8.9 million caregivers, or about 20% of the total caregivers of adults, provide care to a loved one with dementia.

Currently, family caregivers comprise the largest source of care services in the United States, and it is estimated that this number will increase 85% from 2000 to the year 2050.

The estimated worth of the family caregiving service is twice as much as is spent on nursing homes, running around $375 billion a year.

Locally, the state of Michigan was ranked 8th highest in number of caregivers in 2004, with 191,928 caregivers creating an annual market value of 10.5 billion dollars.

Elderly caregivers ages 65-96 may have as much as a 63% increased death rate compared to non-caregivers of the same age.

Coping

Perceived Control is Key to Coping

Best Practice Approach

The goal for the future should be to find a way to make individualization part of standard practice, while also focusing on giving the caregiver more control and mastery over their situation so that they can be happier, healthier, more effective caregivers.

I. Ideally, supports for the caregiver should be considered as part of the medical diagnostic process. Thus, physicians should:
   - Identify the caregiver of a newly diagnosed dementia patient, refer the caregiver to community support professionals such as psychologists or social workers who could teach coping strategies and link patients with support. This process would allow caregivers to have direct access to advice on practical care and coping strategies, psychological interventions, and the other options available in their area (Vernooij-Dassen et al., 2004; Andén & Brinol, 2008).
   - Beginning the process early would allow the caregiver to benefit from supports and interventions earlier in their development of the caregiver role.

II. Ideally, caregivers would be able to:
   - Choose the type of interventions in which to engage
   - Find a program tailored to their specific needs (Vernooij-Dassen & Rikkers, 2004)
   - With this support, the caregiver would be able to take control of situation, using individualized coping strategies that are as effective as possible.

Formal Interventions

- Respite & Support
  - Respite care directly decreases the burden of the caregiver by allowing others to take over temporarily, whether it is other family members, a sitter, or an adult day care center (Cooie et al., 2001).
  - Support may include peer-led discussion for caregivers, with tips to deal with issues. (Smaller effect on depression, self esteem, or anxiety.
  - Greatest impact is on caregiver burden (Park et al., 2008).

- Psychoeducation and Psychotherapy
  - Psychoeducational support provides general knowledge of the caregiving issues or specific skills training to apply this knowledge. (Associated with a decrease in caregiver burden, and increased wellbeing, ability or knowledge (Sörensen et al. in 2007).
  - Psychotherapy involves one on one counseling sessions individualized to deal with the stresses effecting the caregiver, often follows a cognitive-behavioral model and focuses on addressing the coping mechanisms (Psychotherapy was correlated with lower caregiver burden, depression, and even ratings of care recipient symptoms (Vernooij-Dassen et al. 2001).
  - It held a positive correlation with caregiver knowledge and well-being (Sörensen et al. in 2007).

- Multidimensional
  - Includes one or more of the above with the possible addition of other components as well.
  - Multi-dimensional studies report larger benefits, showing significantly decreased depression levels when compared to a one-dimensional support (Mittelman et al., 2004).
  - Psychoeducational and psychotherapeutic combinations report increased levels of caregiver confidence and wellbeing (Gitlin et al. 2010).