LONG-TERM OUTCOMES AFTER PROLONGED MECHANICAL VENTILATION: FAMILY CAREGIVER OUTCOMES FROM THE TOWARDS RECOVER STUDY

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Introduction: Individuals who survive a long-stay in the intensive care unit (ICU) often experience ICU Acquired weakness, neuropsychological dysfunction and poor quality of life outcomes. Many will experience negative health outcomes. As family caregivers take on this new and unfamiliar role, many will experience negative health outcomes.

Objectives: To identify aspects of the care-giving situation that influence caregiver emotional health and quality of life.

Methods: We are enrolling patients (mechanically ventilated for over one week) and family caregivers (who provide and/or coordinate post-hospital care) at 10 hospitals across Canada. Caregivers are assessed 7 days and 3, 6, 12 and 24 months after survivors’ ICU discharge and complete the following assessments: Centre for Epidemiological Studies Depression scale, Positive Affect Scale, SF-36, Caregiver Assistance Scale, Care-giving Impact Scale, Personal Gain Scale, Mastery Scale, and Social Support Survey.

Results: To date, 516 caregivers have been enrolled (279, 222, 196, 130 and 49 caregivers have completed the 7-day, 3 month, 6 month, 12 month and 24 month post ICU assessments respectively). Multivariable longitudinal modeling suggests that caregivers experience more depression and less psychological well-being when they have difficulty maintaining participation in valued activities, have less social support, have less mastery, and gain less personally from their caregiving role. Caregivers score higher on the MCS if they are able to maintain participation in valued activities, have more social support, and have more mastery. Caregivers score higher on the PCS if they have more mastery and are better able to maintain participation in valued activities.