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Inclusion of Caregivers in the CGA: Future Directions for Optimizing Clinical Care

Lora Rhodes, LCSW

Andrew Chapman, DO, FACP, FCPP

Kristine Swartz, MD

Caroline Glavin, MSW

Charlotte Zuber

See next page for additional authors

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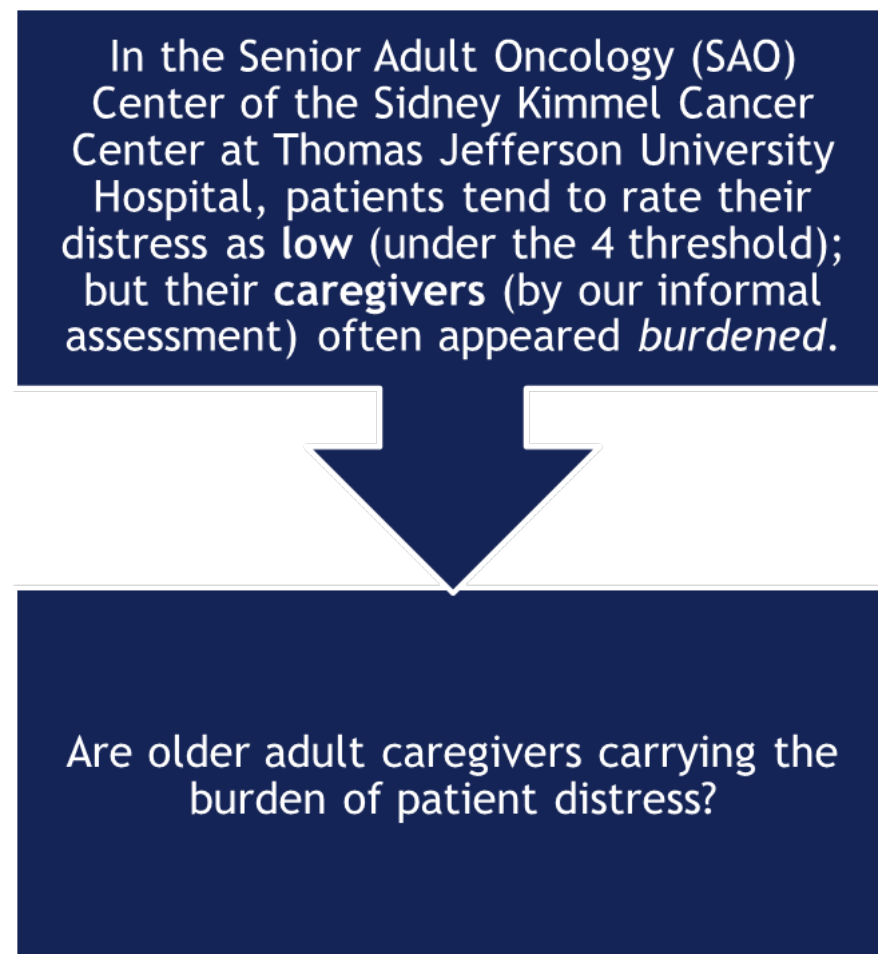
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Authors

Lora Rhodes, LCSW; Andrew Chapman, DO, FACP, FCPP; Kristine Swartz, MD; Caroline Glavin, MSW; Charlotte Zuber; and Kuang-Yi Wen, PhD

Introduction

As our population continues to age and the number of cancer survivors increases, the physical, emotional, and financial burden on family caregivers will increase exponentially. While burden among cancer caregivers is recognized to impact both caregiver and patient health and quality of life, our current comprehensive geriatric assessments (CGAs) do not routinely include evaluations of caregivers' distress, burden, or functioning. As we continue to work to better understand the needs of older adults with cancer, it is critical that this circle of concern includes the needs of their caregivers.



Objective

Identify factors associated with caregiver burden and distress in a diverse population of older adult cancer patients.

Methods

The Zarit Caregiver Burden Interview (ZBI-12) and caregiver distress screening (using the NCCN distress thermometer) were included in CGAs performed in the SAO Center. Caregiver burden and distress were compared with existing patient assessments, including CARG score, Geriatric Depression Scale, and MiniCog[®].

