

The Family Care Landscape for Dementia Through a Gender Lens

Findings from the DeStress study

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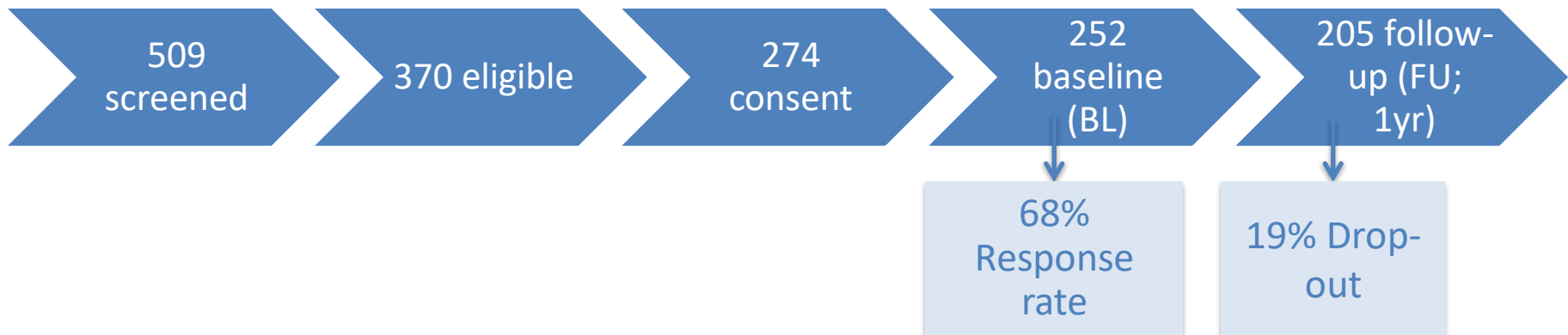
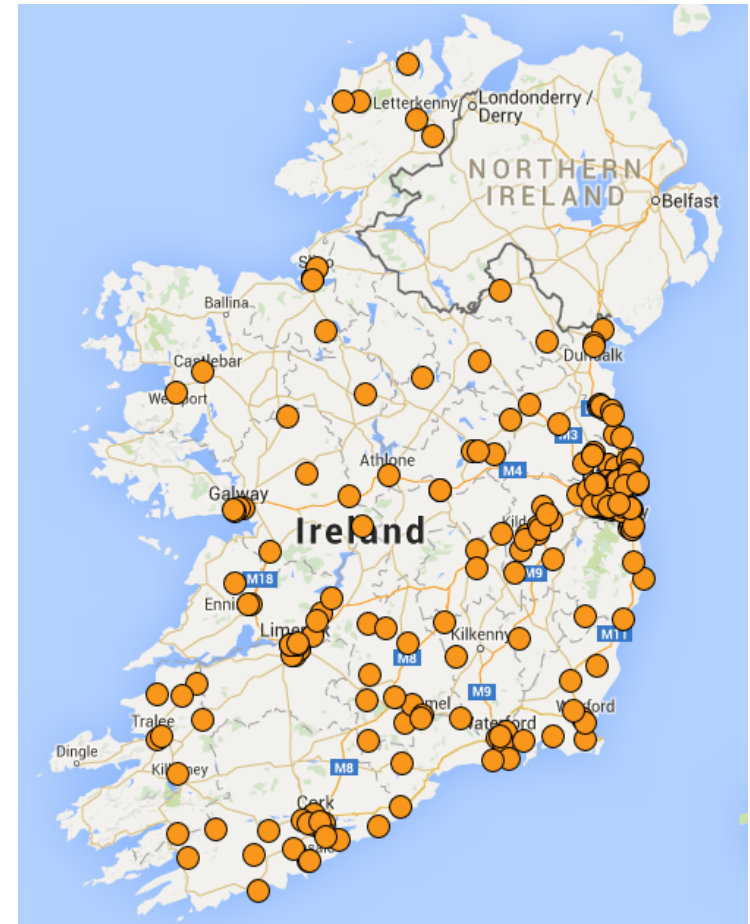
The DeStress Study

- To examine the relationship between caregiver stress and cognitive functioning.
- Also collected information on:
 - Physical health
 - Psychological wellbeing
 - Service use
 - Support for caregiving
- Gender and dementia care
 - Differences in terms of
 - Health and wellbeing
 - Caregiving supports
 - Raising issues for discussion!



Participants

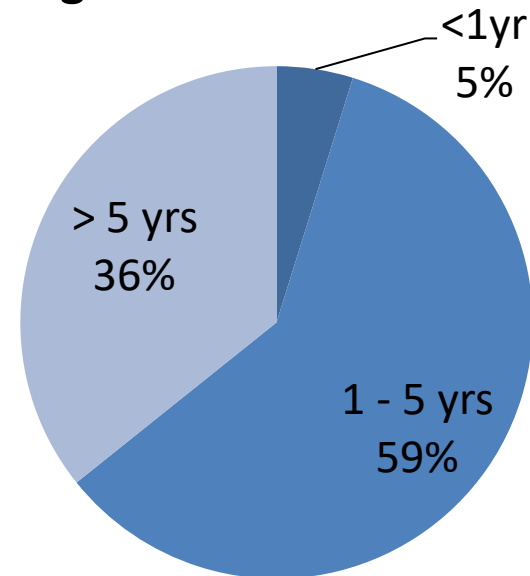
- Eligibility
 - >50 years
 - Co-habited with spouse/partner with dementia
- Recruited through media, community gatekeepers, local advertisements, and dementia/carer organisations
- Sample:



Sample characteristics

- 64.8% female
- Age: 50 – 90
(M = 69.64, SD = 7.84)
 - 12% were 80+
- Education
 - 64.7% at least LC
- Employment
 - 16.3% currently working

Length of care



Length of time providing care

- One month – 19 years
- Average 5 years (*SD* months = 39.29)

Key points from DeStress: Caregiving and wellbeing



1. Amount of care provided was very high

- Average 12 hrs caregiving per day ($SD = 6.17$)
- 51% >15 hours caregiving per day
- 48% 24hr care

2. Assistance with caregiving was low

- 50% were the sole caregiver; 20% one additional caregiver
- 79% provided 81-100% of the care for their spouse/partner
- 42% had received no caregiving assistance from family/friends in the last 30 days
- 16% had not accessed any support services to assist them with caregiving

3. Self-reported mental health was good but levels of depression, anxiety and burden were high

- 79% rated their current emotional/mental health as 'good'/+
- >1 in 3 had clinically sig. levels of depression (CES-D >16)
- >1 in 5 had sig levels of anxiety ('probable' mood disorder; HADS-A 11+)
- 45% report moderate to severe levels of caregiver burden

Gender differences in DeStress:

Male caregivers had *BETTER* wellbeing and *GREATER* support than female caregivers

- Supports for caregiving
 - Less likely to provide 81 – 100% of all care needs
 - Used a greater number of support services e.g. respite, day care
 - More likely to receive help from family and friends
- Self-efficacy
 - Greater confidence in accessing support services
 - Greater confidence in managing symptom
- Psychological wellbeing
 - Lower levels of depression, anxiety, burden, stress
 - Lower levels of loneliness
- Better sleep quality
- Greater life satisfaction and higher QOL
- Identified more positive aspects associated with providing care



Gender and dementia care - Discussion/reflection points

- Why might male caregivers have greater supports for dementia care?
- Why might female caregivers have poorer mental health?
- What are the implications for health and social care practice?



Photo by wueStenfUXX from Photocase.com

Thank you!

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