Family caregiving conflict: sharing responsibility, building consensus, seeking solutions

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Some Practical Starting Points

• Don’t let the perfect be the enemy of the good

• Some hills are not worth dying for

• Sometimes miracles happen
  • But most of the time they don’t
Five Types of Caregiving Families*

- Collaborative Caregiving
- Tag Team Caregiving
- Observed Caregiving
- Uneasy Caregiving Alliance
- Solitary Caregiving

Your Goal
Partial, if not Complete Agreement,
Including Agreeing to Disagree
And Agreeing to Separate

* Family is as you design and define it.
Step 1:
Who’s There?
How Important?
How near or far?

You and Your Person
Daughter
Brother
Faith Community
Neighbors
Old Friends
Nephew

Map out your Caregiving Village
Map out Relationships in the Caregiving Village

Step 2: Identify Strength and Direction of Relationships

You and Your Person

- Family Doctor
- Daughter
- Neighbors
- Nephew
- Brother
- Faith Community
- Old Friends
Step 3: Make a Reasonable Plan: Which strengthen? Which weaken? Which change? Which drop?
Movement among Types of Caregiving Families

- Collaborative Caregiving
  - Tag Team Caregiving
  - Observed Caregiving
  - Solitary Caregiving

- Uneasy Caregiving Alliance
Cardiovascular Disease and Cognitive Dysfunction

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30% of all dementia is preventable.
• Increase education through secondary school
• Manage hypertension
• Prevent obesity
• Smoking cessation
• Treat diabetes
• Hearing loss assessment and management
• Reduce physical inactivity
• Treat depression
• Reduce social isolation
Relative Frequency of Dementia Disorders in Aging

- Alzheimer’s Disease: 60%
- Vascular: 17%
- Mixed (AD + VaD + LB): 14%
- Parkinson’s Disease
- Frontotemporal (FTD)
- CTE, HIV, ETOH

Alzheimer’s Disease

60%
Brain Dysfunction

**Protection Factors**
- Education
- **Chronic Disease Management**
  - Hypertension
  - T2D
- Statins
- Daily aerobic exercise
- Mediterranean/Dash Diet
- Red Wine (1)
- BMI <25

**Risk Factors**
- Age
- Gender
- Traumatic Brain Injury
- APOE4
- Tobacco use
- **Hypertension**
- T2D
- Obesity
- **Cardiovascular Disease**
- Sleep Disorders
- Hearing Loss
Vascular Risk Factors for Brain Dysfunction

- Stroke and CVD
  - Atrial Fibrillation
  - Heart Failure
  - Hypertension
  - High Cholesterol
- Tobacco Abuse
- Thyroid Disease
- Sleep Disorders
- Diabetes
Strokes and Dementia

- Loss of blood flow to the brain causes death of neurons or “ischemic brain damage”
- “silent strokes” create Lacunar infarcts
- White matter Hyperintensities on MRI
Hypertension

- Increases risk of stroke, a risk factor for VaD
- disrupts the lining of blood vessels, endothelium, impairs cerebral blood flow or circulation causing
  - increased AB accumulation found in Alzheimer's
  - Decreased AB clearing
  - Increased cerebral inflammatory reaction
APOE4

- 12 FOLD RISK OF Alzheimer’s Development vs. Apoe3
- Increased Cerebrovascular leakiness
  - Increased microbleeds
  - Increased white matter hyperintensities (wmh)
- Mechanism of action not clearly understood
Heart Failure

- Heart Failure results in brain hypoperfusion causing structural brain changes
  - Decreased brain volume
  - Increased microvascular abn, emboli
- Increased atrophy is found in hippocampus, cingulate gyrus, thalamus, mammillary bodies (wmh)
- Treatment with antihypertensive meds decreases dementia risk
Heart Failure cont’d

- Maybe an independent risk factor for AD
  - 80% of patients may have MCI
  - Decreased episodic memory
  - Decreased Executive function
Atrial Fibrillation

- AF increases risk of developing clots which increase risk of stroke
- “Silent Strokes” found on MRI as lacunar infarcts
- Lacunar infarcts represent white matter lesions on MRI.
  - Higher volume WML are associated with both VaD and AD.
Elevated blood sugar levels are related to vascular disease

