

Improving Depressive Symptoms Among Caregivers of Patients With Cancer: Results of a Randomized Clinical Trial

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Purpose/Objectives: Determine the impact of a 16-week supportive nursing intervention on caregivers of patients with newly diagnosed cancer.

Design: Randomized clinical trial.

Setting: Two midwestern cancer treatment sites.

Sample: Caregivers of newly diagnosed patients. Patients' mean age was 55.73 years; 55% had breast cancer, and 76% were female. Caregivers' mean age was 52.44 years, and 50% were female. 125 dyads consented to participate; 89 dyads completed the study.

Methods: A nursing intervention was delivered to the experimental group that emphasized symptom monitoring/management, education, emotional support, coordination of services, and caregiver preparation to care. Nurses made a total of nine contacts, five in person and four by telephone, over 16 weeks. Centers for Epidemiological Studies-Depression (CES-D) and a symptom inventory were used. Medical record audits were conducted retrospectively.

Main Research Variables: Patient and caregiver depression scores and patient symptom experience.

Findings: Baseline caregiver depression and the number of patient symptoms at baseline, 9, and 24 weeks were significant predictors of caregiver depression at 9 and 24 weeks. However, no main effect of the experimental condition existed on caregiver depression. At the final observation, a nonsignificant inverse relationship was found between the number of interventions and depression scores for caregivers.

Conclusions: The intervention appeared to be more effective in slowing the rate of deterioration of depressive symptoms than in decreasing levels of depression in this sample of caregivers. Determining the effectiveness of this intervention in decreasing caregiver depression was difficult because caregivers with higher levels of depression were more likely to withdraw from the study.

Implications for Nursing Practice: Nurses must be vigilant in monitoring caregivers for signs of depression and must intervene to provide emotional support and make appropriate referrals for follow-up care to promote positive outcomes for patients and caregivers.

Key Points . . .

- ▶ Families are assuming much of the day-to-day care of their loved ones with cancer.
- ▶ Males may have higher depression scores than females, perhaps because the nature of caregiving tasks are more familiar to females.
- ▶ Nurses may not be accurately identifying depression in caregivers of patients with cancer.
- ▶ Interventions directed toward caregivers' needs can positively influence the cancer experience for both patients and caregivers.

patients with cancer now is largely the responsibility of family members (Given, Given, & Stommel, 1994; Given, B.A. & Given, 1994; Given, C.W., & Given, 1994; Miaskowski, Kragness, Dibble, & Wallhagen, 1997). Blanchard, Albrecht, and Ruckdeschel (1997) reported that 20%–30% of partners suffer from psychological and mood disturbances as a result of their spouses' cancer. For many family caregivers, usual roles and responsibilities, such as employment, child care, or social/leisure activities, are shifted or, in some cases,

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Approximately 1,268,000 new cases of cancer will be diagnosed in 2001 in the United States (American Cancer Society, 2001). Receiving a cancer diagnosis is a significant life event for both the patient and the family. With the delivery of cancer care having shifted from inpatient to ambulatory treatment centers, the day-to-day care of