

SIOG 2017 - Abstract Submission

*Track 5: Geriatric assessment, nursing/allied health and patient care
Distress and psycho-social issues*

O24

THE IMPACT OF GERIATRIC ASSESSMENT MEASURES ON CAREGIVER EMOTIONAL HEALTH: DATA FROM A MULTICENTER GERIATRIC ASSESSMENT (GA) STUDY IN THE UNIVERSITY OF ROCHESTER NCI COMMUNITY ONCOLOGY RESEARCH PROGRAM (UR NCORP) NETWORK.

S. Mohile^{1,*}, H. Xu¹, E. Culakova¹, B. Canin¹, F. Marie¹, N. Gilmore¹, C. Kamen¹, A. Hurria², W. Dale², C. Heckler¹, N. Vogelzang³, M. Thomas⁴, E. Dib⁵, M. Karen¹, P. Duberstein¹

¹UNIVERSITY OF ROCHESTER MEDICAL CENTER, Rochester, ²City of Hope, Duarte, ³Nevada Cancer Research Foundation, Nevada, ⁴Southeast Clinical Research Consortium, South Carolina, ⁵Michigan Cancer Research Consortium, Ann Arbor, United States

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I submit my abstract to be considered for the following award: None

Introduction: Depression is common in caregivers, and patient and caregiver factors influence caregiver depression. However, little is known about the associations of patient health status with caregiver emotional health. Impairments in GA measures of older patients with cancer may influence caregiver anxiety and depression.

Objectives: To examine the associations between patient and caregiver factors with caregiver anxiety and depression.

Methods: This is an analysis of baseline data from a GA intervention study conducted at 68 individual oncology practices in UR NCORP. Pts aged ≥ 70 with \geq one GA impairment and with an advanced, incurable solid tumor cancers/lymphoma were enrolled; patients could enroll with one caregiver. Relationships between the patient's baseline impairments in GA measures (using 12 validated tools) with caregiver anxiety (≥ 5 on Generalized Anxiety Disorder-7, GAD-7) and caregiver depression (≥ 2 on Patient Health Questionnaire-2, PHQ-2) were assessed in separate multivariable models adjusted for significant caregiver (cg) and patient (pt) characteristics (e.g., cg age, cg sex, cg education, cg income, cg comorbidity (≥ 3 or ≥ 1 that significantly affects quality of life), pt cancer type, pt treatment status, pt distress). In addition, separate multivariable models were used to investigate the independent association of number of GA impairments and impairments in individual GA measures with outcomes.

Results: Among 349 pts (mean age 77, range 70-96), $>50\%$ had ≥ 6 impaired GA measures. Of the 349 caregivers (mean age 66, range 26-92), 26% screened positively for anxiety and 19% for depression. In bivariate analyses, number of impaired GA measures, patient anxiety (≥ 5 on GAD-7) and patient depression (≥ 5 on Geriatric Depression Scale, GDS) were associated caregiver anxiety at $p < 0.10$. In bivariate analyses, number of impaired GA measures, impaired patient nutritional status (significant weight loss, low body mass index, or impaired Mini Nutritional Assessment screening score), patient assistance with activities of daily living (ADLs) and instrumental ADLs, patient falls, patient comorbidity, and patient depression were associated with caregiver depression at $p < 0.10$.

In multivariate analyses, caregiver comorbidity (adjusted odds ratio (AOR) 2.67; 95% Confidence Interval (CI): 1.49-4.78, $p=0.001$) and patient distress (AOR 1.93; 95% CI: 1.09-3.41, $p=0.025$) were associated with caregiver anxiety. The number of impaired GA measures (AOR 1.19; 95% CI: 1.04-1.38, $p=0.015$) and caregiver comorbidity (AOR 2.37; 95% CI: 1.26-4.47, $p=0.007$) were associated with caregiver depression. In a separate model investigating individual GA measures, impaired patient ADL (AOR 2.17; 95%CI: 1.16-4.06, $p=0.015$), impaired patient nutritional status (AOR 2.17; 95%CI: 1.10-4.26, $p=0.025$), and caregiver comorbidity (AOR 2.53; 95%CI: 1.34-4.77, $p=0.004$) were associated with caregiver depression.

Conclusion: A high proportion of caregivers of older patients with cancer report anxiety and depression. Interventions to improve caregiver emotional health should include attention to caregiver comorbidity and patient distress, function, and nutritional status.

Disclosure of Interest: None Declared

Keywords: anxiety, caregiver, depression, distress, geriatric assessment