

Caregiver- and Care Recipient–Related Factors Linked to Pain in Dementia Caregivers

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- **84% of family dementia caregivers reported pain in the past week. Lower education, greater comorbidity burden, and poorer sleep quality independently predicted higher caregiver pain, explaining 30.6% of variance in a hierarchical regression model.**
- **Routine pain screening should be integrated into caregiver health evaluation.**
- **Sleep improvement and chronic disease management interventions may reduce pain and improve overall well-being among caregivers.**

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES
Family caregivers of persons living with dementia (PLWD) often experience significant psychological, financial, and social stress, placing them at increased risk for both mental and physical health problems. Physical health problems, including pain, are more prevalent among caregivers, likely due to the physical demands, stress, and responsibilities inherent in caregiving. This study aims to examine factors associated with caregivers’ perceived pain in the context of dementia care.	Design: Cross-sectional analysis of baseline data from the Care2Sleep clinical trial Sample: 148 caregivers (≥18 yrs, living with PLWD, poor sleep [PSQI >5], cognitively intact [MoCA ≥23]) Measures: Pain: Single item (0–10 scale, past 7 days) Caregiver factors: Sociodemographics, comorbidities, depression (CES-D), burden (ZBI), self-efficacy (CSES), sleep (PSQI), cognition (MoCA) Care recipient factors: Sleep (PSQI), behavioral symptoms (RMBPC), function (ADL/IADL), quality of life (QOL-AD) Analysis: Bivariate analyses and hierarchical linear regression (Block 1: sociodemographics; Block 2: physical health; Block 3: caregiver health; Block 4: care recipient factors)	Sample Characteristics (N = 148): • Caregiver mean age: 64 years (SD=13); 83% women, non-Hispanic • Care duration: 6.9 years average; 58.8 hours/week • Mean pain: 3.4/10 (SD=2.6) • ~25% used pain medication; mean CES-D = 15.9; mean ZBI = 41.1 Hierarchical Regression (Final Model, adj. R² = 24.4%): • Block 1 (Sociodemographics): explained 5.9% variance (p = 0.012) • Block 2 (Physical health): added 13.3% (p < 0.001) • Block 3 (Caregiver health): added 7.6% (p < 0.001) • Total model: R² = 30.6% Significant predictors: • Higher education → lower pain (B = -0.469, p = 0.008) • Greater comorbidity burden → higher pain (B = 0.460, p = 0.002) • Poorer sleep quality → higher pain (B = 0.146, p = 0.011)	• Pain is highly prevalent among family dementia caregivers (84%), substantially exceeding rates in the general older adult population (~53%). • Lower education, greater comorbidity burden, and poorer sleep quality are key independent predictors of caregiver pain — underscoring the importance of chronic disease management and sleep-focused interventions in caregiving support. • Care recipient sleep disturbances and behavioral symptoms showed bivariate associations with caregiver pain, consistent with the Stress Process Model, though these were attenuated after adjustment for caregiver health factors.	• Parker, L. J., Fabius, C., Rivers, E., & Taylor, J. L. (2022, Apr). Is Dementia-Specific Caregiving Compared With Non-Dementia Caregiving Associated With Physical Difficulty Among Caregivers for Community-Dwelling Adults? <i>J Appl Gerontol</i>, 41(4), 1074-1080. https://doi.org/10.1177/07334648211014352 • Turner, S. G., Robinson, J. R. M., Pillemer, K. A., & Reid, M. C. (2024, May 1). Prevalence Estimates of Arthritis and Activity-Limiting Pain Among Family Caregivers to Older Adults. <i>Gerontologist</i>, 64(5). https://doi.org/10.1093/geront/gnad124 CONTACT Corresponding Author: Yeonsu Song, PhD, RN, FNP School of Nursing, University of California, Los Angeles, Los Angeles, CA 90095 E-mail: ysong@sonnet.ucla.edu  ALZHEIMER'S ASSOCIATION AAIC 26