Prevalence

- There are 44.4 million dementia patients worldwide and 7.7 million patients being diagnosed each year.
- Expected to rise to:
  - 75.6 million in 2030
  - 135.5 million in 2050

The annual worldwide economic burden of dementia is 604 billion dollars.
Causes/Treatment

- Alzheimer’s disease is responsible for 60-70% of dementia cases
- There is no treatment to heal Alzheimer’s disease
- Goal should be to improve and support the quality of life in patients, their families, and caregivers.
  - Can reduce burden through education on proper care and protecting caregivers social life and psychological health

Major Factors effecting stress of caregivers

- Loneliness
- Depressive mood
- Being exposed to behaviors not expected from patient
- Insufficient knowledge about the disease
  - When provided with places/people that give support the negative effect of patient symptoms on caregiver decreased and quality of life of caregiver improved.
Early Stage

- Vital for patient to receive more effective support, care, and treatment
- Treatment to prevent advancement should be started rather than a “wait and see” approach
- Patients’ families can cause diagnosis to be delayed up to 4 years

Early Stage Continued

- Forgetfulness and losing the concept of time
  - Asking the same questions repeatedly or retelling stories
- Studies show BPSD are more destructive in caregiver depression than the cognitive disorder.
  - Some behavioral and psychological symptoms are: anxiety, delusions, depressive moods, aggression, skepticism, wandering,…
**Middle Stage**

- Symptoms become more prominent and restrictive at this stage
  - Awkwardness when eating, struggle dressing, time orientation becomes impaired
- This stage increases depression symptoms two-fold in caregivers.
- With more awareness, decision-making abilities, and knowledge of patients families increase while negligent behaviors decrease

**Advanced Stage**

- Patient is unable to perform self care
  - Eating, bathing, and dressing all performed with complete dependence
- As patient dependence increase, morality and morbidity increase in caregivers
- Caregivers report to doctors more due to the suppression of their immune system and use medications and remained more susceptible to memory disorders
Positive Caregiver Outcomes

- Feeling helpful
- Satisfied
- Rewarded by looking after the patient
- Utilized more formal services

Additions to Caregiver Strain

- Caregiver’s anticipation that things will only get worse
- 55% of dementia caregivers report having to give up pleasurable activities or less time with family (52%)
- Contending with behavioral problems (ex: screaming, wandering, or destroying property)
- Caregivers to dementia patients are more effected than non-dementia caregivers
  - Dementia Caregivers are more involved and give more hours per week, they also perform more ADL and IADL tasks
Additions to Caregiver Strain

- Dementia caregivers are more likely than non-dementia caregivers to be spouses versus adult children.
- Dementia caregivers are less likely to report being employed full or part-time and are more likely to be retired.
- Dementia caregivers are significantly older than non-dementia caregivers.
- Higher percentage of Dementia caregivers provided 40 or more hours of care and constant care than non-dementia.

- 68% of caregivers are highly burdened
- 65% exhibit depressive symptoms
- Burden related to:
  - Patient psychopathology
  - Caregiver gender
  - Income
  - Level of education
- High burden associated with use of emotional-focused coping instead of problem-solving approaches.
- Aggressive behaviors were most associated with burden
- Patients memory has a weak association with caregiver burden
- 41-49% of dementia caregivers scored above the risk level for the development of clinical depression
  - Highly correlated to patients behavior

Virtual Dementia Tours

Melanie Titzel, PhD, NHA, CTRS, CCM
Bibliography

