

The burden of informal care in patients with musculoskeletal health problems: results from a cross-sectional population survey

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Aims

To assess musculoskeletal (MSK) health of both informal caregivers and recipients, as well as the share of formal care.

Methods

- Online cross-sectional survey (May-June, 2020)
- Normative sample of the Hungarian adult population (n=2004)

Variables recorded by self-administration:

- Socio-demographic characteristics
- EQ-5D-5L index [1]
- Minimum European Health Module (MEHM) [2]
- EQ-5D-5L Mobility dimension
- Physical functioning (HAQ-DI) [3]
- Received formal or informal care due to MSK problems or provided informal care

Statistical methods:

- Descriptive statistics
- Chi-square, Mann-Whitney U, Kruskal-Wallis tests

Results

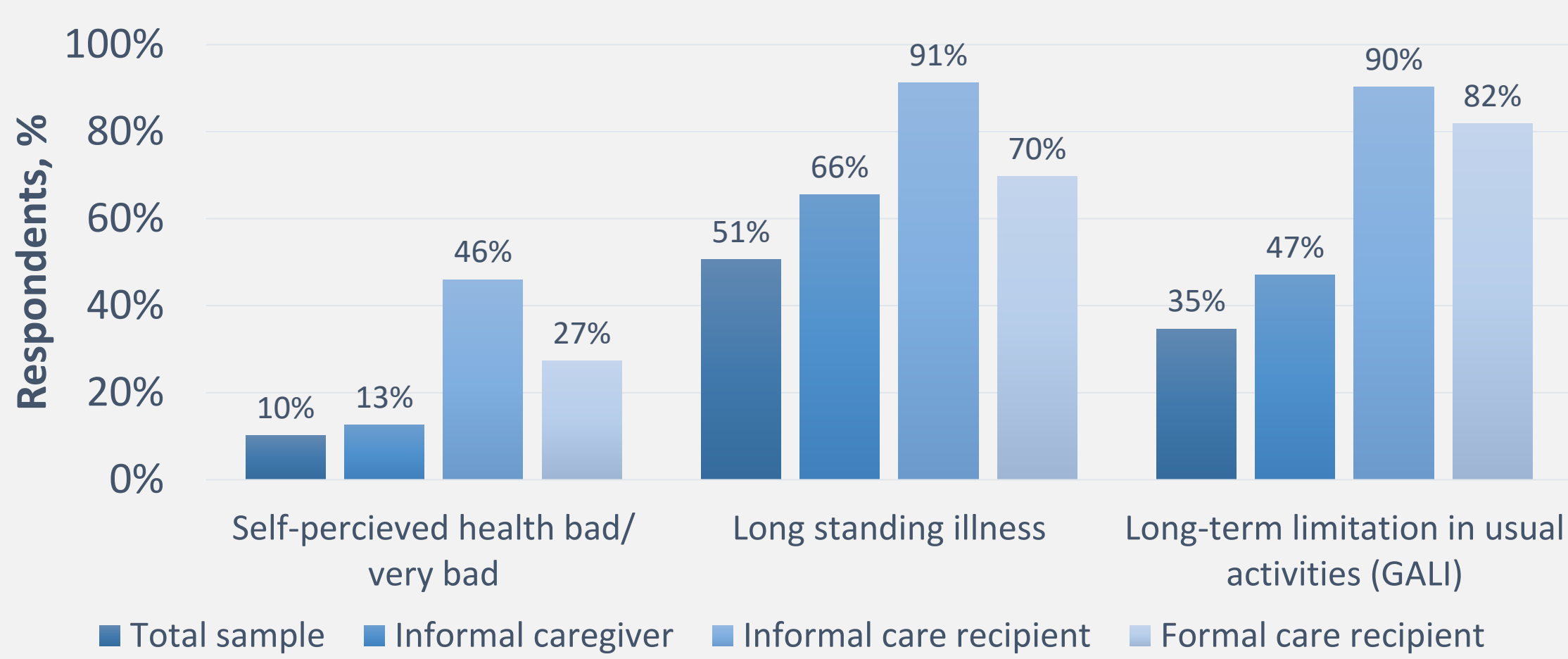
- Respondents involved in formal or informal care were identified. Basic socio-demographic characteristics of the sample and the subgroups are shown in Table 1.

Table 1. Socio-demographic characteristics

	Total sample	Informal caregiver	Informal care recipient	Formal care recipient
N	2004 (100%)	238 (11.9%)	113 (5.6%)	33 (1.6%)
Women	53.1%	63.9%	61.9%	39.4%
Age, Mean (SD)	48.3 (16.6)	50.8 (15.2)	58.0 (11.7)	54.6 (15.9)

- Respondents involved in formal or informal care had more long standing illnesses, long term limitations in daily activities and had worse self-percieved general health (Figure 1).

Figure 1. Proportion of respondents indicating health problems on MEHM questions



- EQ-5D-5L index and HAQ-DI scores were significantly worse among informal caregivers and care recipients compared to those who were not involved (Figure 2 and 3).

