

Modelling the gender perspective in caregivers of patients with Eating Disorders.

Josune Martín¹, Urko Aguirre², Angel Padierna³, Ane Antón⁴, José M Quintana⁵

¹josune.martincorral@osakidetza.net, Research Unit, Hospital Galdakao-Usansolo, REDISSEC (Red de Investigación en Servicios de Salud en Enfermedades Crónicas)

²urko.aguirrelarracoechea@osakidetza.net, Research Unit, Hospital Galdakao-Usansolo, REDISSEC (Red de Investigación en Servicios de Salud en Enfermedades Crónicas)

³jesusangel.padiernaacero@osakidetza.net, Department of Psychiatry, Hospital Galdakao-Usansolo, REDISSEC (Red de Investigación en Servicios de Salud en Enfermedades Crónicas)

⁴ane.antonladislao@osakidetza.net, Research Unit, Hospital Galdakao-Usansolo, REDISSEC (Red de Investigación en Servicios de Salud en Enfermedades Crónicas)

⁵josemaria.quintanalopez@osakidetza.net, Research Unit, Hospital Galdakao-Usansolo, REDISSEC (Red de Investigación en Servicios de Salud en Enfermedades Crónicas)

Mental illness in a close relative can be stressful for family members, particularly those who are also the patient's caregiver. Eating disorders (ED) pose special problems for families, as they tend to persist over long periods. Relatives of individuals with a mental illness tend to judge their quality of life, especially their emotional well-being, significantly worse than the general population, and female relatives tend to find themselves more burdened when acting as a caregiver than male relatives. Identifying factors that may predict caregiver burden and quality of life among parental caregivers of ED patients could improve integrated health care strategies for this type of illness. This prospective study investigated quality of life and caregiver burden of 244 parent caregivers of 113 Spanish patients with eating disorders(ED). 111 mothers and 70 fathers fulfilled the inclusion criteria. ED patients completed the Hospital Anxiety and Depression Scale (HADS) and the Eating Attitudes Test-26. Caregivers completed the HADS, the Short Form-12 (SF-12), the Involvement Evaluation Questionnaire-EU version, and the Anorectic Behaviour Observation Scale. To identify predictors of the SF-12 and IEQ scale scores, multivariable analysis was performed using Generalized Linear Models (GLM), stratified by type of caregiver (mother or father). Furthermore, the same analyses were performed but taking into account different caregivers altogether. Hierarchical linear mixed models were developed, since patients could have two caregivers. The interaction with the type of caregiver was evaluated, since the predictors among mothers and fathers were different. While the mental subscale of the SF-12 was explained by different predictors in the mothers and fathers caregivers, the interaction with the type of patient in the global model showed that the IEQ scale affect worse in the mental area of the mothers than in fathers. On the other hand, predictors of physical subscale of the SF-12 are the same in mothers and fathers. Our findings suggest that mothers and fathers have different perceptions of their quality of life and caregiver burden, and that mothers of patients with ED may be in considerable need for extra psychosocial support. This work was partly funded by the Carlos III Health Institute (Project PI06/0921).

Keywords: caregiver; eating disorder; quality of life; burden.