Abstract: P99

Mutuality moderates the association between depression and quality of life in stroke survivor-caregiver dyads: a longitudinal study

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Introduction: During the first year post stroke, stroke survivors and their informal caregivers (e.g., family members) experience high depressive symptomatology. Depressive symptomatology affects about 30% of stroke survivors and about 40% of stroke caregivers. Although several studies have clearly shown that stroke survivors and caregivers with higher depressive symptoms have decreased quality of life (QOL), previous research has not examined the protective role of mutuality (i.e., the positive quality of the relationship between the caregiver and the patient) on this relationship. Therefore, the aim of this study was to examine the moderating effect of mutuality on the association between depression and QOL in stroke survivor and caregiver dyads.

Methods: A longitudinal design was used. Stroke survivor-caregiver dyads were recruited at discharge from several rehabilitation hospitals and followed every three months over a 1-year period. Considering the non-independent nature of the data (survivors and their caregivers), a multilevel modeling approach was used to analyze the data at the level of the dyad. Four longitudinal dyadic moderation models were used (one for each QOL domain - physical, psychological, social and environmental). To determine the moderating role of mutuality on the association between depression and QOL, each model included two terms that represented the interaction between a) depression scores and mutuality scores in survivors, and b) depression scores and mutuality scores in caregivers.

Results: 222 stroke survivor-caregiver dyads were enrolled. Stroke survivors were older (M=70.8, SD=11.9) than their caregivers (M=52.4, SD=13.1). Additionally, gender of stroke survivors was equally distributed. Stroke survivors predominantly had an ischemic stroke, equally distributed by site. Caregivers were primarily female (66%), with a medium-high educational level (57%), and were mostly adult children (50%) and spouse caregivers (35%). Caregiver mutuality significantly moderated the association between caregiver depressive symptoms and caregiver physical, psychological and social QOL at baseline. In contrast, no significant moderating effects of mutuality for survivors across the four dimensions of QOL were observed. However, higher mutuality (reported by the survivor) was significantly associated with greater improvement in survivor physical QOL over time.

Conclusion: Knowing that mutuality may have a protective role on stroke survivors’ and caregivers’ outcomes, it is crucial that physicians and nurses support mutuality within the dyad to improve stroke survivors’ recovery, for example, by implementing tailored rehabilitation programs where the caregivers may be included in the care process.