Insulin resistance decreases amyloid clearance from the brain- Amyloid accumulates in Alzheimer’s

Increases microinfarcts and brain atrophy

Neurotoxicity

Increased peripheral inflammation
White Matter Hyperintensities (WMH)

Radiologic evidence of Compromised cerebral blood flow

- Small vessel diseases of arteriosclerosis,
- Subcortical infarcts and leukoencephalopathy
- “Small multifocal white matter lesions”
- Microbleeds
Vascular Dementia is a consequence of CVD
Hypertension control can improve cognitive function
Heart failure, atrial fibrillation cause poor brain blood flow or hypoperfusion
Brain MRI shows brain changes due to hypoperfusion
  - white matter hyperintensities,
  - brain atrophy
  - Lacunar infarcts
Identifying and Managing Insomnia

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Insomnia

- Difficulty initiating sleep, difficulty maintaining sleep, or early morning awakenings with the inability to return to sleep with adequate sleep opportunity or ideal environmental factors
- Accompanied by daytime clinical distress or functional impairment
- 30% of U.S. adults suffer from insomnia
- Up to 66% of caregivers
- Up to 71% of persons living with memory impairment
Management

• Cognitive-behavioral therapy for insomnia
  • Stimulus control therapy
  • Sleep restriction therapy
  • Relaxation training
  • Cognitive restructuring
  • Sleep hygiene education

• Mindfulness-based stress reduction techniques
  • Breathing
  • Body scan
  • Hatha yoga

• Bright Light therapy

• Exercise
Management

• Sleep hygiene education
  • Personal and environmental activities that can influence sleep
• Maintain a sleep schedule (including on weekends)
• Practice a relaxing bedtime ritual
• Sleep on a comfortable mattress and pillow
• Turn off electronics before going to bed
• Exercise daily
• Limit caffeine and alcohol intake prior to bed
• Evaluate bedroom for ideal temperature, sound, and lighting
COVID-19 Antibodies

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How long does it take to develop antibodies after a coronavirus infection?

- It typically takes 1 to 3 weeks after someone becomes infected with SARS-CoV-2 for their body to make antibodies; some people may take longer to develop antibodies.
- Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with an active infection.
- The presence of antibodies also does not determine if you have immunity, you need to have a test for neutralizing antibodies to determine if you have developed immunity post infection.
Should I take public transportation or carpool?

• You can take public transportation and carpool, it is important that you research the precautions the company providing transport is taking and if you decide to carpool to have a discussion with those that you will be carpooling with.

• It is recommended that if you are traveling with someone other than those you spend every day with that you use a mask to social distance when you are in spaces that are spatially confined.
What precautions should I take at work or dining in a restaurant?

• I would take the same precautions as with other public situations. Consider masking until you begin eating and then putting the mask back on when you are finished eating.
• If you decide to eat in I recommend contacting the restaurant to determine the actions they are taking for safety for their staff and customers and then determine if it is the right choice for you at this time.
Take note:

As always the number one ways to prevention infection with respiratory illness is hand hygiene, avoiding touching your face (eyes, nose, mouth) and to social distance either by space or by face covering.
Remember your mask protects others and their mask protects you.
Salutes Older Americans Month

Make Your Mark: May 2020

Join us on Wednesday, May 20, 2020 at 1:00 p.m.

This 1 hour interactive webinar will provide strategies that support older adult's mental health, self-care and cognitive well-being. Our target audience is older adults and caregivers.

Expert Panel

- Monica Parker, MD
- Clint Dye, PhD
- Gwendolyn Wrenn, MD, MSHP
- Alice Mallins, LSW
- Glenn S. Beverer, PhD, RN, FNP-BC

Please join us to recognize Older Americans Month

A Webinar to highlight the difference you can make living as an older adult.

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Wednesday, May 20, 2020 • 1:00 p.m.-2:00 p.m.

This meeting will take place using Zoom.

Call 678-215-1961 to register or you can join the audio only by dialing 1-929-205-6099. Wait for the prompts and enter 831 0518 1399

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For more information about the program contact Comelya Dobbin at cdobbin@emory.edu

Register online at www.alzheimers.emory.edu or call 678-215-1961