Predictors of informal care burden one year after severe traumatic brain injury: Results from Paris-TBI study
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Background. – Informal care provided by a non-professional person to patients with traumatic brain injury (TBI) in daily life activities is associated with multidimensional burden.

Objective. – To investigate TBI characteristics and clinical outcomes that predict the level of informal care burden.

Methods. – This multicenter study (Paris-TBI) is based on a large prospective inception cohort of severe TBI, which included all incident cases in the Parisian area during 22 months (2005–2007). Primary informal caregivers (PICs) of home resident TBI survivors were assessed in terms of health-status (SF-36) and perceived burden (Zarit Burden Inventory, ZBI) one year after the injury. Patients’ pre-morbid characteristics, injury severity data, clinical measures at intensive care discharge time, and one year after the injury were recorded. Spearman correlations, Kruskal Wallis and focused principal component analyses were computed.

Results. – Among the 257 survivors at intensive care discharge time, 66 patients-PICs couples could be studied at one year: PICs were predominantly women (73%) aged 50 on average supporting male outpatients (79%) aged 38 on average. PIC’s SF-36 subscales deviated negatively from the French population norms. Fifty-six percent of PICs experienced a significant burden (ZBI score > 20) and 44% were at depression risk. PICs’ SF-36 summary measures and ZBI scores strongly correlated with patients’ global outcome (GOS-E) and particularly with dysexecutive symptoms after one year. However, patients’ demographic and early severity characteristics were not significantly correlated with carers’ burden.

Conclusion. – One year after TBI, higher caregiver burden was related to poorer global disability and greater dysexecutive disorders of severe TBI patients.