Caregivers’ Descriptions of Sleep Changes and Depressive Symptoms

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Purpose/Objectives: To describe caregiver sleep and depression using caregiver narratives. To compare qualitative descriptions with quantitative scores.

Design: Descriptive, one-time, open-ended interview followed by structured sleep and depression questions.

Setting: Interview conducted in person or via telephone at caregiver’s preference.

Sample: 47 caregivers of patients with advanced stage cancer. Caregivers had a mean age of 54 years, and most were female (81%), Caucasian (82%), and spouses (61%). They provided care for a mean of 24 months. Patients’ diagnoses were lung cancer (36%), colorectal cancer (13%), or recurrences (51%).

Methods: Two cancer care sites in southern California provided participants. After consent, the researcher conducted interviews. The Pittsburgh Sleep Quality Index (PSQI) and Center for Epidemiological Studies–Depression (CES-D) instruments were administered following interviews.

Main Research Variables: Sleep pattern changes and depression levels over time as defined by caregivers.

Findings: Caregivers described severe fluctuations in sleep patterns over time and how these changes affected caregiver depressive symptoms. PSQI and CES-D scores matched narrative comments.

Conclusions: Caregivers’ narratives suggest they suffer progressive sleep deprivation that affects their emotions and ability to continue as caregivers.

Implications for Nursing: Nurses must recognize the severe sleep problems experienced by caregivers and respond with interventions to increase sleep quality and decrease depression.

Family caregivers suffer tremendous stress as a result of providing increasingly intense care to patients with advanced stage cancer. Caregivers report severe levels of depression that affect their daily functioning, quality of life, and ability to continue to provide care to their dying family members (Jepson, McCorkle, Adler, Nuamah, & Lusk, 1999; Wyatt, Friedman, Given, & Given, 1999). Depression is a normal response to the loss and grief that accompany a family member’s diagnosis with a potentially fatal disease; however, other factors amenable to intervention (e.g., chronic sleep deprivation) may severely exacerbate the normal response. Few studies have addressed changes in family caregiver sleep patterns over time and how these changes affect caregiver depression levels (Carter, 2000; Carter & Chang, 2000; McCurry, Logsdon, Vitiello, & Teri, 1998; McCurry & Teri, 1995; Wilcox & King, 1999). In addition, few studies have explored any possible correlation between caregiver narrative descriptions of sleep and depression with caregiver scores on widely used quantitative sleep and depression instruments.

Depressive symptoms (e.g., sadness, tearfulness, irritability, fearfulness) are feelings expressed by caregivers as a result of their caregiving experiences that would indicate the presence of or risk for depression. Depression is one of the most frequently studied caregiver outcomes (Aneshensel, Perlman, Mullan, Zarit, & Whitlatch, 1995; Nijboer, Triemstra, Tempelaar, Sanderman, & van den Bos, 1999; Schwarz, 1999; Yates, Tennstedt, & Chang, 1999). Depression can have devastating effects on caregivers’ health and their ability to continue to provide care for patients with cancer (Given, Given, Stommel, & Azzouz, 1999). Higher rates of depressive symptoms consistently have been observed among family caregivers compared to their same-age peers who are not caring for ill relatives (Aneshensel et al.; Dura, Stukenburg, & Kiecolt-Glaser, 1990; Tennstedt, Caffarata, & Sullivan, 1992).

Several factors related to caregiver depression include time since diagnosis, type of diagnosis, patient age, patient...