

PARKINSON'S DISEASE AND FACTORS INFLUENCING THE QUALITY OF THE DYADIC RELATIONSHIP

Michaela Karlstedt, SM Fereshtehnejad, D Aarsland, J Lökk
*Department of Neurobiology, Care Science and Society, Karolinska Institutet,
Sweden*

michaela.karlstedt@ki.se

Objectives

The aim of this project is to explore how the quality of the dyadic relationship (mutuality) is affected by motor and non-motor symptoms, other perceived difficulties and quality of life (HRQoL) when one person in the dyad is having Parkinson's disease (PD).

Methods

Fifty dyads (age $m=70.5$ [SD=8.5], PD-duration $m=8.6$ [SD=6.6], Hoehn & Yahr $md=2$ [IQR=1]) completed validated scales measuring mutuality (MS), caregiver burden (CB), caring difficulties (CADI), depression (GDS) and HRQoL (PDQ8). Spearman's correlations were used to evaluate univariate associations. To investigate multivariate associations between independent factors and mutuality, multiple regression analysis was used.

Results

Partner mutuality score was significantly associated with CB ($\rho=-.69$), CADI ($\rho=-.61$), partner GDS ($\rho=-.52$), patient MS ($\rho=.49$), patient GDS ($\rho=-.42$), and PDQ8 ($\rho=-.38$). Partner mutuality score did not strongly correlate with motor ($\rho=-.24$) and non-motor symptoms ($\rho=-.24$) or disease duration ($\rho=-.11$). Instead CADI, GDS, PDQ8, CB and patient MS score explained 62 % of the variance in partner mutuality. Of the included variables CADI and patient MS score showed the largest contribution (standardized $\beta=-.43$, $p=.043$ vs $\beta=.35$, $p=.005$).

Conclusion

Findings suggest that higher experience of carer difficulties and patient experience of mutuality may exert an effect on partner mutuality in care-dyads with mild to moderate PD. This ongoing longitudinal study aims now to explore how the course of PD affects mutuality, CB and HRQoL from the perspective of the care-dyad.