Short Form Zarit Burden Interview (ZBI-12)

| | "Never" (0) | "Rarely" (1) | "Sometimes" (2) | "Quite frequently" (3) | "Nearly always" (4) |
|---|-------------|--------------|-----------------|------------------------|---------------------|
| 1. That because of the time you spend with your relative that you don't have enough time for yourself? | | | | | |
| 2. Stressed between caring for your relative and trying to meet other responsibilities (work/family)? | | | | | |
| 3. Angry when you are around your relative? | | | | | |
| 4. That your relative currently affects your relationship with family members or friends in a negative way? | | | | | |
| 5. Strained when you are around your relative? | | | | | |
| 6. That your health has suffered because of your involvement with your relative? | | | | | |
| 7. That you don't have as much privacy as you would like because of your relative? | | | | | |
| 8. That your social life has suffered because you are caring for your relative? | | | | | |
| 9. That you have lost control of your life since your relative's illness? | | | | | |
| 10. Uncertain about what to do about your relative? | | | | | |
| 11. You should be doing more for your relative? | | | | | |
| 12. You could do a better job in caring for your relative? | | | | | |

NCCN DISTRESS THERMOMETER
Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.
Instructions: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.

Extreme distress 10
9
8
7
6
5
4
3
2
1
0
No distress

Cancer and Aging Research Group Chemotherapy Toxicity Tool (CARG-TT)
Estimates the risk of severe chemotherapy-related side effects (Grade 3 or greater toxicity) in older cancer patients.

Geriatric Depression Scale (Short Form)

When to Use:

Sex: Female Male

Age, years: <-72 0 ≥72 +2

Cancer type: Other 0 Gastrointestinal or genitourinary +2

Dosage for first dose of chemotherapy: Reduced dose 0 Standard dose +2

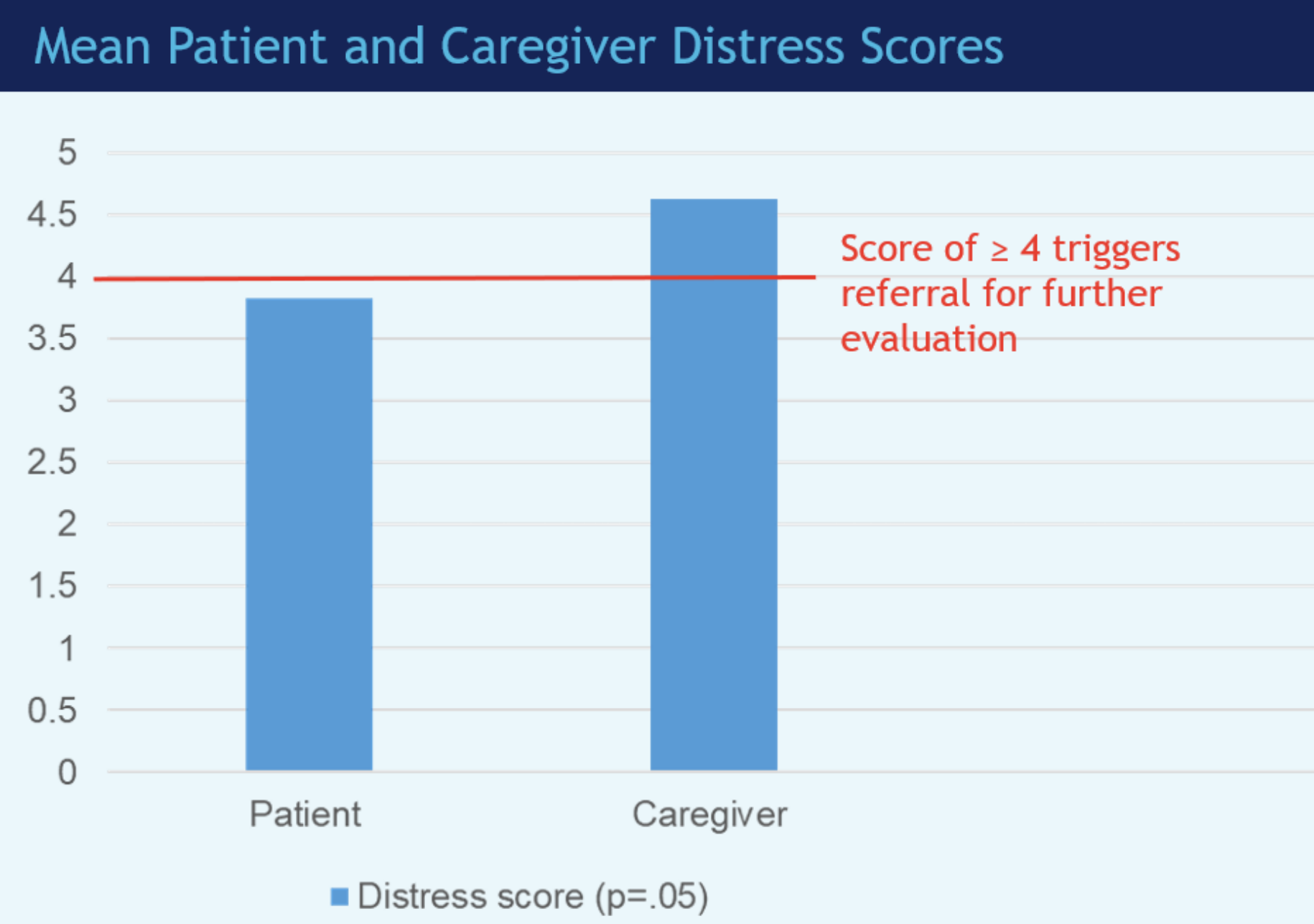
Number of chemotherapy drugs: <1 0 ≥1 +2

