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# Introduction

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## **Introduction**

Life expectancy at birth has been expanding worldwide during the last two centuries, especially in the second part of the 20th century, resulting into a major increase in the older age group (**Pavlidis et al., 2012**). Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22% (**World Health Organization "WHO", 2012**).

Cancer is a chronic disease of older people; a spiraling increase in the number of older individuals with cancer is expected. The incidence of cancer worldwide among people over 65 years is expected to grow from about 6 million in 2008 to more than 11 million during the coming decade. By 2030, individuals over 65 years will probably account for 70% of all cancer patients in the western world (**Ferlay et al., 2010**). The high proportion of malignant tumors among older people, combined with demographic factors, will potentially translate into increasing numbers of older people diagnosed or at high risk for developing cancer (**Yancik, 2005**).

Cancer diagnosis is a serious life event that produces stress on person diagnosed and also to his or her family caregivers and disrupts social, physical and emotional well-being (**Girgis & Lambert, 2009 and Moukhtar, 2012**). Some studies report that a cancer diagnosis actually has a greater impact on family members than patients (**Resendes & McCorkle, 2006; Mitschke, 2008; and Hagedoorn et al., 2008**). Also cancer is identified as one of the most common health conditions in receipt of informal care giving, with the majority of caregivers reporting taking on the role of caring because of family responsibility and there being little choice or no one else to provide the care (**Girgis et al, 2013**).

Family caregivers play an essential role, usually unpaid, in caring for elderly patients with cancer. Most older patients with cancer are cared for by a family member, who may not be prepared for the challenges of caregiving. The needs of older patients are diverse and may include assistance with medication, transportation for treatment, activities of daily living, and emotional support. The activities that caregivers find most stressful include helping patients with their self-care, managing their treatment and symptoms, and dealing with the suffering of a family member. Families may be affected by other stressors, such as changes in roles and employment and disruptions in

schedules (e.g., frequent clinic visits). There can also be negative effects on caregivers' psychological, social, or physical health functioning (**Haley, 2003**). All of these factors resulting in caregiver burden.

Caregiver burden refers to the stresses and negative consequences associating caregiving (**Miller, 2012**), which may be manifested as feelings of loneliness, isolation, fearfulness, and being easily bothered (**Given et al., 2004**). Family caregivers who experience greater caregiving burden have been found to report more physical and psychological health problems. Indeed, caregiver burden, along with strain, appear to be potent contributors to symptoms of depression and anxiety (**Phillips et al., 2009**).

Family caregiver's psychological well-being reflects the caregiver's emotional state. If the caregiver's psychological well-being negatively influenced by a burdensome caregiving experience, the caregiver would have increased anxiety, distress, and depressive symptomatology (**Mazanec, 2009**). Anxiety and depression are the most common problems experienced by family caregivers (**Stenberg et al., 2010**), and may be more common and severe in family caregivers than in patients with cancer (**Edwards & Clarke, 2004**). Moreover, anxiety and depression in patients and caregivers are correlated (**Grunfeld et al., 2004**). Recent study demonstrates that if the caregiver is depressed, the identified patient becomes depressed and more impaired (**Lichtenberg, 2010**). Generally cancer caregiving is viewed as one of the most stress-inducing caregiving challenges faced by family members (**Li et al., 2013**).

Cancer patients have several kinds of problems and needs including symptom management, disease and treatment monitoring, medication administration, psycho-emotional support, assistance with activities of daily living, and assistance with instrument care (**Esper, 2010; Marcusen, 2010**). The patient's problems and needs can cause burdens for family caregivers because they are often unprepared to provide care for the patients at home (**Cameron et al., 2004**) and they also receive only minimal attention from most health care providers, who tend to be focused primarily on the patients' needs (**Ferrell et al., 2011**). Moreover, caregivers are a vulnerable and at-risk population that remains neglected by the health care system (**Blum & Sherman, 2010**). For this, family caregivers need more specific supporting systems due to the responsibilities they are undertaking for the care of their relatives and due to individual differences observed in their capacities of dealing with inadequacies and challenges.

Family caregivers need help from other people and health care providers to maintain their own well-being and to be able to maintain their role as family caregivers (**Atasoy et al., 2012**).

Therefore, this study aims to identify caregiving burden and psychological health status of caregivers caring for older adults with cancer and assess relationship between caregiving burden and psychological health status of the caregivers