

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكترونى والميكروفيلم

جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY



Caregivers' Perspectives towards Goals of Care in Dementia Patients

Thesis

Submitted for Partial Fulfillment of Master Degree in Geriatrics and Gerontology

By

Nourhan Samy Atta

M.B.B.CH Faculty of Medicine, Ain Shams University

Supervised by

Prof. Dr. Shereen Moustafa Mousa

Professor of Geriatrics and Gerontology Faculty of Medicine, Ain Shams University

Prof. Dr. Sally Adel Hakim

Professor of Community Medicine Faculty of Medicine, Ain Shams University

Dr. Heba Youssif Youssif

Assistant Professor of Geriatrics and Gerontology Faculty of Medicine, Ain Shams University

Dr. Marwa Abdel Azeem Abdel Gawad

Lecturer of Geriatrics and Gerontology Faculty of Medicine, Ain Shams University

Faculty of Medicine - Ain Shams University
2021



سورة البقرة الآية: ٣٢

Acknowledgment

First and foremost, I feel always indebted to **Allah**, the Most Kind and Most Merciful.

I'd like to express my respectful thanks and profound gratitude to **Prof. Dr. Shereen Moustafa**Mousa, Professor of Geriatrics and Gerontology Faculty of Medicine- Ain Shams University for her keen guidance, kind supervision, valuable advice and continuous encouragement, which made possible the completion of this work.

I am also delighted to express my deepest gratitude and thanks to **Prof. Dr. Sally Adel***Toakim, Professor of Community Medicine, Faculty of Medicine, Ain Shams University, for her kind care, continuous supervision, valuable instructions, constant help and great assistance throughout this work.

I am deeply thankful to **Dr. Heba Youssif Youssif**, Assistant Professor of Geriatrics and Gerontology, Faculty of Medicine, Ain Shams University, for her great help, active participation and guidance.

I wish to introduce my deep respect and thanks to **Dr. Marwa Abdel Azeem Abdel Gawad,**Lecturer of Geriatrics and Gerontology, Faculty of Medicine, Ain Shams University, for her kindness, supervision and cooperation in this work.

I would like to express my hearty thanks to all my family for their support till this work was completed.

Last but not least my sincere thanks and appreciation to all patients participated in this study.

Nourhan Samy Atta

List of Contents

Title	Page No.
List of Tables	i
List of Figures	iv
List of Abbreviations	v
Introduction	1
Aim of the Work	3
Dementia and Its Burden on Patients	4
Burden of Dementia on Caregivers	24
Caregivers' Perspectives Towards Goals of C Dementia Patients	
Subjects and Methods	47
Results	58
Discussion	96
Summary	119
Conclusion	125
Recommendations	126
References	127
Appendices	162
Arabic Summary	1

List of Tables

Table No.	Title	Page No.
Table (1): Table (2):	Socio-demographic data of dementic Patients' Smoking status, Medical and dementia related problems:	conditions,
Table (3):	Cognitive and Functional asse patients:	
Table (4):	Dementia history of patients:	61
Table (5):	Socio-demographic data of caregive	rs: 62
Table (6):	Burden of care-giving & knowledge regarding disease progr	Caregivers' ression and
	required care:	
Table (7):	Caregiver's knowledge score:	
Table (8):	Caregiver's attitude towards progression and related goals of car	
Table (9):	Caregiver's attitude score:	67
Table (10):	Caregivers' perspectives towards go	oals of care: 68
Table (11):	Relation between caregiver's edu caregiver's knowledge regardin progression and required care:	cation and g disease
Table (12):	Relation between caregiver's edu	
	burden of caregiving for dementia p	
Table (13):	Relation between caregiver's edu caregiver's attitude towards progression and care goals:	cation and disease
Table (14):	Relation between caregiver's edu	
1 abie (14):	caregiver's goals of care:	
Table (15):	Relation between caregiver's edu their perspectives towards care at	cation and end of life
	issues:	

List of Tables (Cont...)

