Recognizing and Dealing with Caregiver Stress

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A Strategy for Recognizing and Responding to Stress

Act like a clinician:

What are you seeing?

In what ways is this different from usual

And Then:

In what ways can I make this better?

And Only Then:

Do Something

Scope out what’s going on

Plot out what might work here

See what happens and learn from it

Set the plan in motion

Evaluate

Assess

Plan

Implement
So, First: Assess the Situation. Are you Stressed.
Some Common Signs of Stress

Noticeable **Changes** in:
- Demeanor – your behavior towards others
- Energy level
- Eating and sleeping habits
- Enjoyment of things – especially those you always enjoyed
- Ability to become and remain focused
- Anxiety level

**Feeling Uncharacteristically:**
- Down or sad
- Hopeless
- Discouraged
- Withdrawn or apathetic
- Useless
- Anxiety level
- Frantic or harried -- pressured
Then: Try to Identify the Source(s) of your Stress.
Assess Your Comfort Zone

Everyone has a Baseline

Increasing Stress Levels Shrink the Comfort Zone

Increasing Levels of Stress

Comfort Zone

Potential for withdrawal Due to being overly stressed

Potential catastrophic reaction due to being Overly stressed

Ability to Handle Multiple Tasks and Various Kinds of Stress

High

Med.

Low

High

Low

Med.
Lots of Possible Sources of Stress Could be Shrinking your Comfort Zone

• Increased caregiving demands due to progression of dementia
• Caregiving situation affected by COVID-19 threat and restrictions
• Other things in your life
  • Those things are still happening with family, work, finances, etc
Plan: What Steps Can You Take Once You’ve Identified the source(s) of Stress?

• Identify possible ways to ease the day-to-day care load
  • Activities the person can do on his or her own and be left alone, even if just in another room
    • TV; YouTube; Music; Puzzles; Handwork
  • Engage family, friends, church or community groups
    • Guide the person through “sure thing” activities (and leave)

• Identify “Things for You”
  • Write out a list of “Things for You”
  • Imagine a Fairy Godmother
    • What do with: 30 minutes?; an hour?; an afternoon? a day?
Then: Try One or More of Those Things

• See what happens

• If successful (i.e., you feel less stressed):
  • Think how you can expand that (longer; more often)

• If not successful:
  • Use the process – reassess (the unsuccessful effort gives you information)
  • Re-plan and try again
The Mood and Anxiety Disorders Program
Emory University School of Medicine

Director: Boadie W. Dunlop, MD
Program Manager: Tanja Mletzko-Crowe, MA

Emoryclinicaltrials.com
404-778-MOOD (6663)
12 Executive Park Dr. NE, 3rd Floor, Atlanta, GA 30329
What We Study

• The biology of psychiatric disorders
  • Major depressive disorder
  • Bipolar disorder
  • Post-traumatic stress disorder
  • Anxiety disorders
  • Schizophrenia
• Novel treatments for psychiatric disorders
  • Phase 2 and Phase 3 investigational medications
  • Complementary and alternative treatments
  • Psychotherapy
Diagnosis of Depression

2+ weeks with 5 of the following 9 symptoms

1. Depressed Mood
2. Anhedonia: Loss of interests or pleasure in activity
3. Excessive guilt, or feeling worthless
4. Sleeping too much or too little
5. Fatigue or loss of energy
6. Poor concentration or difficulty making decisions
7. Excessively high or low appetite, or weight change
8. Moving and thinking slower or faster than usual
9. Recurrent thoughts of death or suicide
What is Depression?

• Prevalence:
  • Lifetime (U.S.) = 17%
  • One year (U.S.) = 7%
  • One year (worldwide) = 3.2%
• Women > Men (~2:1)
• Family history: increases risk 1.5-3x
• Age of onset
  • Can occur at any time in life
  • Median age of symptom onset = 30
  • 6-8 year delay between symptom onset, treatment contact
Major Projects in Treatment Resistant Depression (TRD)

Current medication not working?

• Several studies evaluating new medications or psychotherapy, for patients who do not respond to standard antidepressants

To Participate

• Adults age 18 and up
• Not abusing alcohol or illicit substances
• No severe neurological or advanced medical disorders
• 404-778-MOOD (6663)
• Emoryclinicaltrials.com
Inclusion criteria - TRD studies

- Currently on an antidepressant medication on adequate dose and not feeling 50% or greater improvement after at least 8 weeks of treatment
- Still feeling significantly depressed
- Willingness to be in a clinical trial for about 2 months, coming to EP12 ~ 2-4x a month
- Willing to be randomized (placebo/drug), depending on trial

To Participate
- Adults age 18-80
- Not abusing alcohol or illicit substances
- No severe neurological or advanced medical disorders
- 404-778-MOOD (6663)
- Emoryclinicaltrials.com
Psilocybin study in TRD

• Psychotherapy-assisted psychedelic treatment trial
• No placebo, you will get either 1mg, 10mg or 25mg of psilocybin ONCE
• You must have failed 2, 3 or 4 antidepressants in the current episode
• Be able to travel to Emory 10x over a 18 week period

To Participate
• Adults age 21 and over
• Not abusing alcohol or illicit substances
• No severe neurological or advanced medical disorders
• Never have tried psilocybin before
• Call: 404-712-5063
What is PTSD?

