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Caregivers of patients with heart failure who are more prepared to caregiving have lower depression and better quality of life: testing a model of path analysis

Authors:
A Petruzzo¹, V Biagioli², A Durante³, L Emberti Gialloreti², F D’Agostino³, R Alvaro³, E Vellone³, ¹San Camillo Forlanini Hospital, Cardiovascular department - Rome - Italy, ²Bambino Gesu Childrens Hospital - Rome - Italy, ³University of Rome Tor Vergata, Biomedicine and prevention - Rome - Italy,

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Background/Introduction

Informal caregivers of patients with heart failure (HF) have a key role in managing the disease and in improving patient outcomes. However, they are exposed to higher levels of anxiety and depression that, in turn, decrease their physical and emotional quality of life (QOL). In several studies conducted in other caregiver populations, better caregiver preparedness was found associated with improved caregiver anxiety, depression and QOL. To date, no study has investigated if caregiver preparedness in HF has any relationship with caregiver anxiety, depression and QOL.

Purpose

The aim of this study was to test the influence of HF caregiver preparedness on caregiver anxiety, depression and physical and mental QOL. The following hypotheses were tested: 1) better caregiver preparedness is associated with lower caregiver anxiety and depression; 2) lower caregiver anxiety and depression is associated with better caregiver physical and mental QOL; 3) caregiver anxiety and depression mediate between caregiver preparedness and caregiver physical and mental QOL.

Methods

A cross-sectional design was used. HF caregivers were enrolled in 12 Italian provinces: 116 in hospital settings, 250 in outpatient or community settings. The Caregiver Preparedness Scale (CPS), the Hospital Anxiety and Depression Scale (HADS), and the Short-Form 12 (SF-12) were administered to caregivers. Descriptive statistics, correlations and a model of path analysis were used to analyze the data. HF patients’ and caregivers’ socio-demographic data, patients’ comorbidities and cognition were the covariates of the tested model.

Results

Most of the 366 HF caregivers were female (73.3%) and married (69.6%). The caregivers’ mean age was 58.6 (SD 15.66) years and patients’ mean age was 71.9 years (SD 12.70). Most patients were in NYHA class II (61.3%). The path analysis model showed excellent fit to the data: ?2=35.90(29), p=0.23; CFI=0.99; TLI=0.97; RMSEA=0.029 (90% CI = 0.002 – 0.056); SRMR=0.076. The significant relationships in the path analysis model were as follows: better HF caregiver preparedness was associated with lower caregiver depression; lower HF caregiver depression was associated with better caregiver physical and mental QOL; lower HF caregiver anxiety was associated with better caregiver mental QOL; depression was a significant mediator between caregiver preparedness and caregiver mental QOL.
Conclusions

Our results showed that HF caregiver preparedness has an important influence on caregiver depression, physical and mental QOL. Interventions aimed at improving HF caregiver preparedness have the potential to improve caregiver outcomes such as depression, physical and mental QOL.