

O5.4-4 12:30-12:45

Living with Chronic Obstructive Pulmonary Disease in later life: dilemmas of family carers

Living with Chronic Obstructive Pulmonary Disease in later life: dilemmas of family carers

Author: Dr. Raquel Gabriel

Escola Superior de Saúde da Universidade de Aveiro

Co-authors: Dr. Daniela Figueiredo, Dr. Alda Marques, Dr. Cristina Jácome

Background: Approximately 210 million people worldwide present Chronic Obstructive Pulmonary Disease (COPD). The impacts of COPD on the quality of life of patients are well documented; however a progressive chronic illness also affects the family, especially the primary carer. The impacts of COPD on family carers remain relatively unexplored, when compared to other chronic diseases, such as dementia or cancer. This study aimed to explore the impacts of COPD on family carers' lives, actual concerns and perceived support from formal services.

Methods: A qualitative, cross-sectional study was conducted with family carers of patients at advanced grades of COPD (GOLD 3 and 4). Semi-structured interviews were performed with 25 family carers (n=22; 88% female), with a mean age of 62.1±12.0 years old. The majority were spouses (n=16; 64%), caring for more than 4 years (n=23; 93%). All interviews were audio-recorded, transcribed and submitted to thematic analysis by 2 independent judges.

Results: The main impacts reported by the carers were: i) a restriction on social activities (n=18; 72%); ii) an increased interaction with the patient, but less contacts with other family members (n=14; 56%); iii) emotional distress (n=13; 52%) and iv) a decrease in social contacts (n=10; 40%). Their main concerns were related to the worsening of the symptoms (n= 23; 92%) and patient having an afflictive death, related to asphyxia (n= 14; 56%). Participants also considered to receive limited support from health and social services, which they thought to be targeted mostly to patients treatment needs (n=10; 40%).

Conclusions: Caring for a patient with COPD poses several challenges to family carers, who often feel unsupported in their caregiving role. The results highlight the need to develop educative and supportive interventions in order to prevent burden and empower carers in their caregiving role.

O5.5 Preventive home visits

Chair: Kirsten Avlund

12-06-2012, 11:45-12:45, Room 3/4

O5.5-1 11:45-12:00

Health-Promoting Interventions for Persons Aged 80 and Older are Successful in the Short Term

Results from the Randomized and Three-Armed

Author: Susanne Gustafsson

Sahlgrenska akademien, University of Gothenburg

Co-authors: PhD, MD Katarina Wilhelmson, PhD Kajsa Eklund, A/ prof, PhD Gunilla Hedström, PhD Lena Zidén, PhD Greta Häggblom Kronlöf, MS Betina Højgaard, PhD Frode Slinde, PhD, Prof. Elisabeth Rothenberg, MD, PhD, Prof. Sten Landahl, PhD Synneve Dahlin-Ivanoff

Objectives: The study Elderly Persons in the Risk Zone was designed to evaluate if it is possible to delay deterioration if a health-promoting intervention is made when the older adults (80+) are at risk of becoming frail, and if a multiprofessional group intervention is more effective in delaying deterioration than a single preventive home visit. This paper examined the outcome with regard to frailty, self-rated health, and activities of daily living (ADL) at the three-month follow-up.

Design: A randomized, three-armed, single-blind, and controlled trial performed between November 2007 and May 2011.

Setting: Two urban districts in Gothenburg, Sweden.

Participants: A total of 459 older adults were included. They were 80 years or older, living in their ordinary housing, and not dependent on the municipal home help service.

Intervention: A preventive home visit or four weekly multiprofessional senior group meetings with one follow-up home visit.

Measurements: The change in frailty, self-rated health, and ADL between baseline and the three-month follow-up.

Results: Both interventions delayed deterioration of self-rated health (OR=1.99, 95% CI=1.12 to 3.54). As regards postponing dependence in ADL, senior meetings were found to be the most beneficial intervention (OR=1.95, 95% CI=1.14 to 3.33). No effect on frailty could be demonstrated.

Conclusion: Health-promoting interventions, made when older adults are at risk of becoming frail, can delay deterioration of self-rated health and ADL in the short term. Also, a multiprofessional group intervention such as the senior meetings described seems to have a greater impact on delaying deterioration in ADL than a single preventive home visit. Further research is needed to examine the outcome in the long term, and in different contexts.