A Response to: "Prevalence, Severity and Correlates of Symptoms of Anxiety and Depression at the Very End of Life"

Dear Editor:

We read the recent paper titled "Prevalence, Severity and Correlates of Symptoms of Anxiety and Depression at the Very End of Life" by Kozlov et al.[1] with great interest. The authors concluded that psychological symptom management at the very end of life (EOL) is crucial to providing comprehensive hospice care.

Caregiver burden is defined by Zarit et al.[2] as "the extent to which caregivers perceived their emotional or physical health, social life and financial status as suffering as a result of caring for their relatives" and is associated with negative health outcomes in carers of people with common conditions. It is very interesting that Kozlov et al. reported that there is a relationship between caregiver burden and the intensity of patients' psychological symptoms at the very EOL that caregivers perceived. A previous study reported that the higher the caregiver burden of the caregivers, the higher the mental disorder risk.[3] Previous studies reported that the high risk group was defined as setting the cut-off point of caregiver burden.[4] Thus, we strongly agree with the author's opinion that providers caring for patients at the EOL need to pay attention to patient's psychological symptoms.

However, Kozlov et al. did not report the health status of caregivers. From the viewpoint of our clinical experiences, the caregiver's psychological symptoms of depression and anxiety are also important. In addition, recent research in the area of caregiving has emphasized not only the subjective burden, but also the importance of objective data such as physical burdens.[5] Therefore, we suggest that evaluating both mental and physical burdens of the caregivers will be able to reveal more beneficial results.

Furthermore, Kozlov et al. only reported the prevalence and intensity of psychological symptoms for patients at the very EOL. Caregiver burden consists of multidimensional aspects affected by emotional, social, and various other elements.[6] Therefore, we believe that it is crucial to evaluate the impact of various factors on caregiver burden. In future studies, we strongly recommend that collecting data from multidimensional aspects will be important to indicate ways to reduce caregiver burden.

Undoubtedly, it is important to focus on caregiver burden for caregivers working with patients at the very EOL. The study conducted by Kozlov et al. provided useful data in this regard. We believe that further evaluation of the caregiver burden will be beneficial for EOL caregivers in the future.

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References

1. Kozlov E, Phongtankuel V, Prigerson H, et al. Prevalence, severity and correlates of symptoms of anxiety and depression at the very end of life. J Pain Symptom Manage 2019; 58:80–85.
2. Zarit SH, Reever KE, Bach-Peterson J. Relatives of the impaired elderly: correlates of feelings of burden. Gerontologist 1980;20:649–655.
3. Arai Y, Zarit SH. Determining a cutoff score of caregiver burden for predicting depression among family caregivers in a large population-based sample. Int J Geriatr Psychiatry 2014;29:1313–1315.
4. Arai Y, Kajiwara K, Toba K, et al. A prompt and practical on-site support programme for family caregivers of persons with dementia: a preliminary uncontrolled interventional study. Psychogeriatrics 2018;18:476–478.
5. Kajiwara K, Mantani A, Noto H, Miyashita M. The relationship between caregiver burden and caregiver pulse rate measured by using a wristwatch-type pulsimeter with accelerometer in home-based family caregivers for persons with dementia: pilot study. Psychogeriatrics 2019; 19:83–84.
6. Higginson IJ, Gao W, Jackson D, Murray J, Harding R. Short-form Zarit Caregiver Burden Interviews were valid in advanced conditions. J Clin Epidemiol 2010;63: 535–542.

Advance Care Planning Discussions in a Substance Use Disorder Recovery Program

To the Editor:

According to an article in the *British Journal of Medicine*, a randomized control trial of 309 patients

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