POSTER NUMBER
20

SUBMITTER'S NAME
Thomas Gossard

SUBMITTER'S EMAIL
trg99884@creighton.edu

ABSTRACT CATEGORY
Clinical Research

ABSTRACT TITLE
Effects of Deep Brain Stimulation on Psychological Well-Being of Caregivers

AUTHORS
NAME
Thomas Gossard
EMAIL
trg99884@creighton.edu

AFFILIATION INSTITUTION
Barrow Neurological Institute

CITY
Phoenix
STATE
AZ
COUNTRY
USA

AUTHORS
NAME
Pireh Ansari
EMAIL
pireh.ansari@commonsprit.org

AFFILIATION INSTITUTION
Barrow Neurological Institute

CITY
Phoenix
STATE
AZ
COUNTRY
USA
OBJECTIVE

To better understand the effects of deep brain stimulation (DBS), surgery related expectations, and disease characteristics on caregiver burden and depression in those with Parkinson's Disease (PD).
BACKGROUND

Caring for patients with Parkinson’s disease (PwP) can have a significant impact on caregivers’ well-being.\textsuperscript{1,2} Treatment with DBS has been shown to improve quality of life of PwP. The effects of DBS on caregivers’ well-being have been studied, but results remain inconclusive.\textsuperscript{3-5} There have been no studies to date examining treatment expectations on caregiver well-being.

METHODS

PwP from a tertiary neurological center and their caregivers were administered a survey examining patient and caregiver demographics, clinical characteristics, caregiver expectations and perceived effectiveness of treatment. Caregivers completed a Patient Health Questionnaire (PHQ-9) and a Zarit Caregiver Burden Inventory (ZBI). Differences between caregiver PHQ-9 and ZBI were evaluated using a multivariate regression adjusting for age, levodopa equivalent doses (LEDD), Hoehn & Yahr score (H&Y), and time since PD diagnosis.

RESULTS

55 subjects and their caregivers completed the survey. The subjects were an average age of 69.6 years old, had been diagnosed with PD for an average of 13.16 years, and were on an average LEDD of 801.06mg. Most patients (85.4%) had their spouse as their caregiver. Twenty-three (41.1%) of these patients had been treated with DBS for an average of 6.9 years. Treatment with DBS did not have a significant effect on caregivers’ PHQ-9 (14.4 v 14.9; \( p = 0.763 \)) nor ZBI (27.0 v 27.4; \( p = 0.11 \)). Additionally, there were no significant differences in caregiver PHQ-9 and ZBI between caregivers who indicated DBS or levodopa exceeded expectations and those who indicated treatment was what they expected or worse.

CONCLUSION

Neither DBS treatment nor treatment related expectations had any effect on caregiver burden or depression in our study.