



Burden Predictors for Long-Term Stroke Survivor Caregivers

Jin-Won Lee¹, Min Kyun Sohn², Jongmin Lee², Deog Young Kim², Yong-II Shin², Gyung-Jae Oh², Yang-Soo Lee², Min Cheol Joo², So Young Lee², Junhee Han², Jeonghoon Ahn², Yun-Hee Kim², Won Hyuk Chang^{2*}, Min-Keun Song^{1,2*}
 Department of Physical and Rehabilitation Medicine, Regional CardioCerebroVascular Center, Chonnam National University Medical School & Hospital¹,
 Department of Rehabilitation Medicine, The Korean Stroke Cohort for Functioning and Rehabilitation Research Group²

BACKGROUND

Determining long-term changes in caregiver burden is essential because post-stroke disability accumulates caregiver stress over a long duration. We assessed long-term changes in caregiver burden severity and its predictors.

METHODS

Study design and data collection

• Korean Stroke Cohort for Functioning and Rehabilitation (KOSCO)

- ① Inclusion criteria : ① first-ever acute stroke, ② age ≥ 19
 ③ within 7 days from symptom onset
- ② Exclusion criteria : ① transient ischemic attack, ② stroke history
 ③ traumatic intracerebral hemorrhage
 ④ not Korean
- ③ Patient and caregiver survey data at 6 months and 6 years (Fig. 1)

Variables and Measurement Tools

• Dependent variable

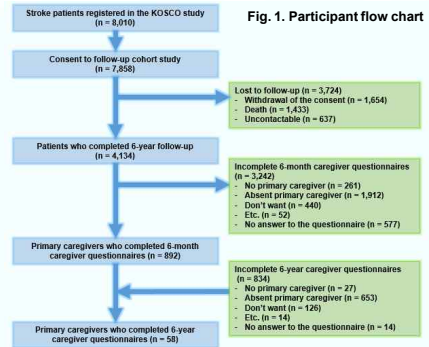
• Caregiver outcomes

Caregiver burden : based on Korean version of Caregiver Burden Inventory (CBI)
 cut-off score calculated based on total score > 36 (risk of "burning out" in CBI) → 36.6 points [(36 x 60/100) + 15 = 36.6]

• Independent variable

• Patient variables

National Institute of Health Stroke Scale (NIHSS)
 Charlson Comorbidity Index (CCI)
 modified Rankin Scale (mRS), Korean Mini Mental State Examination (K-MMSE)
 Fugl-Meyer Assessment (FMA), 9-Hole Peg board Test (9-HPT)
 Korean Version of the Frenchay Aphasia Screening Test (K-FAST)
 Functional Ambulatory Category (FAC)
 American Speech-language Hearing Association National Outcome Measurement System Swallowing Scale (ASHA-NOMS)
 Korean Modified Barthel Index (K-MBI)
 Geriatric Depression Scale-Short Form (GDS-SF)
 Quality of life : Euro Quality of life-five dimension (EQ-5D)



• Caregiver variables

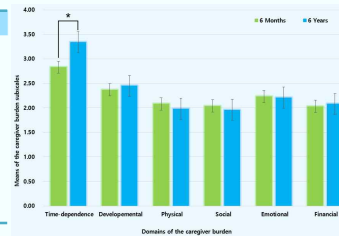
Age, Gender, Employment, Education level
 Patient relationship, Relationship level
 Patient cohabitation
 Home care, Long-term care institution consignment, Hospitalization
 Social support services use (home visit services, daycare center)
 Alternative caregiver presence
 Self-rated health, Self-rated stress
 Stroke knowledge (symptoms, acute stage management)
 Psychosocial stress : Psychosocial Wellbeing Index-Short Form (PWI-SF), EQ-5D

RESULTS

Caregiver burden change for 6 years after stroke

Fig. 2. Change in caregiver burden total score, proportion of high burden AND comparison of each domain score at 6 months and 6 years after stroke

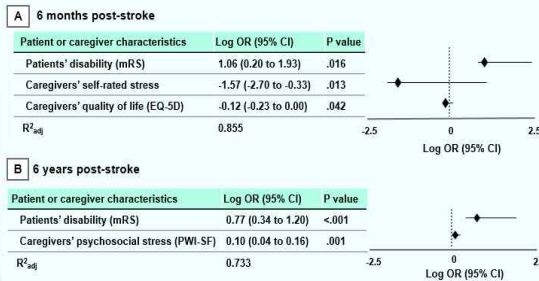
	6 Months	6 Years	P value
Caregiver burden total score, mean (SD)	33.62 (15.10)	34.38 (13.62)	.718
Time-dependence domain, mean (SD)	2.83 (1.36)	3.34 (1.28)	.029
Developmental domain, mean (SD)	2.37 (1.28)	2.45 (1.17)	.640
Physical domain, mean (SD)	2.08 (1.16)	1.98 (1.07)	.595
Social domain, mean (SD)	2.04 (0.91)	1.96 (0.90)	.542
Emotional domain, mean (SD)	2.23 (1.16)	2.21 (1.07)	.891
Financial domain, mean (SD)	2.03 (0.98)	2.08 (0.90)	.753
High caregiver burden, n (%)	22 (37.9)	30 (51.7)	.077



- Caregiver burden total score did **NOT** change
- Proportion of high caregiver burden did **NOT** change
- High caregiver burden, which represent the **risk of burnout** : **37.9% at 6 months** and **51.7% at 6 years**
- **Time-dependence domain, developmental domain** : consistently highest
- **Time-dependence domain** score increased ↑ over time

Caregiver burden predictors

Fig. 3. Predictors of high caregiver burden at 6 months, and 6 years after stroke



• 6 months post-stroke

- Patients' **disability (mRS)**
- Caregivers' **self-rated stress**
- Caregivers' **quality of life (EQ-5D)**

• 6 years post-stroke

- Patients' **disability (mRS)**
- Caregivers' **psychosocial stress (PWI-SF)**

CONCLUSION

Nearly half of caregivers were at risk of burnout, which lasted until 6 years. Patients' disability and caregivers' stress were burden predictors in both subacute and chronic phases of stroke. Findings can aid in developing Korean-specific interventions for alleviating the caregiver burden.