

Penn State Emergency Medicine Cares: The Relationship Between Dementia Care-partner Stress and Return Visits to the Emergency Department

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Care partner stress levels Influence emergency department visits among people living with dementia. Care partner stress screening is feasible in the emergency department.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS
This Geriatric Emergency Care Applied Research Network Advancing Dementia Care (GEAR 2.0-ADC) funded pilot study examined factors contributing to emergency department (ED) visits among community-dwelling people living with dementia (PLWD) and their care-partners (CPs). Study aims (1) assess association between CP stress and recurrent ED visits over 6 months, (2) identify unmet needs that cause CP stress, and (3) assess the feasibility of CP stress assessment in a busy ED	Observational study Enrolled CP-PLWD dyads in the ED at a Level 1 trauma center in Pennsylvania, USA (October 2024–April 2025). Eligible participants were discharged home after the index ED visit with phone call follow-up at 3 and 6 months. CPs completed 2 stress measures—the 3-item Zarit Burden Interview (ZBI-S; score 0–12) and Stress Thermometer (ST; score 0–4)—at baseline, 3, and 6 months, with higher scores indicating greater stress. CPs identified 3 stressful caregiving challenges at each time point. Quantitative analyses summarized cohort characteristics and stress scores.	We enrolled 31 PLWD–CP dyads; 20 visited the ED >1 time over 6 months. The ED revisit rate was 16.1% and 42%, respectively, at 3 and 6 months, with falls, chest pain, and generalized illness as the most common chief complaints. Return ED visits correlated with higher CP stress levels. Major stressors included lack of social support, inadequate resources for in-home care, and CP overwhelm. Most PLWD had mild dementia (58%). Most CPs were spouses (67%) or (grand)children (26%). Mean baseline ZBI-S and ST scores were 5.87 (range 2–11) and 2.5 (range 0.5–4), respectively, indicating moderate stress; (grand)children reported higher stress than spouses (6.9 vs. 5.6). Completion times in the ED averaged 72 seconds (ZBI-S) and 296 seconds (ST).	CP stress levels may influence the frequency of ED visits among PLWD and appear to differ depending on CP type. CP stress screening is feasible in this setting.
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