Creatinine clearance, mL/min: ≥34 mL/min 0 <34 mL/min +3

Hearing: Excellent/good 0 Fair/poor/totally deaf +2

Key Findings

Distress scores among caregivers of older adult cancer patients were higher than those of the patients.



Moderate to high caregiver burden (ZBI >=10) was associated with:

- Higher distress scores in caregivers (p=.001) but not in patients (p=.179)
- Higher CARG (Cancer Aging Research Group chemotherapy toxicity risk) scores in patients (p=.002)
- Older age of patients (p=.004)

No significant correlation was found between higher caregiver burden and ECOG scores or Geriatric Depression Scores

Our current CGA's are missing important factors in caregivers that can impact older adult patients' health, functioning and quality of life.

References

- National Cancer Institute. (2022). Informal Caregivers in Cancer: Roles, Burden, and Support (PDQ[®])—Health Professional Version.
- Schulz R, Beach SR, Czaja SJ, Martire LM, Monin JK. Family Caregiving for Older Adults. Annu Rev Psychol. 2020 Jan 4;71:635-659.

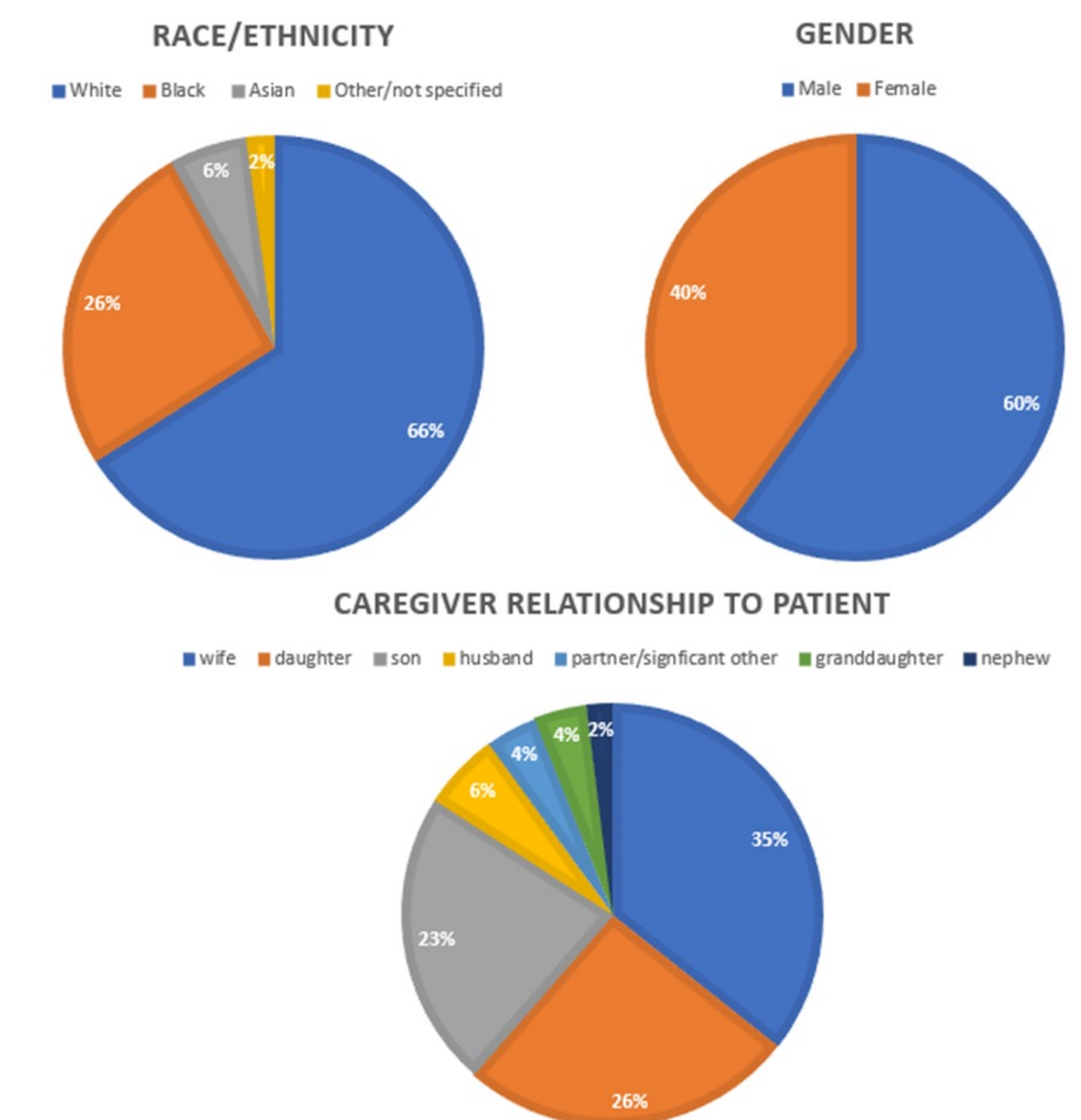
Results

Data was collected on 50 patient-caregiver dyads.

Patient Demographics:

Mean age: 75.5

Diagnoses: Myeloma (34%); Leukemia (23%); Lymphoma (9%), Breast (9%); GI (7%); Bladder, Gyn, Head/Neck, Melanoma, Prostate, Lung (each <4%)



