Memory Care

- Offers treatment and support for families affected by Alzheimer’s and other cognitive impairments
  - Other cognitive impairments: Vascular dementia, Frontotemporal dementia, Lewy Body dementia
- Innovative, community-based model: includes support for the caregiver(s) as much as the patient
- Offers education programs such as Family Caregiver College (series of 6, 2-hour lectures), Caregiver Workshops, Support Groups, Caregiver Library

Research Questions

1) What resources are most commonly used by caregivers enrolled in MemoryCare and how effective are they at reducing caregiver stress?
2) What resources may caregivers be interested in getting more information about?
3) What is the association between caregiver stress and (a) the severity of dementia in loved one and (b) caregiver resources used?

Methods

- Developed and administered a survey on resource use among caregivers of family members with dementia (n=17)
- Concurrently administered the Kingston Caregiver Stress Scale (n=17)
- Developed and administered a survey on resource use among caregivers of family members with dementia (n=17)
- Concurrently administered the Kingston Caregiver Stress Scale (n=17)

Dementia Caregiver Interventions

- Multi-dimensional intervention methods:
  - Problem solving, coping skills training, behavior management training, support groups, cognitive-behavioral therapy
  - Some have incorporated adult day care activities, physical exercise, and teaching caregivers how to provide memory training for care recipients
  - Most frequently studied outcome in caregiver intervention studies: depressive symptoms
  - Various interventions have shown reductions in:
    - Symptoms of depression, anxiety, anger, hostility, quality of life, life satisfaction, mood, perceived stress/burden
    - Residential care placement, patient functional status, service utilization
  - Interventions with positive effects on various outcome measures included:
    - Involvement of the patient in addition to the caregiver in a structured program, such as teaching the caregiver problem-solving skills in the care of the patient
    - More structured and more intensive interventions, especially ones that require active participation of the caregiver
  - Unsuccessful interventions included:
    - Short educational programs, support groups alone, single interviews, and brief interventions or courses that did not offer long term contact

Preliminary Results

1) Feeling NO stress
   Coping fine
2) Mild stress
   Some stress
3) Moderate stress
   A lot of stress
4) Severe stress
   Feeling at the end of your rope, health at risk
5) Extreme stress

Characterizing Caregiver Stress

- Questions with the highest average score on the stress scale were changes in social life (KQ3) and concerns regarding the future needs of the loved one (KQ9).

Caregiver Resource Use

- The greatest stressors for caregivers of loved ones with dementia are related to changes in social life and concerns regarding the future care needs of loved one.
- The greatest stressors for caregivers of loved ones with dementia are related to changes in social life and concerns regarding the future care needs of loved one.

Summary & Future Directions

- The greatest stressors for caregivers of loved ones with dementia are related to changes in social life and concerns regarding the future needs of their loved one.
- Caregivers are least stressed about conflicts within the family over care decisions and the amount of support they have received.
- The most widely used resource among caregivers are books related to caregiving.
- Caregivers are most interested in participating in Caregiver College, perhaps because of their investment and satisfaction with the help they have received at MemoryCare.
- Multiple factors contribute to caregiver stress, thus future studies should aim at identifying factors that are both positively and negatively contributing to stress.

REFERENCES


AKNOWLEDGMENTS

Dr. Marina MacNamara
Dr. Lisa Verges
Dr. Virginia Templeton
Carly Woods
My fellow Rural Scholars

F. LOMBARDI1, L. VERGES2
1University of North Carolina School of Medicine, Chapel Hill, NC; 2MemoryCare, Asheville, NC