Figure 2. Quality of life by subgroups (medians)

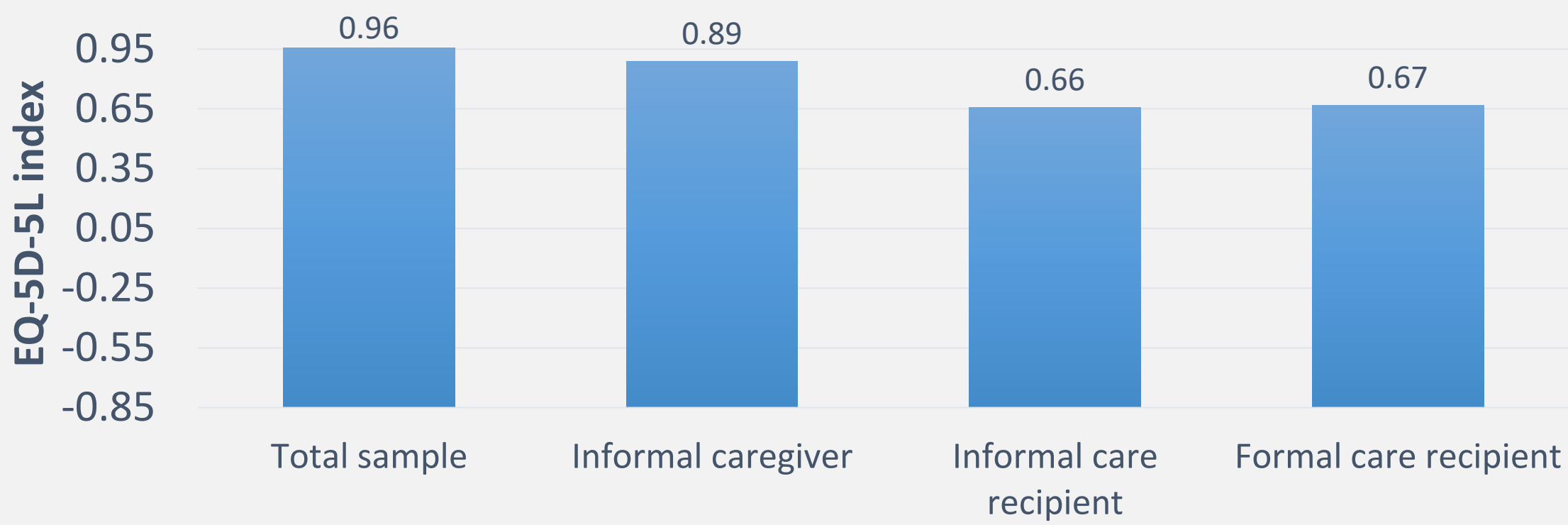
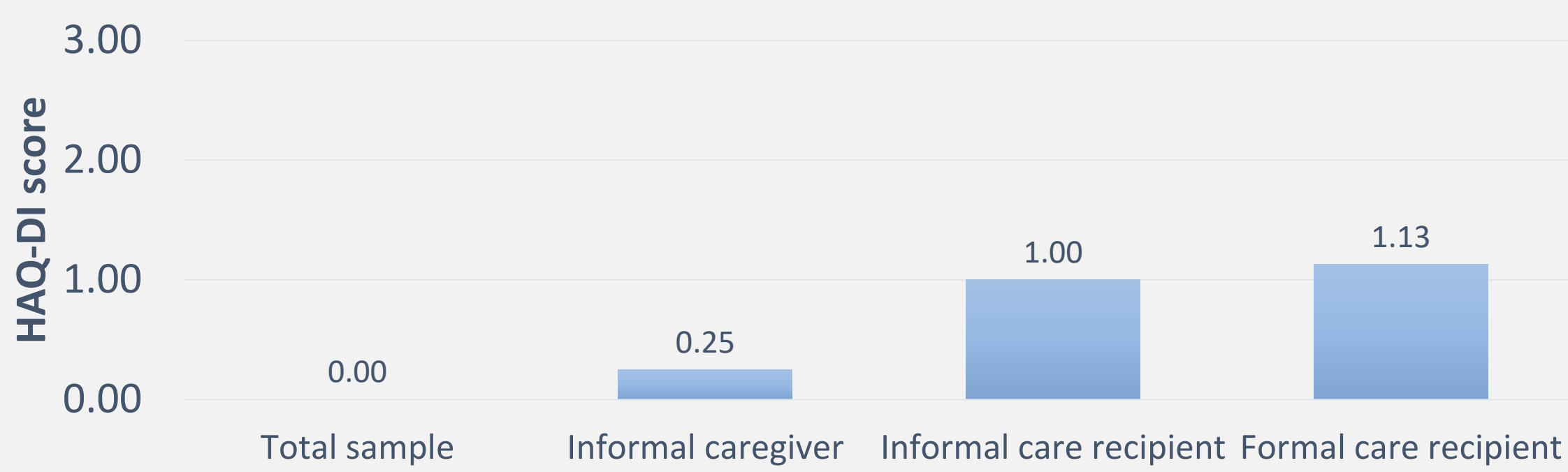
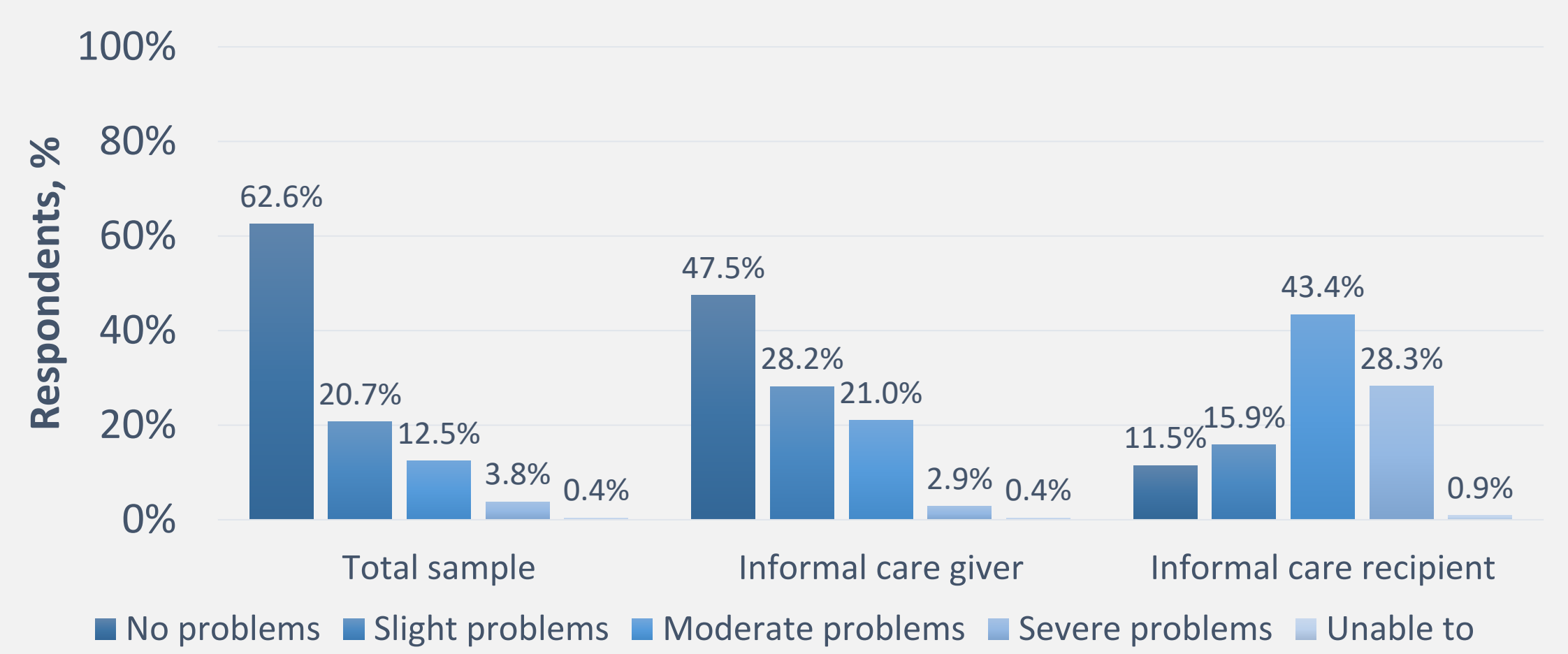


