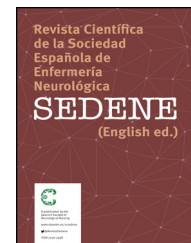




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## ORIGINAL ARTICLE

### Quality of life of caregivers of persons with neurological disorder sequels<sup>☆</sup>



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#### KEYWORDS

Caregivers;  
Burden;  
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#### Abstract

*Introduction:* People with neurological disorders require family support; therefore, they have to assume the function of taking care of them. The persons that take on the important work of caring and attending the needs of these people have to modify their life, which could be a burden and could affect their quality of life.

*Aim:* To determine the health related quality of life and burden in caregivers of people with neurological disorders.

*Method:* A descriptive correlational, cross-sectional study was conducted using an intentional sample. The information was collected using 4 different tools: sociodemographic variables, Barthel scale, Betty Ferrell, and Zarit scale.

*Results:* A total of 47 caregivers were included, with a mean age of the patient of 61.1 years (SD 15.36). The mean age of the caregiver was 48.21 years (SD 13.65), and were mainly women (70.2%), and the predominant relationship was wife. It was found that the spiritual and social wellness domains of the quality of life were affected. The overall score of the Zarit scale did not show overload (28.86). There was a correlation between the physical, psychological, and social dimensions of the quality of life, but not with the spiritual. There was also a correlation between burden and the physical and social dimensions.

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**PALABRAS CLAVE**

Cuidadores;  
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*Conclusions:* The caregivers are mainly women, with their quality of life affected in 2 dimensions, and do not show burden. Low correlations were found between the burden and the physical and social dimensions. The aim of health professionals is to offer a comprehensive approach to informal caregivers to mitigate the impact of burden on their quality of life.

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**Calidad de vida de cuidadores de personas con secuelas de trastornos neurológicos****Resumen**

*Introducción:* Las personas con trastornos neurológicos requieren de apoyo familiar, por lo tanto, deben asumir la función de cuidado; la persona que desempeña la importante labor de cuidar y atender las necesidades de estas personas debe modificar su vida, lo cual puede llevarla a presentar sobrecarga y afectar su calidad de vida.

*Objetivo:* Determinar la calidad de vida relacionada con la salud y el grado de sobrecarga en cuidadores de personas con trastornos neurológicos.

*Método:* Estudio descriptivo, correlacional, transversal, con una muestra intencional. La información se recolectó mediante 4 instrumentos: caracterización sociodemográfica, escala de Barthel, instrumento Betty Ferrell y escala de Zarit.

*Resultados:* Se incluyeron 47 cuidadores; la edad promedio del paciente fue de 61,1 años (DE 15,36) y la del cuidador, de 48,21 (DE 13,65). Eran principalmente mujeres (70,2%) y la relación, de esposa. Se encontró afectación en la calidad de vida en el bienestar social y espiritual. La calificación global de la escala de Zarit no reporta sobrecarga (28,86); se encontró correlación entre las dimensiones física, psicológica y social de la calidad de vida, no hay correlación con la espiritual; existe correlación entre la sobrecarga y las dimensiones física y social.

*Conclusiones:* Los cuidadores son principalmente mujeres, con afectación de la calidad de vida en 2 dimensiones y no presentan sobrecarga; se encontraron correlaciones bajas entre la sobrecarga y las dimensiones física y social. La meta de los profesionales de la salud es el abordaje integral de los cuidadores informales para mitigar el impacto de la sobrecarga sobre la calidad de vida.

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**Introduction**

The World Health Organisation considers that the increase in life expectations and the ageing of the population worldwide will lead to an increase in the prevalence of many non contagious, chronic and progressive conditions, such as neurological disorders. According to estimations for the year 2030, 6.77% of the population will have some type of neurological disorder. Furthermore, the increasing capacity of medicine to prevent death has increased the frequency and severity of deterioration associated with these disorders, bringing with it the need to offer an acceptable quality of life to people presenting with sequelae leading to these disorders.<sup>1</sup>

The above leads health professionals to care for people who are victims of neurological disorders which require family support. Strategies therefore need to be devised to help resolve the caregiver's needs and those of the person cared for. According to Roy, the caregivers play primary, secondary and tertiary roles, which makes it possible for the care experience to become a doable practice. Dependent

relationships affect the desire and capacity to give to others and to receive from them all that may be offered: love, respect, values, education, knowledge, skill, responsibilities, material goods, time and talent.<sup>2</sup>

The family must satisfy the basic needs of its members and it is the essential means for conveying cultural, moral and spiritual values to new generations, together with the customs and traditions of each society.<sup>3</sup> The way the family functions is changed by how its members face up to new situations. These may bring fear, uncertainty and discussions regarding adverse situations that affect the physical, psychological, social and spiritual well-being in the quality of life of family members (Appendix).

The role of the caregiver is undoubtedly important in the process of recovery of the patient, but it is not easy for either of them. Both must confront a series of social conditions which, when added to their emotional state and the drama derived from the illness, forces them to confront different obstacles. This is where the preparation of the caregiver plays an essential role, where trust, tranquillity and the security that the ill person has temporarily lost will

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