Posttraumatic stress disorder (PTSD) is an anxiety disorder that a person may develop after experiencing or witnessing an extreme, overwhelming traumatic event during which they felt intense fear, helplessness, or horror.

- Combat exposure
- Car accidents, apartment fires
- Violent attacks (at knife point or gun point)
- Childhood or adulthood sexual or physical abuse
- Experiencing the death/serious injuries of loved ones
- Witnessing the death/serious injuries of others (strangers)
A phase 3, randomized, double-blind trial of brexipiprazole as combination therapy with sertraline in the treatment of adults with PTSD

- sertraline is already FDA-approved for the treatment of depression
- brexipiprazole is already FDA-approved for the treatment of schizophrenia
- study aims to determine whether PTSD symptoms improve (severity and frequency) during treatment with brexipiprazole and sertraline
- Trial participation is ~17 weeks
Inclusion criteria – PTSD study

- Civilian and Military Trauma, at any time, that results in clinically significant impairment in current life (social, occupational)
- men and women, 18-65
- Duration of illness of PTSD at least 6 months
- Negative drug screen

Exclusions:
- Pending litigation or disability claims
- Lifetime or current diagnosis of schizophrenia or other psychotic disorder, dementia, bipolar disorder
- DSM-5 substance abuse or dependence within the last 3 months
- Any other medical condition that is severe or unstable
- Traumatic event occurred before 2011.
Major Projects – AA-GPC

The role of genetics in Schizophrenia and Bipolar Disorder in African Americans (GPC)

- Schizophrenia is a psychotic disorder, affects about 1% of people
- Bipolar disorder is a mood disorder, affects about 2% of people
- Typically lifelong (no cure), causing substantial impairment in work and family life
- Both disorders are equally common across genders and races
- Both disorders increase the risk for substance abuse and suicide

Soon: start of Latin ancestry for all Hispanic people with Schizophrenia, bipolar disorder, or no disorders.
Inclusion criteria for AA-GPC study

• Diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder
• Ability to give blood
• Not be adopted
• Onset of symptoms do not coincide with substance use or brain injury/neurological disorder

HEALTHY CONTROLS
• No more than 1 depressive episode in your life
• Ability to give blood
• Not be adopted
• No blood relative with schizophrenia, schizoaffective disorder or bipolar disorder
Need more information?

Email:
Tanja Mletzko-Crowe: tmletzk@emory.edu
Mood and Anxiety Disorders Program: study@emory.edu

Call: 404-778-6663 (404-778-MOOD) or 404-712-5063

Our web site: www.emoryclinicaltrials.com has questionnaires to fill out if you want to do a self-assessment first
Sleep Disturbance as a Challenge for Persons Living with Cognitive Impairment and their Caregivers

By

Glenna S. Brewster, PhD, RN, FNP-BC
What is Sleep?

• A period of inactivity and restoration of mental and physical function

• Alternate between non-rapid eye movement (non-REM) and rapid eye movement (REM) sleep

• Functions
  • Integration of new memories and existing knowledge and restores brain chemistry to a normal balance

• Recommended between 7-9 hours nightly

• Sleep disturbance
  • Up to 66% of caregivers/care partners
  • Up to 71% of persons living with cognitive impairment

Up to 66% of caregivers/care partners
Up to 71% of persons living with cognitive impairment
Specific Dyadic Sleep Changes

Person Living with Cognitive Impairment
- Day-night sleep pattern reversals
- Frequent nighttime awakenings
- Increases in daytime sleepiness and napping

Caregiver/Care Partner
- Multiple nightly awakenings
- Shorter sleep duration
- Longer time to fall asleep
- Inconsistent sleep-wake times
Dyadic Intervention – Cognitive Behavioral Therapy for Insomnia (CBTI)

- 4 weeks – Fully Online
  - Stimulus Control
  - Relaxation
  - Sleep Hygiene
  - Sleep Compression
  - Cognitive Therapy
Aims

Assess
- Assess the feasibility of a dyad-based CBTI intervention

Evaluate
- Evaluate the acceptability of dyad-based CBTI intervention

Examine
- Examine the preliminary efficacy of dyad-based CBTI intervention in both members of the dyad on sleep quality outcomes including sleep efficiency, sleep-latency onset, wake time after sleep onset, and perceived sleep quality
Inclusion Criteria

• Caregiver/care partner and a person living with cognitive impairment
• Living in the same residence
• Both experiencing sleep disturbance
• Stable dose of medications
• Can tolerate and wear a wristwatch device
Sleep Measures

- **Subjective Measure**
- **Sleep log/diary**
  - Bedtime, Wake time, Time taken to fall asleep, Use of any sleep medications, Number of awakenings, Subjective review of sleep quality
  - Completed daily for 6 weeks

- **Objective Measure**
- **Actigraphy**
  - Device worn on wrist or ankle that measures muscle motion, sleep duration, and sleep efficiency
  - Worn on wrist for 6 weeks
Data Collection

3 Data Collection Visits

Baseline: Questionnaires
1-week post-intervention: Questionnaires and an interview
3 months post-intervention: Questionnaires

Earn up to $100 each for participation
Interested in Participating??

- PI: Glenna Brewster, PhD, RN, FNP-BC
- Email: drbrewsterlab@emory.edu
- Phone: 404-712-9164
- Include your contact information
  - Name and Phone Number
Thank you