

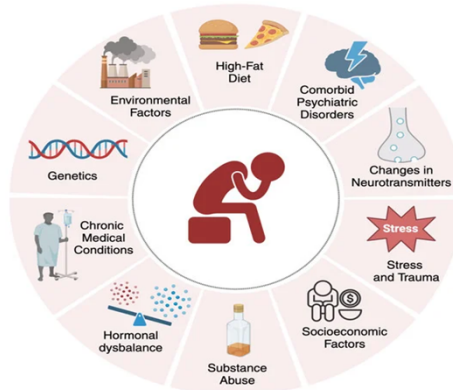
# Pilot exploration of depressive symptoms and risky health behaviors among informal dementia caregivers in Cyprus: A cross-sectional correlational study

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**Introduction:** Dementia is the fourth leading cause of death in high-income countries, placing a significant burden on health and social care. It primarily affects older adults and often coexists with depression. Depression rates have risen sharply, especially among young people. Informal caregivers, often without formal healthcare training, provide care to family or friends under stressful conditions, making them vulnerable to depression, exhaustion, and burnout



## Factors Associated with Depression



**Aim:** The present study aimed to examine the prevalence of depressive symptoms among informal caregivers and explore their association with sociodemographic and clinical characteristics. Additionally, it investigated the relationship between depressive symptoms and the use of tobacco, alcohol, prescription medications, and illicit substances.

**Methods:** This study employs a descriptive correlational design with a sample of 42 participants. Questionnaires assessing five dimensions were administered. Depressive symptoms were evaluated using the Center for Epidemiologic Studies Depression Scale (CES-D), with a cut-off score of 19. Substance use was assessed with the Tobacco, Alcohol, Prescription Drugs, and Illicit Substance Use Tool (T.A.P.S. Tool 2), which identifies substance use patterns and associated risk levels. Statistical analysis was conducted using the non-parametric Kruskal-Wallis and Mann-Whitney tests.

**Results:** The results showed that 42%(n=18) of participants reported depressive symptoms. Family status was associated with depressive symptoms, with divorced caregivers reporting significantly higher levels of depression compared to married caregivers ( $H(3) = 10.861, p = 0.013; p = 0.008$ ), while single caregivers also exhibited higher depression rates compared to married caregivers ( $p = 0.014$ ). Regarding alcohol use, caregivers whose patient was their father reported significantly higher alcohol consumption compared to those whose patient was their spouse ( $U = 133.500, p = 0.031, r = 0.332$ ). Additionally, participants with a higher education level reported greater alcohol consumption than those with secondary education ( $H(3) = 10.861, p = 0.013; U = 317.000, p = 0.004, r = 0.448$ ), while caregivers without children reported significantly higher alcohol use than those with children ( $U = 223.500, p = 0.006, r = 0.422$ ). However, no statistically significant differences were found regarding illicit substances, tobacco or prescription medications ( $p \geq 0.05$ ), indicating that these factors did not vary significantly between groups.



**Conclusion:** These findings highlight the connection between family status, caregiver role, and levels of mental health and alcohol consumption, emphasizing the need for targeted support interventions.