Figure 3. Functional status by subgroups (medians)



- On the Mobility domain of EQ-5D-5L, 52.5% of informal caregivers and 88.5% of informal care recipients reported walking problems (Figure 4).

Figure 4. Respondents indicating walking problems on the 'Mobility' domain of EQ-5D-5L



Conclusions

- A substantial proportion of the population require formal or informal care due to MSK problems, more people receive informal care.
- There is a significant amount of informal caregivers, many of them live with MSK disorders.
- The results of this study provide basic input to identify patient groups affected by informal care and helps to develop social and healthcare strategies aiming to support informal caregivers.

References

[1] Herdman, M., Gudex, C., Lloyd, A., Janssen, M., Kind, P., Parkin, D., Bonse, G., & Badia, X. (2011). Development and preliminary testing of the new five-level version of EQ-5D (EQ-5D-5L). Qual Life Res, 20(10), 1727-1736. [2] Cox, B., van Oyen, H., Cambois, E., Jagger, C., le Roy, S., Robine, J. M., & Romieu, I. (2009). The reliability of the Minimum European Health Module. Int J Public Health, 54(2), 55-60. [3] Fries, J. F., Spitz, P., Kraines, R. G., & Holman, H. R. (1980). Measurement of patient outcome in arthritis. Arthritis Rheum, 23(2), 137-145.

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