



## BACKGROUND

- ❖ Barth syndrome (BTSH) and Congenital muscular dystrophy (CMD) are rare diseases typically diagnosed during infancy or early childhood. Children with these rare diseases suffer from muscle fatigue and weakness [1; 2].
- ❖ Most previous studies have investigated the natural history and clinical features of children with BTSH and CMD, while only a few studies focused on parental caregiving issues.
- ❖ Evidence is sparse regarding the extent to which children with BTSH and CMD influence quality of life and family functioning of their parents. The provision of this evidence is important for understanding these parents' challenges and for planning effective healthcare and psychosocial services to meet their needs.

## PURPOSE

- ❖ The purpose of this cross-sectional study is to **investigate how a child's functional ability, family cohesion, and satisfaction with healthcare affect quality of life and family functioning (family impact) for parents of children with rare diseases.**

## METHODS

- ❖ Participants
  - Rare disease group
    - Parents of children with BTSH
    - Parents of children with CMD
  - Unaffected group
    - Parents of unaffected children
- ❖ Instruments
  - PedsQL™ Family Impact Module
  - Modified Barthel Index
  - Family Adaptability and Cohesion Evaluation Scale-IV
  - PedsQL™ Healthcare Satisfaction Generic Module
  - Demographic information form

**Table 1. Demographic Information**

	Rare Disease (N=40)	Unaffected (N=40)	<i>p</i>
<b>Children</b>			
Age			
Mean (SD)	10.97 (3.58)	10.83 (3.64)	.863
Actual Range	5 - 18	5 - 19	
<b>Parents</b>			
Age			
Mean (SD)	42.59 (6.16)	41.45 (6.44)	.424
Actual Range	29 - 53	29 - 54	

*SD* = standard deviation  
\**p* < .05

- ❖ Data Analysis
  - Chi-square test
  - Independent samples *t*-test
  - Pearson correlation coefficient
  - Regression using the residual centering approach

## RESULTS

### Impact of Child, Family, and Healthcare Satisfaction on Parents of Children with Rare Diseases

	Family Impact			Family Impact			Family Impact				
	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$		
Child's Functional Ability	.197	.071	.410*	Family Cohesion	1.496	2.745	.088	Healthcare Satisfaction	.343	.128	.399*
<i>R</i> <sup>2</sup>	.168			<i>R</i> <sup>2</sup>	.008			<i>R</i> <sup>2</sup>	.159		
<i>F</i>	7.695*			<i>F</i>	.297			<i>F</i>	7.204*		

*SE* = standard error.  
\**p* < .05

### Comparison between Two Groups

	Family Impact			Family Impact			
	<i>B</i>	<i>SE B</i>	$\beta$	<i>B</i>	<i>SE B</i>	$\beta$	
Child's Functional Ability (MBI)	.207	.066	.356*	Family Cohesion	3.753	1.910	.191
Group	-12.036	4.356	-.314*	Group	-22.480	3.730	-.586*
MBI*Group	-1.519	.813	-.167	Family Cohesion*Group	-5.771	3.914	-.138
<i>R</i> <sup>2</sup>	.391			<i>R</i> <sup>2</sup>	.337		
<i>F</i>	16.250*			<i>F</i>	7.204*		

*SE* = standard error.  
\**p* < .05

- Both the child's functional ability and healthcare satisfaction were significantly related to quality of life and family functioning (family impact) for parents of children with rare diseases (*p*<.05); family cohesion was not related (*p*>.05).
- The impact of the child's functional ability and family cohesion on parental quality of life and family functioning (family impact) was not significantly different between the rare disease group and the unaffected group (*p*>.05).

## CONCLUSIONS

- ❖ By investigating the factors that affect parents of children with rare diseases, this study expands knowledge regarding how a child's functional ability, family cohesion, and satisfaction with healthcare relate to parental quality of life and family functioning.
- ❖ Functional ability and satisfaction with healthcare are important factors affecting parental quality of life and family functioning in parents of children with rare diseases.
- ❖ Health professionals should develop effective strategies to support positive family relationships, daily living activities, and well-being for the children with rare diseases and their family members.

### Reference

- [1] Angelini, C., & Tasca, E. (2012). Fatigue in muscular dystrophies. *Neuromuscular Disorders*, 22, S214-S220.  
[2] Mazzocco, M. M. M., Henry, A. E., & Kelly, R. I. (2007). Barth syndrome is associated with a cognitive phenotype. *Journal of Developmental and Behavioral Pediatrics*, 28(1), 22-30.