

THE RELATIONSHIP BETWEEN CAREGIVER AND STROKE SURVIVOR DEPRESSIVE SYMPTOMS

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Purpose: Depression is one of the most prominent of the mental sequelae present in stroke survivors. Informal caregivers of stroke survivors (SS) also have high rates of depression. The purpose of this study was to examine the relationship between SS and caregiver depressive symptoms using baseline data from a multi-site caregiving study that is complementary to EXCITE, a national, experimental clinical trial testing constraint-induced therapy to improve upper extremity function.

Methods: Data were collected on 130 first-time SS and their caregivers. Caregivers had a mean age of 56.68 ± 13.71 , were well-educated (73% > high school), female (74%), White (71%), and spouses (80%). SS were 3-9 months post-stroke, average age 62.21 ± 12.59 years, male (64%), and well educated (63% > high school). Stroke survivor depressive symptoms based on DSM-IV criteria for depression were measured using 5-items of the Mood/Emotion scale of the Stroke Impact Scale (SIS). Cronbach's alpha for the 5 items was .71. A single item indicator for possible depression from the SIS "How often did you feel sad?" was also examined. Caregiver depressive symptoms were measured using the Center for Epidemiologic Studies Depression Scale (CES-D). All correlations reported are Spearman's Rho.

Findings: Caregivers' mean scores on the CES-D were 9.6 ± 8.6 with 20% of caregivers scoring ≥ 16 indicating the need for evaluation for major depression. Mean scores for the SIS depression symptom subset were 79.7 ± 15.8 , (range 30-100) where higher scores indicate less depressive symptom frequency. SS and caregiver depressive symptom scores ($r_s = -.12, p = .17$) were not related. The single item "feel sad" for SS was significantly correlated with the caregiver CES-D score ($r_s = -.19, p = .03$). Subsequently we examined these relationships in a subset of the caregivers, those who reported high levels of depressive symptoms (total score ≥ 16) on the CES-D ($n=26$). In this subset, caregiver depressive symptoms were significantly related to SS depressive symptoms using the SIS depressive score ($r_s = -.42, p = .03$) and the single item "feel sad" score ($r_s = -.55, p < .01$). For caregivers scoring < 16 on the CES-D score ($n=104$) (non-depressed), there was a trend toward a significant relationship between caregiver and SS depressive symptoms ($r_s = -.19, p = .06$). There was no relationship between caregiver depressive symptoms in the non-depressed caregiver group and SS reporting feeling sad on the single item measure ($r_s = -.13, p = .21$).

Discussion: The relationship between caregiver and SS depressive symptoms is stronger in caregivers with higher depressive symptoms as compared to caregivers with lower depressive symptoms. Further substantive and methodological research is needed to determine the trajectory by which both caregivers and SSs develop depressive symptoms.

Discussion (Original): The findings of a relationship between caregivers who report high levels of depressive symptoms and SS depressive symptoms merit further study. If depressive symptoms are strongly associated in both SS and their caregivers, then nursing interventions targeted to decrease either post-stroke depression or caregiver depression may be more effective if they are targeted to both SS and their caregivers.