Table No.	Title	Page No.
Table (16):	Relation between caregiver's patient and caregiver's knowled disease progression and required	dge regarding
Table (17):	Relation between caregiver's patient and burden of caregivin patients:	g for dementia
Table (18):	Relation between caregiver's patient and caregiver's attidisease progression and goals of	tude towards
Table (19):	Relation between caregiver's caregiver's goals of care:	
Table (20):	Relation between caregiver's patient and their perspectives tend of life stages:	owards care at
Table (21):	Relation between caregiving caregiver's knowledge regar progression and required care:	ding disease
Table (22):	Relation between caregiving time of caregiving for dementia paties	ne and burden
Table (23):	Relation between caregiving caregiver's attitude towa progression and goals of care:	rds disease
Table (24):	Relation between caregiving caregiver's goals of care:	g time and
Table (25):	Relation between caregiving caregivers' perspectives towards life issues:	g time and s care at end of
Table (26):	Relation between duration diagnosis and caregiver's regarding disease progression care:	knowledge and required

List of Tables (Cont...)

Table No.	Title	Page No.
Table (27):	Relation between duration burden of caregiving for deme	<u> </u>
Table (28):	Relation between duration caregiver's attitude towards di and goals of care:	isease progression
Table (29):	Relation between duration caregiver's goals of care:	<u> </u>
Table (30):	Relation between duration s dementia and end of life issue	C

List of Figures

Fig. No.	Title	Page No.
Figure (1):	Time line of the thesis	57

List of Abbreviations

Abb.	Full term
ACP	Advance care planning
	Alzheimer's dementia
	Activities of daily living
	American Geriatrics Society
	Acquired immunodeficiency syndrome
	Behavioral and Psychological Symptoms of Dementia
<i>COPD</i>	Chronic Obstructive Pulmonary Disease
<i>CPR</i>	Cardiopulmonary resuscitation
<i>DLB</i>	Dementia with Lewy bodies
<i>DNR</i>	Do not resuscitate
<i>DSM</i>	Diagnostic and statistical manual of mental disorders-5
<i>EAPC</i>	European Association for Palliative Care
<i>EDS</i>	Excessive daytime sleepiness
<i>EoL</i>	End-of-life
<i>FPS</i>	Faces Pain Scale
$FTLD \dots FTLD$	Fronto Temporal Lobar Dementia
<i>GDS</i>	$Global\ Deterioration\ Scale$
<i>I-ADL</i>	Instrumental activities daily living ADL
<i>ICD</i>	International Classification of Diseases
<i>ICU</i>	Intensive care unit
<i>M</i>	Mean
<i>MCI</i>	Mild cognitive impairment
<i>MMSE</i>	Mini-Mental State Examination
<i>NG</i>	Na sogastric
<i>NPS</i>	$Neuropsychiatric\ symptoms$
<i>P-ADL</i>	Personal activities daily living

List of Abbreviations (Cont...)

Introduction

The prevalence of dementia in Egypt ranged from 2.01% to 5.07%. With the growing prevalence of dementia worldwide, two-third of the people with dementia are projected to be from the developing countries by 2050 (*Elshahidi et al.*, 2017).

In United States (US), 5.8 million Americans aged 65 and older are living with Alzheimer's dementia. Eighty percent aged 75 or older. It's the sixth leading cause of death in the US and the fifth leading cause of death among Americans age \geq 65 years (*Alzheimer's Association*, 2019).

Compared with caregivers of people with non-dementing illnesses, caregivers of people with dementia may be less able to cope with increased stressors as they have twice the rates of substantial financial, emotional and physical difficulties associated with caregiving (*Freedman & Spillman*, 2014).

In 2018, dementia patients' caregivers reported nearly twice the average out-of-pocket costs (e.g., medical, personal care and household expenses for the person with dementia; personal expenses and respite services for the caregiver) of non-dementia patients' caregivers (\$11,233 versus \$6075) (*Rainville et al., 2016*).

Patients' severity of dementia, behavioral disturbances, extent of personality change, cultural values, the relationship with the person with dementia, duration of caregiving as well as the presence of psychiatric symptoms were the main patient - related factors contributing to caregiver burden (*Van der Lee et al.*, 2014).

Dementia caregivers are at an increased risk of various health problems including cardiovascular problems, lower immunity, poorer immune response to vaccine, slower wound healing, higher levels of chronic conditions, decreased engagement in preventative health behaviors such as exercise, and greater likelihood of smoking, drinking alcohol, and poor sleep patterns (*Schulz & Martire*, 2004).

Caregivers who are heavily burdened may opt for institutionalization of the relative as a role exit which in fact is associated with increased feelings of burden and depression in some caregivers following placement (*Schulz et al.*, 2004).

As we head into the "dementia tsunami," the burden on the health and social care system will be escalated unless family caregivers are properly supported (*Cheng*, 2017).