

Care Characteristics and Work-Related Burdens for Adult Children Caregivers of Parents With and Without Dementia

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✓ Parental dementia increases work disruption primarily by increasing caregiving intensity.

✓ Daughters experience the greatest employment burden, driven primarily by high-intensity caregiving.

INTRODUCTION

- Nearly 10 million Americans require long-term care.
- Most community-based care is provided by unpaid family caregivers.
- Adult children often balance caregiving with employment.
- Dementia caregiving requires intensive and frequent care.
- Pathways linking dementia, caregiving demands, and work disruption remain poorly understood.

Objective:
Examine whether caregiving intensity and frequency mediate the relationship between parental ADRD and work-related burden among parent-child caregivers.

METHODS

Data

- NHATS/NSOC (2011–2023)
- Parent-child caregivers
- Pooled sample, ages 18-70
- Generalized structural equation models (GSEM)

Mediators

- High-intensity care (≥84 hours/month)
- High-frequency care (≥3 days/week)

Outcomes

A) Caregiving prevented work (N=5,442)

B) Absence due to caregiving (N=3,219)

C) Monthly work hrs missed (N=475)

RESULTS

SUMMARY OF MAIN FINDINGS

Odds Ratios (OR) or Mean Differences (MD) from GSEM / Two-Part Models (95% CI)

PATHWAY / EFFECT	OUTCOME A Prevented from paid work (OR; N = 5,442)	OUTCOME B Missed any work (Among employed caregivers) (OR; N = 3,219)	OUTCOME C Hours missed (Among those who missed work) (MD hours/month; N = 475)
High-intensity care (≥84 hr/month)	2.50*** (1.78 – 3.50)	1.82*** (1.34 – 2.46)	+22.4*** (11.0 – 33.8)
High-frequency care (≥3 days/week)	1.45** (1.14 – 1.83)	1.29 (0.97 – 1.71)	+7.1 (–1.5 – 15.6)
Parental ADRD (Direct effect)	1.14 (0.80 – 1.62)	0.90 (0.62 – 1.31)	+6.6 (–4.1 – 17.3)
Parental ADRD (Total effect)	2.92*** (2.19 – 3.89)	1.55*** (1.12 – 2.14)	+23.7*** (10.6 – 36.7)
Female caregiver (Direct effect)	1.38* (1.03 – 1.85)	1.30† (0.97 – 1.75)	+10.2† (0.2 – 20.2)
Female caregiver (Total effect)	2.84*** (2.13 – 3.78)	2.09*** (1.52 – 2.87)	+23.1*** (10.8 – 35.4)
Female caregiver (Total effect among ADRD caregivers)	3.64*** (2.53 – 5.22)	3.08*** (2.00 – 4.76)	+32.6*** (16.5 – 48.7)

KEY INTERPRETATION

High-intensity caregiving is the dominant pathway linking parental ADRD to work disruption across all outcomes. The direct ADRD effect is not significant after accounting for caregiving intensity and frequency, while daughters remain at elevated risk even after adjusting for caregiving demands.

OUTCOME A
PREVENTED FROM PAID WORK

Adjusted Predicted Probability (%) (by High-Intensity Care Status)

■ No High-Intensity Care (<84 hr/month)
■ High-Intensity Care (≥84 hr/month)

14.7%
32.7%
+18.0 percentage points

Caregivers providing ≥84 hr/month of care are 2.5 times as likely to be prevented from paid work.

OUTCOME B
MISSED ANY WORK (AMONG EMPLOYED)

Adjusted Predicted Probability (%) (by High-Intensity Care Status)

■ No High-Intensity Care (<84 hr/month)
■ High-Intensity Care (≥84 hr/month)

21.1%
36.9%
+15.8 percentage points

Caregivers providing ≥84 hr/month of care are 1.8 times as likely to miss any work (among those employed).

OUTCOME C
HOURS MISSED (CONDITIONAL ON MISSING WORK)

Mean Additional Hours Missed per Month

High-intensity care (≥84 hr/month)
High-frequency care (≥3 days/week)
Parental ADRD (Total effect)
Female caregiver (Total effect)

+22.4***
+7.1
+23.7***
+23.1***

Among caregivers who miss work, dementia caregivers and those providing high-intensity care lose substantially more work hours.

CONCLUSIONS

Dementia increases work burden by increasing caregiving intensity, the strongest predictor of employment disruption.

Daughters are especially vulnerable, highlighting the need for workplace support for high intensity caregivers.

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