Informal caregiver burden in geriatric oncology: insights from a multicenter cohort study.

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General data

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Abstract text

Introduction: The involvement of informal caregivers (IC) in the care of older patients with cancer is high, leading to a risk of exhaustion. Assessment of caregiver burden (CB) is essential.

Objective: This study aims to identify factors associated with the perception of burden in ICs of frail older patients with cancer.

Methods: A retrospective analysis was conducted on an observational multicenter (n=3) cohort of frail (G8 ≤ 14/17) older (≥ 70 years) patients with cancer between July 2012 and June 2015. Patients underwent geriatric assessment (GA) and their IC a CB assessment using the 12-item Zarit scale (ZBI-12). Patients were grouped by ZBI-12 scores, with ≥10 indicating significant burden. Univariate and multivariate regression analyses identified factors associated with high CB.

Results: We included 349 patient–IC dyads (mean patient age 81.6 years). Significant burden (ZBI-12 ≥10) was reported by 43% of IC. Higher CB was associated with greater patient dependency, impaired mobility, patient fatigue, cognitive decline, malnutrition, comorbidities, and poorer performance status ($p < 0.05$). In multivariable analysis, reduced iADL (OR: 0.785; 95% CI: 0.711–0.866) and increased patient fatigue (OR: 1.105; 95% CI: 1.023–1.192) independently predicted high CB. In these dyads, the most frequent geriatric recommendations were nutritional counseling, medication review, and physiotherapy.

Conclusions: Reduced iADL and increased patient fatigue predict significant CB and should be integrated into onco-geriatric assessment. Nutritional advices, medication review, and physiotherapy emerge as key components of the subsequent care plan.

Keywords

Keyword 1: Caregiver burden
Keyword 2: Older adults
Keyword 3: Cancer

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