DEPRESSIVE SYMPTOMS IN ADULT CHILD CAREGIVERS OF VERY OLD MEXICAN AMERICANS: A STUDY OF THE HEPESE

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BACKGROUND

- Exponential growth of Hispanic elders 65+
- Hispanics are projected to increase from 55 million (2014) to 119 million (2060), an increase of 115 percent (U.S. Census).
- Significant lack of geriatric specific facilities, services and professionals (IOM).
- Increasingly disproportionate amount of older individuals are reliant on informal caregivers typically their children.
BACKGROUND

• Over the next 40 years older Hispanics will increase from 8% to 20% of the population 65 and older.

• Older Mexican Americans have higher incidence and prevalence of dementia, mild cognitive impairment, and Alzheimer’s disease.

• Increasingly older Hispanics are choosing to “age in place” due to cultural or limited structural factors, thus placing responsibility of caregiving on loved ones.
METHODS

• Inclusion criteria: 200 child caregivers that provided “direct personal care” with ADLs only and who were children of the care recipient.

• Secondary data from Wave 7 of the HEPESE to assess “direct personal care” burden (ADLs) among child caregivers.

• CES-D: Center for Epidemiology Studies Depression Scale, NPI: Neuropsychiatric Inventory, ADL: Activities of Daily Living, MMSE: Mini Mental State Examination

• A multivariable linear regression analysis was conducted to predict caregiver depression.
RESULTS

• Caregivers mean age was 56 years
• Most participants were female (78%)
• Average education was 11 years
• Roughly half caregivers were not married (49%)
• Notable health/mental-health conditions of the caregivers included diabetes (20%), hypertension (42%), and arthritis (31%).
<table>
<thead>
<tr>
<th>Table 2: Effect of characteristics of caregivers and care recipients on caregiver depressive symptoms from multivariable linear regression analyses</th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregiver Background</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Age</td>
<td>0.04 (0.06)</td>
<td>0.04 (0.07)</td>
<td>0.05 (0.06)</td>
</tr>
<tr>
<td>Female</td>
<td>1.25 (1.23)</td>
<td>1.09 (1.27)</td>
<td>1.45 (1.21)</td>
</tr>
<tr>
<td>Education</td>
<td>-0.15 (0.12)</td>
<td>-0.12 (0.13)</td>
<td>-0.09 (0.12)</td>
</tr>
<tr>
<td>Not Married</td>
<td>2.15 (1.01)</td>
<td>2.37 (1.03)</td>
<td>2.65 (0.99)</td>
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<tr>
<td><strong>Caregiver Health Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.17 (1.32)</td>
<td>1.11 (1.39)</td>
<td>1.76 (1.34)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1.37 (1.08)</td>
<td>1.47 (1.10)</td>
<td>1.32 (1.05)</td>
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<tr>
<td>Arthritis</td>
<td>-0.41 (1.14)</td>
<td>-0.33 (1.17)</td>
<td>-0.21 (1.12)</td>
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<tr>
<td><strong>Care Recipient Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Nativity (US born)</td>
<td></td>
<td>-1.76 (1.03)</td>
<td>-1.77 (0.99)</td>
</tr>
<tr>
<td>Number of ADL’s Help</td>
<td></td>
<td>0.04 (0.22)</td>
<td>0.12 (0.21)</td>
</tr>
<tr>
<td>MMSE ≤ 17</td>
<td></td>
<td>-1.69 (1.12)</td>
<td>-1.40 (1.07)</td>
</tr>
<tr>
<td>Caregiver Reported NPI</td>
<td>0.44 (0.18)</td>
<td>0.58 (0.20)</td>
<td>0.46 (0.19)</td>
</tr>
<tr>
<td>Perceived Social Stress</td>
<td></td>
<td></td>
<td>0.83 (0.20)</td>
</tr>
<tr>
<td>R² (Adjusted R²)</td>
<td>0.08 (0.04)</td>
<td>0.10 (0.05)</td>
<td>0.19 (0.13)</td>
</tr>
</tbody>
</table>

1. Standard errors of parameter estimates were shown in parentheses.
2. The corresponding R² along with the adjusted R² in each model was shown to present the change of total amount of variance in caregiver depressive symptoms that was explained.
3. *p < 0.05, **p < 0.001.
DISCUSSION

• A lack of resources and social support systems in and of themselves are not sufficient to prompt Mexican American families to institutionalize older members.

• Unmarried caregivers experienced increased depression most likely due to lack of support.

• “Positive” perceptions of caregiving.

• Familismo (Familism) is important factor in providing care.

• Increases in neuropsychiatric disturbances increase caregiver depression

• Increased stress increases depression among caregivers.

• Increases in caregiver depression potentially lead to a greater likelihood of institutionalization.
CONCLUSIONS

In a Mexican American familistic culture, disability and cognitive impairment are better tolerated by families but neuropsychiatric behavioral symptoms related to dementia may take an increased toll on family member caregivers.

The need to provide respite services, mental health resources, and community services for caregivers of care recipients displaying neuropsychiatric symptoms is of paramount importance to alleviate depressive symptoms and burden among caregivers.
THANK YOU!