Exhaustion of caregivers of patients on maintenance haemodialysis

Sir,
In the May issue of NDT, we found an interesting paper by Lin-sun Fan et al. [1] on the quality of life of caregivers of patients on peritoneal dialysis (PD). According to our own investigation, the problem of mental and physical exhaustion is not limited to the caregivers of PD patients, but is also of relevance to family members taking care of haemodialysis (HD) patients. This issue was examined in 30 caregivers, 24 women and 6 men, aged 38–82 years (mean 65 ± 11.21 years). They were responsible for 30 dialysis patients over 65 years of age (67–83 years, mean 75.5 ± 4.7 years), who were treated with HD (25 persons) and CAPD (5 persons) for a mean of 49 months. There were the following relations between caregivers and patients: 17 spouses, 12 parents and 1 unrelated person.

Caregivers were asked to complete the General Health Questionnaire (GHQ-12) for assessment of mental health and the Questionnaire of Caregiver’s Burden (QCB) elaborated for caregivers of patients with dementia in the Polish population [2]. QCB addresses four aspects of caregiver burden: physical exhaustion, social and economic limitations, negative emotions and lack of energy. The patients were evaluated for mental capacity using the Mini-Mental State Examination (MMSE).

Twenty-six caregivers scored above 2 in GHQ-12, which indicated mental derangement. The mean score was 5 (in the scale from 0 to 12). The mean scores of QCB were 20 (maximum 34) demonstrating increased caregiver burden. The results of GHQ-12 and QCB were significantly correlated, \( P = 0.002 \). Particular components of caregiver burden also correlated significantly with GHQ-12 (exhaustion, negative emotions and lack of energy, \( P = 0.002, P = 0.02, P = 0.03 \), respectively). The results of both tests were not affected by the type of family relation, caregiver’s gender and educational and socioeconomic status. Higher educational status of the patient was significantly associated with better mental health of the caregiver measured by GHQ-12, \( P = 0.05 \). Higher educational status was observed only in a minority (6.7%) of the patients. MMSE revealed dementia in 20 patients (67%, 1 severe dementia, 2 moderate dementia, 10 mild dementia and 7 cognitive dysfunctions). Only 10 patients were free of dementia. Increased negative emotions of caregivers measured by QCB correlated with the degree of dementia measured by MMSE (\( P = 0.0278 \)). There was no correlation between MMSE and GHQ-12.

In conclusion, our results confirm that caregivers of haemodialyzed patients are in distress, which is more pronounced in those caring for more dementive patients. Impairment of mental capacity of the patients negatively influences caregivers’ emotions and leads to exhaustion; therefore, education and support, however essential for their role, do not prevent caregiver burnout.

**Editorial Note:** Dr S. Lin-sun Fan et al. declined the opportunity to reply to this letter.

**Conflict of interest statement:** None declared.

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