

Associations Between Caregiver Burden and Social Function of Adults With Dementia Using A Novel Functional Cognition Tool



C. I. Benzarti¹, N.L. Wolff¹, L. Henley^{1, 3}, S. C. Westneat⁴, K. Walcott-George¹, & E. K. Rhodus^{1, 2}

¹Department of Behavioral Science, U of Kentucky, ²Sanders-Brown Center on Aging, ³HealthPRO Heritage, ⁴Department of Epidemiology & Environmental Health, U of Kentucky

BACKGROUND

- Alzheimer’s disease and related dementias (ADRD) are characterized by progressive cognitive decline beyond memory impairment, affecting communication and social function.^{1,2}
- Social function* is one’s ability to perform social tasks/maintain social relationships.³
- Declines in communication and socialization are closely intertwined and may contribute to overall functional impairment and caregiver burden.^{4,5,6}
- The Situational Assessment of Activity and Function (SAAF)** is an emerging assessment providing a more holistic evaluation of functional cognition by capturing task performance and the dynamic interaction between an individual and their environment.⁷
- This analysis focuses on the social aspects of functional cognition, as measured by the SAAF, to examine the relationship between caregiver burden/distress and social function of individuals with ADRD.

METHODS

- Secondary analysis was performed on quantitative data from adults with ADRD and their family caregivers (N=112).
- Pearson correlation was used to evaluate potential relationships between:
 - Caregiver distress as measured by the Neuropsychiatric Inventory (NPI)
 - Caregiver burden as measured by the Zarit Burden Inventory (ZBI)
 - Social function as measured by the Socialization and Community Affairs subscales of the SAAF
- Social function subscales were analyzed as separate variables, as well as combined into a single construct.
- Statistical analyses and demographic data were assessed using IBM SPSS Statistics 31.

