

José A. Luchsinger, MD MPH

Background: The number of people with dementia, such as Alzheimer's dementia, is increasing. There is no cure or prevention for dementia. Thus, the burden of dementia on caregivers is also increasing. Hispanics have a higher prevalence of dementia than non-hispanic whites (NHW), have higher caregiving burden, and may have fewer economic resources to cope with the caregiving burden. However, there is little evidence on whether caregiver interventions work for hispanics in the real world. We propose to compare two interventions that have been proven to work in research settings: the New York University Caregiver Intervention (NYUCI) and the translated Resources for Enhancing Alzheimer's Caregivers Health (REACH OUT). The NYUCI is a family-centered counseling intervention that focuses on reducing negative family interactions and improving family support of the primary caregiver. REACH OUT focuses on caregiver skills training through action-oriented formal problem solving, goal setting, and written action plans. These interventions have never been compared in the real world, in hispanics or any other ethnic group. Thus, caregivers and the agencies that cater to caregivers have no information on whether the NYUCI or REACH OUT is better for them.

Objectives: Our research question is which intervention, NYUCI or REACH OUT, is better for hispanic relative (any relative) caregivers of persons with dementia. An additional question is, among hispanic caregivers, are there some that benefit more from the NYUCI or REACH OUT? Our objective is to obtain information that will help caregivers and health providers to make decisions about which intervention to choose. We will compare how effective the implementations of NYUCI and REACH OUT are in reducing burden and depression symptoms. We will also explore what characteristics of hispanic caregivers predict success with NYUCI and REACH OUT. We will also explore additional outcomes such as caregiver stress and physical health, and outcomes related to the person with dementia.

Methods: We will conduct a study in which 200 relative caregivers of persons with dementia will be assigned to the NYUCI or REACH OUT at random. This study will take advantage of a Dementia Caregiver Research program at Columbia University Medical Center. The total duration of the intervention will be six months, with assessments at baseline and follow-up. All interventions and questionnaires will be conducted in both English and Spanish. The total duration of the study will be three years.

Patient outcomes (projected): The primary outcomes will be changes in caregiver depressive symptoms and in caregiver burden using existing scales. These outcomes are important to caregivers because depressive symptoms and caregiver burden are the main comorbidities of caring for a person with dementia.