

THE PSYCHOLOGICAL IMPACT OF A PANDEMIC COVID-19 TO PEOPLE WHO CARE FOR PATIENTS WITH DEMENTIA

Olha Orlova¹
Liliia Zhyvotovska²

DOI: <https://doi.org/10.30525/978-9934-26-050-6-17>

During the COVID-19 pandemic, almost a third of the world's population experiences emotional stress, isolation provokes feelings of loneliness, fear and. Many people suffer from both the direct health effects of the virus and the effects of physical isolation [1].

In March 2020, when the coronavirus infection affected 113 countries, the World Health Organization declared COVID-19 a pandemic of «alarming prevalence and severity» [2].

¹ Ukrainian Medical Stomatological Academy, Ukraine

² Ukrainian Medical Stomatological Academy, Ukraine

Over the past three decades, mainly due to an aging population, the incidence of dementia worldwide has risen sharply. Usually, people with this diagnosis are among the most vulnerable in society due to weakness, chronic immune dysregulation and concomitant pathology of other chronic diseases, including vascular disorders [3].

Caregivers of patients with dementia face a «double burden» as the pandemic increases both their vulnerability due to increased morbidity and mortality, and the disruption of their social support and access to health care due to quarantine measures and social distancing [4].

People with cognitive impairments often need help with their daily activities, medication, social and leisure activities [5]. Due to the COVID-19 pandemic, family, friends or professional carers may isolate themselves for fear of infection and refrain from visiting due to changes in their lifestyle.

The aim of our study was to examine the state of mental health and related factors among those caring for people with dementia during the COVID-19 pandemic.

46 patients with dementia were examined, 46 people who raised them were interviewed in the regional psychiatric institution. Patients with dementia include the presence of dementia of various forms (vascular, respectful of the environment, atrophic). Criteria for inclusion in the study of persons performing the function of care were: age 25 years and older, care for one patient. All respondents are residents of Poltava region. Comprehensive diagnostic assessment included completing health questionnaires during quarantine activities. Given the extreme uncertainty of the pandemic, carers complained of new problems: social distancing, difficulties in meeting the basic needs of patients.

Socio-demographic characteristics of the caregiver included gender, education, socio-professional characteristics, family ties with the patient. It was assessed whether the caregiver lived with the patient and how many hours a day the care took. The age range of caregivers ranged from 25 to 60 years – the average age was $42,3 \pm 1,5$, women were 93.5%. They lived in the city – 21 (45,6%), in rural areas – 25 (54,4%). According to marital status, caregivers were distributed as follows: first marriage – 15 (32,6%), remarriage – 12 (26,1%), civil marriage – 9 (19,6%), single (divorced, widowed) – 10 (21,7%). A significant part of the surveyed had secondary 24 (52,2%) and secondary special 10 (19,6%) education, higher and incomplete – 7 (15,2%) and 6 (13%), respectively. Working were 31 (60,9%) person, had a part-time (2 to 4 hours) – 8 (17,4%), pensioners – 4 (8,7%), unemployed – 5 (10,9%).

The Mini-Mental State Examination (MMSE, 1975) was used to assess the severity of dementia. Mild dementia had 11 people (23,9%), moderate – 22 (63,6%), severe – 13 (21,2%). Caregivers described the progression of the

disease as «able to take care of themselves, they have access to the usual household activities, such as cooking, cleaning, personal hygiene» – a mild degree. «There are difficulties with the use of household appliances, telephone, a person forgets to close the door, turn off the electricity and gas» – moderate and «needs round-the-clock supervision» – severe.

The guardians' survey included a socio-demographic questionnaire, the PSM-25 psychological stress scale (adapted by N.E. Vodopyanova, 2009) to determine the level of mental stress, and the caregiver workload scale (1980). Using the PSM-25 questionnaire, caregivers were divided into 3 groups according to the level of stress resistance. The first group I included caregivers with a low level of mental stress – 8 (17,4%), the second II with a medium level – 23 (50%) and the third III with a high level – 15 (32,6%).

The results of the study on the scale «Caregiver burden scale» showed that among all surveyed caregivers 8 (17,4%) had a little, 13 (28,3%) – mild, 16 (34,8%) – moderate and 9 (19,6%) – severe load. At the same time, caregivers of patients with moderate and severe dementia complained of greater difficulties with most types of care in general than carers of patients with mild dementia. In the first group, little levels of stress had 5 (62,5 %) patients, mild – 3 (37,5 %). Among the carers in the second group was little level was 3 (13 %), moderate – in 10 (43,5 %), the average – in 5 (21,7 %) and severe – in 5 (21,7 %). The subjects from group III had only moderate and severe levels – 11 (73,3 %) and 9 (60 %) people, respectively.

There was a clinically significant trend to reduce the frequency of increasing the level of workload on the guardian in group I compared with group II ($p = 0.006$) and group III ($p = 0.001$). In addition, according to caregivers, lack of personal support, leisure and communication with friends and family, group activities and exercise increased feelings of loneliness.

Conclusions. In the course of the presented work the level of workload on persons performing the function of caring for patients with dementia during the COVID-19 pandemic was investigated. It was found that most caregivers had a reduced level of stress resistance, which was associated with prolonged stay with the patient and the level of reduced cognitive function of patients with dementia.

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