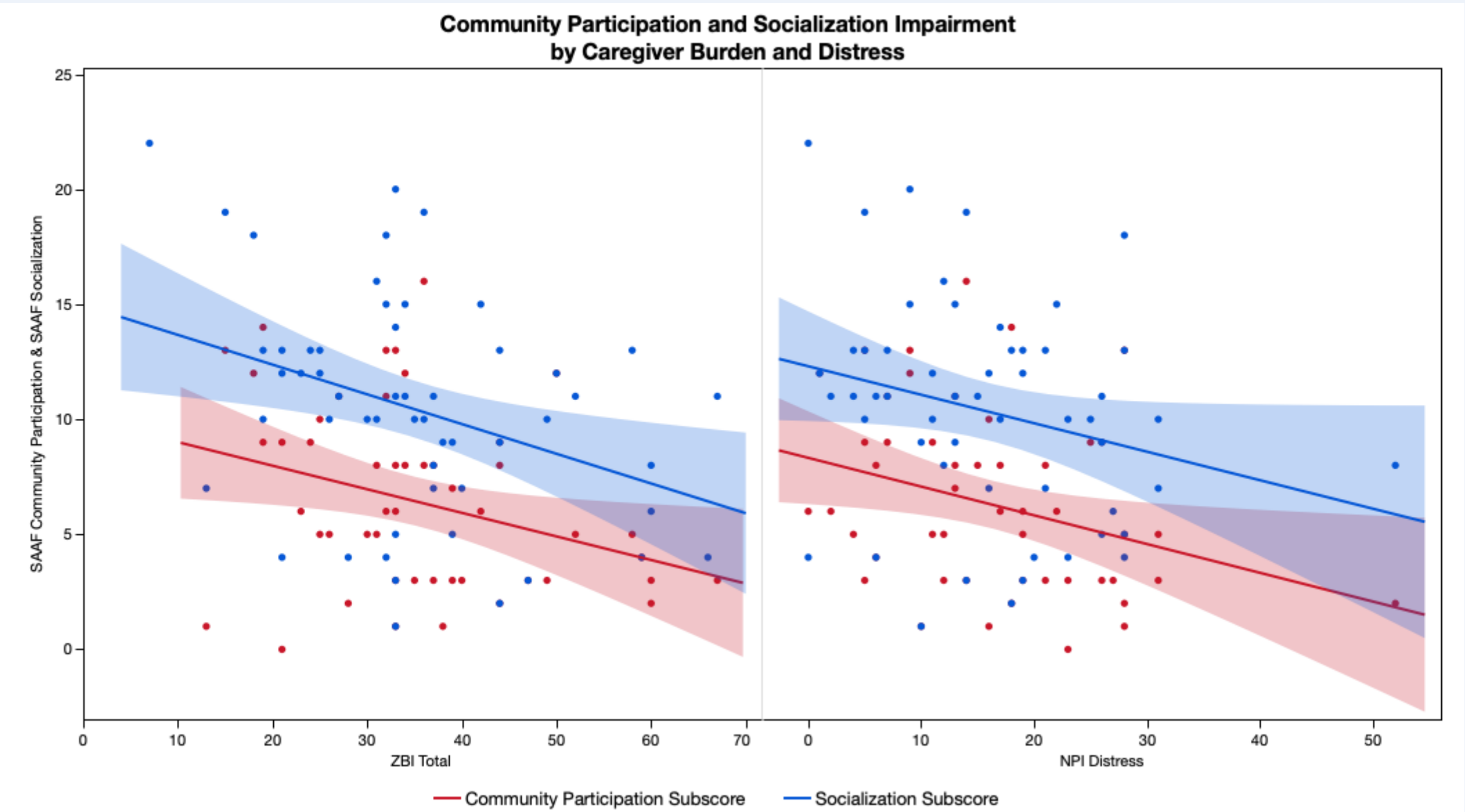


Fig. 1 Social function as measured by community participation and socialization SAAF subscores are significantly, negatively correlated with caregiver burden and caregiver distress.

Participant Characteristics		
	Caregivers	Persons w/ ADRD
n	56	56
Global CDR (mean ± SD)	N/A	1.54 (SD=0.78)
Age (years; mean ± SD)	63.47 (SD=12.73)	77.80 (SD=9.37)
Education % with > secondary	92.86%	67.92%
Gender	44 F, 12 M	33 F, 22 M (1 not reported)
Race	48 W, 7 B, 1 A	48 W, 7 B (1 not reported)
Care Partner Type	29 S; 24 C; 3 O	N/A

Abbreviations: F=Female; M=Male; A=Asian; B=Black or African American; W=White; C=Child; S= Spouse; O=Other Relative

RESULTS

- Data were analyzed from 56 caregivers/people with ADRD dyads (N=112).
- Significant negative relationships were identified between caregiver burden and Community Participation ($r=-0.39$, $p<0.01$), caregiver distress and Community Participation ($r=-0.35$, $p=0.02$), and caregiver burden and Socialization ($r=-0.36$, $p=0.01$).
- Combined social function scores were likewise significantly, negatively related to burden ($r=-0.36$, $p=0.02$), and approached significance with caregiver distress ($r=-0.29$, $p=0.06$).
- Lower SAAF scores represent greater impairment; higher NPI and ZBI scores represent increased distress/burden.

CONCLUSION

- Impaired social function strongly predicts caregiver burden, with a similar near-significant relationship to caregiver distress.
- This highlights an area of tension beyond traditional care tasks.
- A holistic evaluation of functional cognition helps deepen the understanding of the relationship between caregiver burden and social function of individuals with ADRD.



Fig. 2 Example of a senior socializing with adult

RESEARCH & DEMENTIA CARE IMPLICATIONS

- The SAAF advances study of functional cognition as an underexplored area affecting care relationships.
- Previous research has associated declining communication abilities with increased caregiver burden, yet few studies assess communication abilities in the context of a person’s ability to navigate wider social relationships.^{3,4,5}
- A holistic understanding of social function and correlation with caregiver burden/distress can help guide non-pharmacological ADRD interventions.

ACKNOWLEDGMENTS

We would like to thank everyone who has participated in this study. This research is funded through the National Institutes of Health. (NIA K23AG075262, NINDS 5R25NS130963)

References are available upon request.
Questions? Please email: cibe228@uky.edu