

がんを患う家族介護者におけるストレス
—日本の3年間全国調査データを用いて—

研究協力者 Maria Lisseth Morales Aliaga
筑波大学大学院人間総合科学研究科ヒューマン・ケア科学専攻
博士課程

研究分担者 杉山雄大 国立国際医療研究センター研究所糖尿病情報センター
医療政策研究室長

研究分担者 伊藤智子 筑波大学医学医療系ヘルスサービスリサーチ分野 助教

研究代表者 田宮菜奈子 筑波大学医学医療系ヘルスサービスリサーチ分野 教授
筑波大学ヘルスサービス開発研究センター センター長

研究要旨

本研究の目的は、日本において、がんの介護者の特徴を、がんではない介護者と比較して記述するとともに、がんと介護者の心理的苦痛の関連性を調査することである。本研究で用いたデータは、2010年、2013年、2016年の日本の国民生活基礎調査である。

家族介護者の中、女性介護者（69.3%）と40～64歳の年齢層のもの（51.8%）が大部分を占めていた。がん罹患した家族介護者の数は時間の経過とともに増加し、そのほとんどが無職（72.2%）であった。他の病気の有無などの共変量を調整すると、がん罹患していることは苦痛と有意に関連していた（リスク比 1.33、95%信頼区間 1.05-1.69）。

がんを患う家族介護者の数は今後も増加することが予想されるため、苦痛に対処するためには、治療と介護の両方を管理するための追加支援を提供することが重要である。

A. 研究目的

The family caregivers with cancer might be considered as having difficulties in their double role as family caregivers and cancer patients. They are expected to feel highly dis-tressed, and it is important to discuss additional interventions for them. Therefore, we focused on the association between cancer and distress among family caregivers. This study aimed to describe the characteristics of family caregivers with cancer.

from the Comprehensive Survey of Living (CSLC, kokumin seikatsu kiso chousa). We used data from 2010, 2013, and 2016. The participants were family caregivers aged from 40 years old, caring for only one aged, chronically ill, or disabled family members at home who had a Long-Term Care Insurance certification; whose information in the dataset was available for all the covariates included in the model. The dependent variable (outcome) was distress, measured using the K6 scale, which was included in the CSLC and was self-administered. We treated the K6 scores as binary: 0-4 (normal) as no or low presence of

B. 研究方法

This is a cross-sectional study using data

distress and 5–24 as having psychological distress (moderate to severe distress). We conducted a Poisson regression analysis to examine the association between having cancer and family caregivers' distress.

(Ethical consideration)

This study was provided by the Statistics Information Department of the Ministry of Health, Labor and Welfare based on the approval of the secondary use of data under Article 33 of the Statistics Act. In addition, this study was approved by the University of Tsukuba.

C. 研究結果

In 2010, the long-term care validity questionnaires included 5912 persons requiring care, data from 6342 people in 2013 and 6790 people in 2016 were collected. The surveyed participants were different each year, and the data for the surveys were appended to form a single dataset. The final participants were 5258 family caregivers ($n = 1439$ in 2010, $n = 1948$ in 2013, and $n = 1871$ in 2016). The share of family caregivers with cancer showed a slight increase through the three surveys (25.6% in 2010, 33.3% in 2013, and 41.1% in 2016). Most family caregivers with cancer were unemployed (72.2%) and higher in the cancer sample than the total sample mean (57.7%).

In the model, adjusted with covariates including the presence of other diseases, cancer (risk ratio 1.33, 95.0% confidence interval 1.05–1.69) was related to distress significantly.

D. 考察

Being a cancer patient was significantly associated with more psychological distress among family caregivers in the multivariable model adjusted for both family caregivers' and care recipients' characteristics. This is the first

study to illustrate the higher risk of psychological distress among family caregivers with cancer compared to those without cancer in Japan.

These findings have important implications for developing additional interventions, specifically for family caregivers with cancer who need to manage their situation and, consequently, their distress. A systematic process of gathering information about the caregiving situation may be useful to identify a family caregiver's health, needs, strengths, preferences, and resources [1]. According to the guiding principles and practice guidelines from the National Consensus Development Conference for Caregiver Assessment in the USA, this assessment can be performed by the family caregiver's physician or by other healthcare team members, including social workers, family caregivers, or the care recipient's case manager. Family caregivers' evaluations should also include perceptions of their well-being, challenges and benefits they perceive from caregiving, level of confidence in their skills, and the need for additional support systems. The assessment findings can be used to develop a care plan/program and identify appropriate support services [2], as hospitals can coordinate and manage both family caregivers and care recipients with their treatment or caregiving. They can also facilitate respite care and caregiving by other family members, friends, etc. We emphasize the importance of supporting family caregivers with cancer because of the previously stated burden and situation.

E. 結論

Family caregivers with cancer presented with higher distress than the ones without cancer. As expected, the prevalence of cancer is also

increasing in family caregivers. Consequently, it is important to evaluate family caregivers with cancer and provide them with more support from hospitals to manage their treatment and caregiving, such as respite, a network of secondary family caregivers, or other measures. Our findings provide useful evidence to recognize that family caregivers with cancer have higher levels of distress and may assess hospitals for future support. However, research related to distress in family caregivers with cancer is still in development.

F. 研究発表

1. 論文発表

Morales Aliaga, M. L., Ito, T., Sugiyama, T., Bolt, T., & Tamiya, N. (2021). Association between Having Cancer and Psychological Distress among Family Caregivers Using Three Years of a Nationwide Survey Data in Japan. *International Journal of Environmental Research and Public Health*, 18(19), 10479. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/ijerph181910479>

2. 学会発表

なし

G. 知的財産権の出願・登録状況（予定を含む）

1. 特許取得

なし

2. 実用新案登録

なし

3. その他

なし

H. 文献

1. Lutz, B.J.; Young, M.E. Rethinking intervention strategies in stroke family caregiving. *Rehabil. Nurs.* 2010, 35, 152–160.
2. 44. Collins, L.G.; Swartz, K. Caregiver care. *Am. Fam. Physician* 2011, 83, 1309–1317.