

[P67] VARIABLES ASSOCIATED TO THE IMPACT ON THE QUALITY OF LIFE OF RELATIVE CARERS OF PATIENTS WITH DIABETIC FOOT ULCER

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Aim: Identify variables related to the characteristics of relative carer of diabetic patients with DFU that impact the quality of life of the carer.

Method: Observational study, conducted at a Diabetic Foot Unit, which included 28 carers of patients with DFU. Barthel Index (1955) and Lawton and Brody (1969) were used to assess the level of dependency in basic and instrumental patient daily activities and the Questionnaire ICUB97© to identify the cares that the carer gives to its relative patient and consequences that this caring activity have in his quality of life (conceptual framework of Virginia Henderson).

Results/Discussion: Average age of the carer was 60,00±14,93 years and 67,86% (n=19) were woman. Average time carers have spent with their relatives was 81,82±124,15 months and 78,6% (n=22) lived together with the patients. Average patient level of dependency was moderated [(Barthel: 73,39±22,07), (Lawton and Brody: 3,96±2,22)]. Following table shows the distribution of the impact in the basic necessities of the carer and the carer characteristics that have impact on the carer life quality:

Impacted necessities according to the carer perception	n	%	Carer Variables associated to the basic necessities impacts
Oxygenation	4	14,3	----
Nutrition	13	46,4	College degree (p=0.003)
Elimination	8	28,6	Female (p=0.021)
Movement	18	64,3	----
Rest and sleep	18	64,3	----
Get dressed and undressed	2	7,1	Age (p=0.001), living with the patient (p=0.005)
Hygiene and protection of the skin	7	25	College degree (p=0.044)
Avoid dangers	15	53,3	Life together with the patient (p=0.003)
Communication	10	35,7	College degree (p=0.013)
Work and personal fulfillment	16	57,1	College degree (p=0.034), primary studies (p=0.030), work outside home (p=0.049)
Recreation	23	82,1	College degree (p=0.005), primary studies (p=0.047)
Learning	6	21,4	Patient total dependency (p=0.051)

Conclusion: DFU does not only affect the patient quality of life but also has a direct impact on their relative carers. The impact on the DFU patient carer is mainly focused in physical health (nutrition/elimination), psychological health (get dressed and undressed/hygiene and skin protection), everyday life (communication/recreation/learning) and professional life (work and personal fulfillment).