Who Will Care For Me? Predictions of Caregiver Availability Pre-Stroke

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Introduction

- Long-term care and health care systems rely on available family caregivers (CGs) to provide unpaid care to older adults
- Older adults may expect family members to provide care in old age and build this expectation into care plans
- CG availability is influenced by characteristics of the social support network (e.g., quality, geographic proximity, frequency of contact)
- Prior work found 80% of REGARDS participants reported an available CG; lower perceived CG availability was associated with being female, white, or unmarried; living along; being older than 85, and having worse self-rated health (Roth et al., 2007)

Aims

- Compare predicted CG relationship (pre-stroke) to actual CG relationship (post-stroke)
- Examine associations between stroke patients' pre-stroke characteristics and patterns of change between predicted and actual CG

Sample & Method

REGARDS

32,957 adults aged 45+ reported perceived CG availability and predicted who that CG would be

↓

Some

REGARDS participants became stroke survivors

↓

CARES

Stroke survivors who had informal caregivers enrolled in ancillary study CARES; CG relationship to the patient was recorded

↓

CURRENT ANALYSES

313 stroke survivors' pre-stroke predictions of CG availability and relationship are compared to actual CG relationship post-stroke

Chi-square and ANOVA for descriptive and bivariate analyses

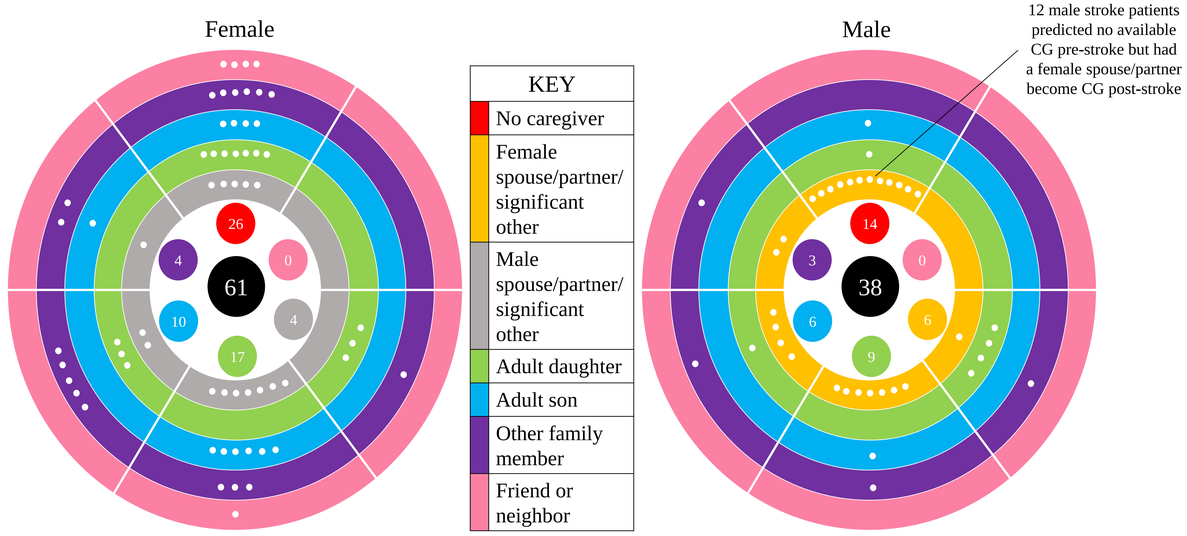
Measures

Table 1. Demographic and Descriptive Characteristics of the Sample

Measure		CG Same as Predicted n = 214		CG Different from Predicted n = 59		Predicted No Available CG n = 40		Overall Sample n = 313	
		M (n)	*SD* (%)	M (n)	*SD* (%)	M (n)	*SD* (%)	M (n)	*SD* (%)
Perceived CG availability	Yes	(214)	(68.4)	(59)	(18.8)	-	-	(273)	(87.2)
	No	-	-	-	-	(40)	(12.8)	(40)	(12.8)
Age	In years (46 - 90)	69.02	7.53	68.49	8.14	68.68	9.14	68.88	7.85
Sex *	Female	(94)	(60.6)	(35) [a]	(22.6)	(26) [a]	(16.8)	(155)	(49.5)
	Male	(120)	(75.9)	(24) [a]	(15.2)	(14) [a]	(8.9)	(158)	(50.5)
Race	African American	(90)	(68.2)	(25)	(18.9)	(17)	(12.9)	(132)	(42.2)
	White	(124)	(68.5)	(34)	(18.8)	(23)	(12.7)	(181)	(57.8)
Marital status *	Married	(76)	(59.4)	(32) [a]	(25)	(20)	(15.6)	(128)	(40.9)
	Not married	(138)	(74.6)	(27) [a]	(14.6)	(20)	(10.8)	(185)	(59.1)
Education	High school or less	(87)	(66.9)	(24)	(18.5)	(19)	(14.6)	(130)	(41.5)
	Some college or College graduate	(127)	(69.4)	(35)	(19.1)	(21)	(11.5)	(183)	(58.5)
Depression	CES-D 20 item (0 - 56)	8.90	9.66	10.02	12.48	11.85	11.12	9.49	10.44
SF-12 Mental *	(22.87 - 68.46)	54.56	7.49	52.90	10.62	50.53[a]	9.20	53.73	8.47
SF-12 Physical	(10.97 - 60.35)	45.13	10.56	45.19	10.42	42.97	10.57	44.86	10.53

Note. All measures are from REGARDS baseline (pre-stroke); CG = caregiver; CG availability assessed with question: "If you had a serious illness or became disabled, do you have someone who would be available to provide care to you on an on-going basis?"; * indicates statistically significant differences between groups; [a] = significantly different from "CG Same as Predicted" group

Figure 1. Patterns of Change in Predicted Versus Actual Caregiver by Sex



Note. Figure compares predicted and actual CGs of stroke survivors who experienced change from predicted CG. Innermost circle provides n of male/female subsample. Inner circles represents predicted CG relationship, with numbers inside indicating frequency of prediction within the male/female subsample. Each sector shows patterns of change, with proximal outer rings representing actual CG relationship and white dots indicating frequency of pattern.

Results

- 76% of men versus 61% of women accurately predicted their CG
- 9% of men versus 17% of women report no available CG
- 68% of the sample accurately predicted their CG
  - Male χ^2 = 8.47, p = .004 and married χ^2 = 8.10, p = .004 patients were more likely to accurately predict their CG than to experience change from prediction
- Roughly 13% of the sample predicted no available CG pre-stroke, but someone became their CG
  - Compared to patients who accurately predicted their CG, patients in this group were more likely to be female χ^2 = 4.396, p = .036 and had lower SF-12 mental scores, p = .004
- 86% of male patients who reported no available CG had a spouse/partner/significant other become their CG
- Adult daughters became CGs for 26.9% of female patients who reported no available CG; 23.1% were other family member and 19.2% were spouses

Discussion

- Results are limited by lack of data on patients who accurately predicted no CG and data on why change from CG predictions occurred
- Older adult males are more likely to have a living spouse who they expect to provide care
- Female older adults face barriers to actual and perceived CG availability (e.g., no living spouse, geographically dispersed adult children)
- Prior research has found that "Lacking an available caregiver increased the risk of NHP in men (HR = 3.15, 95% CI = 1.49–6.67) but not women (HR = 1.37, 95% CI = 0.80–2.35)" (Blackburn et al., 2017)
- When faced with disability or illness, females may have more flexible social support networks that shift to meet care needs