.

Of the 48 caregivers who were interviewed at all three time points, the majority were female and nearly half were wives of the patients. A predictor of [depression](#) symptoms at both two and 12 months was looking after a male patient. At 12 months, patient tracheostomy, in which a hole is made through the neck directly into the airway to assist breathing, also was a predictor of caregiver symptoms. If patients had at least a high school education, caregivers were more likely to report lifestyle disruption at the two-month mark. Tracheostomy, functional dependency and male patient gender were predictive of lifestyle disruption at 12 months.

"Our previous studies indicate that caregivers often change their lives to care for recovering patients, including quitting work, taking lower-paying jobs or leaving college in order to spend more time at home," Dr. Pinsky said. "These are highly stressful choices, and it is imperative that we develop interventions to help families cope with the burden of critical illness even after they have left the hospital."

Studies are now underway to assess approaches designed to mitigate these problems for both patients and caregivers.

Provided by University of Pittsburgh

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