

## 家族介護者の心理的負担と関連する要因

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### 研究要旨

日本では 2000 年に介護保険制度が導入されたが、在宅医療における家族介護者の役割は依然として大きく、家族介護者の心理的負担は身体的問題や介護の中断につながり得るため重要である。本研究では、2007 年、2010 年、2013 年、2016 年の日本の国民生活基礎調査を用いて家族介護者の心理的負担と関連する要因を探索した。同居する介護者と要介護者のペア 12504 組を対象とし、曝露変数として家族介護者の年齢、性別、要介護者との関係、就労、支出、健康状態、介護サービスの利用、他の介護者の有無、介護時間、要介護者の年齢、性別、要介護度、介護の原因となった疾患を用いた。アウトカムを家族介護者の日本語版気分・不安障害調査票（K6）5 点以上とし、多変量ロジスティック回帰分析を行った。

家族介護者の K6 の中央値は 3(0-7)、38.6%が 5 点以上であった。女性（OR : 1.35, 95%CI : [1.21-1.51]）、介護者の健康状態不良（「とても良い」と比較し、「あまり良くない/悪い」で 9.48[7.91-11.37]）、長い介護時間（「必要時のみ」と比較し、「ほとんど終日」で 1.40[1.25-1.58]）、要介護者の認知症（1.16[1.05-1.28]）、呼吸器疾患（1.25[1.06-1.49]）、糖尿病（1.16[1.00-1.33]）はアウトカムと正の関連を認め、高齢の介護者（20-54 歳と比較し、65-74 歳で 0.54 [0.46-0.63]、75 歳以上で 0.50 [0.40-0.62]）、就労あり（0.88[0.80-0.97]）、要介護者の義理の子供（夫婦と比較し 0.75 [0.61-0.92]）は負の関連を認めた。これらの要因を把握し、リスクのある家族介護者の早期発見や継続的なサポートをすることにより、介護者の心理的負担を減らす一助となる可能性がある。

### A. 研究目的

Family caregivers can experience psychological distress, resulting in physical and mental health problems and discontinuation of caregiving. To our knowledge, no national-level studies have been previously published that include a wide range

of caregiver- and care recipient-related factors as potential risk factors for psychological distress in caregivers.

To help close this knowledge gap, we aimed to investigate the association between a wide range of caregiver- and care recipient-related factors.

## B. 研究方法

This is a repeated cross-sectional study. We analyzed data from the Comprehensive Survey of Living Conditions in 2007, 2010, 2013, and 2016, which included 12,504 pairs of caregivers and care recipients sharing a household in Japan. The outcome variable was caregivers' self-reported psychological distress, as measured by the Japanese version of the K6. We defined a K6 score  $\geq 5$  as indicating moderate psychological distress.

We conducted a multivariable logistic regression analysis to identify factors associated with K6 scores  $\geq 5$ , where the exposures were survey year, caregiver factors (age, gender, relationship to the care recipient, employment status, household expenditure per month, self-rated health status, use of social services, whether there was another person to help with caregiving, time spent providing care per day), and care recipient factors (age, gender, care need level, diseases potentially associated with the initiation of long-term care). (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

Caregivers' median K6 score was 3 (interquartile 0–7), and 38.6% had a K6 score  $\geq 5$ . K6 scores  $\geq 5$  were positively associated with female gender (adjusted odds ratio 1.35, 95%CI [1.21–1.51]), poor caregiver health status (compared to “very good,” 9.48, 95%CI [7.91–11.37] for “not very good/poor”), longer

care time (compared to “help only when needed,” 1.40, 95%CI [1.25–1.58] for “almost all day”), and dementia (1.16, 95%CI [1.05–1.28]), lower respiratory tract disease (1.25, 95%CI [1.06–1.49]), and diabetes (1.16, 95%CI [1.00–1.33]) in care recipients. K6 scores  $\geq 5$  were negatively associated with older caregiver age (compared to 20–54 years, 0.65, 95%CI [0.58–0.74] for 55–64 years, 0.54, 95%CI [0.46–0.63] for 65–74 years, and 0.50, 95%CI [0.40–0.62] for  $\geq 75$  years), employment (0.88, 95%CI [0.80–0.97]), and being a care recipient's child-in-law (compared to spouse, 0.75, 95%CI [0.61–0.92]).

## D. 考察

In this repeated cross-sectional study using a nationally representative sample of caregivers and their care recipients in Japan, we found that higher levels of caregiver distress were associated with a wide range of caregiver characteristics, including female gender, poor self-reported health status, providing care for longer periods of time, younger age, being unemployed, and being the spouse or child of a care recipient (compared to the child-in-law). We also found higher distress levels among caregivers whose care recipients had dementia, lower respiratory tract disease, or diabetes.

In the present study, 38.6% of caregivers had K6 scores  $\geq 5$ . Notably, we found a high prevalence of psychological distress in caregivers, compared with a previous study that used the same data source and included both caregivers and non-caregivers (around 29% had K6 scores  $\geq 5$ )<sup>1)</sup>. This finding is in line with a previous study in Japan<sup>2)</sup>, revealing the increased risk for depressive symptoms in caregivers compared to non-caregivers. Given this higher prevalence of psychological distress, health professionals and social workers may

need to screen caregivers for depressive symptoms.

As there have been no national surveys or average statistics on caregiver characteristics representing Japan, our research could contribute to policymaking and practice. Policymakers should disseminate information to health professionals and social workers so that they can recognize risk factors for psychological distress in caregivers. It is also necessary to establish a system that allows caregivers to undertake self-care for themselves, such as educational materials and connection with other caregivers<sup>3)</sup>. Health professionals and social workers need to provide caregiver assessment and appropriate interventions, especially for those at risk<sup>3)</sup>.

#### E. 結論

The findings identified several factors associated with caregiver psychological distress, indicating that particular attention may need to be paid to caregivers with these risk factors. Appropriate intervention might help alleviate caregivers' psychological distress, ultimately resulting in benefits for both caregivers and care recipients

#### F. 研究発表

##### 1. 論文発表

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##### 2. 学会発表

孫 瑜、岩上 将夫、渡邊 多永子、佐方 信夫、杉山 雄大、宮脇 敦士、田宮 菜奈子：家族介護者の心理的負担と関連する因子：国民生活基礎調査を用いた研究、第12回日本プライマリ・ケア連合学会学術大会、2021

#### 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

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3. Swartz K, Collins LG. Caregiver Care. *Am Fam Physician* 2019; 99: 699-706.