Comparing caregiver burden with patient assessments:

For data analysis purposes, caregivers were divided into two groups: no - mild burden (defined as ZBI < 10) and moderate - high burden (ZBI ≥ 10)

| Measure | Caregiver Burden < 10 (mild burden) N=26 (52.0%) | Caregiver Burden ≥ 10 (mod-high burden) N=24 (48.0%) | p-value |
|--------------------|--|--|---------|
| Patient distress | 3.2 | 4.0 | .179 |
| CARG score | 8.5 | 12.3 | .002 |
| GDS | 2.7 | 3.7 | .291 |
| Caregiver distress | 3.3 | 6.2 | .001 |
| Age | 72.6 | 78.8 | .004 |
| Mini Cog: n (%) | | | |
| abnormal | N*=17 4 (23.5%) | N*=18 7 (38.9%) | .471 |
| normal | 13 (76.5%) | 11 (61.1%) | |

Conclusions

These findings, while preliminary, illustrate that patient measures utilized in the CGA are not representative of caregiver distress and functioning, and may be missing important information about how caregiver-patient dyads are functioning overall. Our results suggest that caregivers may be more distressed than those in their care. As our population continues to age, the burden on family caregivers will also increase-impacting both patient and caregiver health and quality of life (National Cancer Institute, 2022; Schulz, 2020). We have a responsibility to understand the needs of this growing population, develop tools to identify burdened caregivers and intervene appropriately.