Anxiety Medication Use Higher Among Caregivers

According to a report released by Express Scripts, the stress associated with providing unpaid care for a sick or disabled adult can create additional detrimental effects on the caregiver’s health, leading to a 29% greater use of anti-anxiety medications compared to non-caregivers.

The research finds use of medications to treat conditions for which stress is the common denominator, including high blood pressure, depression, anxiety, and ulcers, is higher among caregivers, with the widest difference seen in the use of medications to treat anxiety.

The study, available online at http://www.DrugTrendReport.com, pairs an analysis of Express Scripts’ prescription drug claims data with a telephone survey of more than 12,000 commercially insured individuals ages 18 to 65. The research also suggests:

- Adherence rates for caregivers who take an antidepressant agent are relatively worse than for non-caregivers (67% versus 73%). Across all health conditions, 64% of caregivers are adherent to their medication therapy, compared to 68% of non-caregivers.
- Caregivers are more likely to rate themselves in poorer health compared to non-caregivers (15% versus 12%), and a higher proportion of caregivers report being unhappy (5.3% versus 3.5%).
- Only one in five caregivers reside in the same household as the patients in their care. More than half (52%) live within 15 miles of their primary care recipient, and another 27% live more than 15 miles away.
- Roughly one third provide care for more than one person, and two thirds of respondents provide care for a parent, older relative, sibling, or friend as opposed to a spouse or adult child.
- At the time of the survey, approximately 36% of caregivers had increased the amount of care they provided in the past month; 15% had decreased the amount of care. Caregiving is a long-term endeavor: 8.5% of caregivers reported they were new to the role and only 3.8% said they stopped providing care in the past month.
- The average age of caregivers is 52, and most are women (63% women versus 37% men).


Risk Factors in Late Adolescence Could Lead to Early-Onset Dementia

A study of Swedish men suggests nine risk factors, most of which can be traced to adolescence, account for most cases of young-onset dementia (YOD) diagnosed...
before age 65, according to a report published by JAMA Internal Medicine.

The study included 488,484 Swedish men conscripted for mandatory military service from September 1969 through December 1979 with an average age of 18. During a median follow-up of 37 years, 487 men were diagnosed as having YOD at a median age of 54. Significant risk factors for YOD included alcohol intoxication (hazard ratio [HR] = 4.82); stroke (HR = 2.96); use of antipsychotic agents (HR = 2.75); depression (HR = 1.89); father’s dementia (HR = 1.65); drug intoxication other than alcohol (HR = 1.54); low cognitive function at conscription (HR = 1.26); low height at conscription (HR = 1.16); and high systolic blood pressure at conscription (HR = 0.90), according to the results. Collectively, these factors accounted for 68% of the YOD cases identified.

The results also indicate that men with at least two of the nine risk factors and in the lowest third of overall cognitive function had a 20-fold increased risk of YOD during follow up.


### Grandparent-Grandchild Relationship Affects Well-Being

A new study shows that grandparents and grandchildren have real, measurable effects on each other’s psychological well-being long into grandchildren’s adulthood. The study also revealed that giving tangible support to or receiving it from their grandchildren affected the psychological well-being of grandparents but not grandchildren. Tangible support, also called functional solidarity or instrumental support, includes anything from rides to the store and money to assistance with household chores and advice.

The study included 376 grandparents and 340 grandchildren. The average grandparent was born in 1917 and the average grandchild in 1963, making them ages 77 and 31, respectively, at the midpoint of the study in 1994.

In terms of the study’s implications, the research suggests that efforts to strengthen families should not stop with the nuclear family or focus only on families with younger children. Extended family members, such as grandparents and grandchildren, serve important functions in one another’s daily lives throughout adulthood. The study also indicates that helping older people remain functionally independent may aid their psychological well-being.


### Chronicling the Cancer Experience Can Ease Depressive Symptoms

In the first known study of its kind, University of California Los Angeles researchers have discovered that creating a personal website to chronicle the cancer experience and communicate with the author’s interpersonal circle can reduce depressive symptoms, increase positive mood, and enhance appreciation for life in women diagnosed with breast cancer. Published online in the Journal of Clinical Oncology, the study detailed Project Connect Online (PCO), a randomized trial conducted with 88 breast cancer survivors (age range = 28 to 76). The researchers led 3-hour workshops in which women created personal websites. Women randomly assigned to the control group were offered the workshop 6 months later. All participants completed standard measures of psychological status before being assigned to their respective groups and 6 months after selection.

In the PCO workshops conducted with small groups, women learned about potential uses of the websites, such as expressing emotions related to cancer, providing medical status updates, and letting others know what would be helpful. Women also proac-
Money Saved When Treatment for SMI Mandated

Mandating outpatient treatment for certain people with serious mental illness (SMI), although controversial, results in substantial cost savings by cutting hospitalizations and increasing outpatient care, according to a financial analysis published in the American Journal of Psychiatry.

The finding—focusing on a program in New York termed assisted outpatient commitment, or “Kendra’s Law”—provides a key piece of information in the ongoing policy debate about appropriate treatment approaches for people with SMI. The issue has been particularly heated in light of recent mass shootings by gunmen who have had mental health diagnoses.

The researchers conducted a comprehensive cost analysis of New York’s assisted outpatient treatment program, which mandates community-based care for patients with serious mental illness who have a history of revolving-door admissions to psychiatric hospitals. The researchers analyzed services used by 634 patients under court order to participate in community care, including 520 patients in New York City and 114 from other counties.

Psychiatric hospitalization rates fell steeply among participants in the program. During the year before mandated community treatment, 180 of the 520 New York City participants were admitted to a state psychiatric hospital, and 373 were admitted to a psychiatric unit at other hospitals. In the year after starting the program, 70 were admitted to a state psychiatric hospital and 245 were admitted at other hospitals. Similar declines occurred in counties outside of New York City.

As hospitalizations fell, so did costs. People selected for the program had incurred, on average, more than $104,000 in mental health service costs during the preceding year. These costs declined to $59,924 per patient in New York City, and $53,683 among the other county participants, in the first year of the program. In the second year of the program, costs continued to decline, to $52,386 for the New York City participants and $39,142 for those in the counties. The savings were realized even as expenses for outpatient services more than doubled, with patients increasingly using case management support and transportation services, making clinical visits, seeking addiction treatments, and refilling prescriptions for medications.

Although patients in the mandatory program used more mental health services, the program had a mixed impact on criminal justice system involvement, which affects many people with untreated SMI. Fewer of the study participants were arrested and jailed after initiating mandatory outpatient treatment, but the costs associated with their incarcerations were roughly the same.


Study Identifies Genetic Clues to Schizophrenia Causes

A new genome-wide association study (GWAS) published in Nature Genetics estimates the number of different places in the human genome that are involved in schizophrenia. In particular, the study identifies 22 locations, including 13 that are newly discovered, that are believed to play a role in causing schizophrenia.

The study results are based on a multistage analysis that began with a Swedish national sample of 5,001 schizophrenia cases and 6,243 controls, followed by a meta-analysis of previous GWAS studies, and finally by replication of single nucleotide polymorphisms in 168 genomic regions in independent samples. The total number of people in the study was more than 59,000.

One of the two pathways identified by the study is a calcium channel pathway. This pathway includes the genes CACNA1C and CACNB2, whose proteins touch each other as part of an important process in nerve cells. The other is the “micro-RNA 137” pathway. This pathway includes its namesake gene, MIR137—a known regulator of neuronal development—and at least a dozen other genes regulated by MIR137.

The researchers state that these findings can lead to use of standard, off-the-shelf genomic technologies to help fill in the “missing pieces.”