

When the caregiver needs care: identifying at-risk profiles of vulnerability through archetypal analysis

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Wives in the early post-diagnosis phase and daughters after prolonged caregiving emerged as distinct high-vulnerability caregiver profiles.

Introduction

Informal **caregivers** are essential to dementia care, yet widely implementable strategies to support their **psychological well-being** remain limited.

Aim: To identify profiles of psychological vulnerability among informal dementia caregivers, informing early, targeted, and scalable prevention strategies in contexts where effective psychosocial and behavioral interventions may be constrained by limited resources.

Methods

- Cross-sectional monocentric study (IRCCS Istituto Centro San Giovanni di Dio Fatebenefratelli, Brescia, Italy);
- Data collection: June 2023 –December 2024;
- Anonymous self-reported questionnaire.

Data analysis

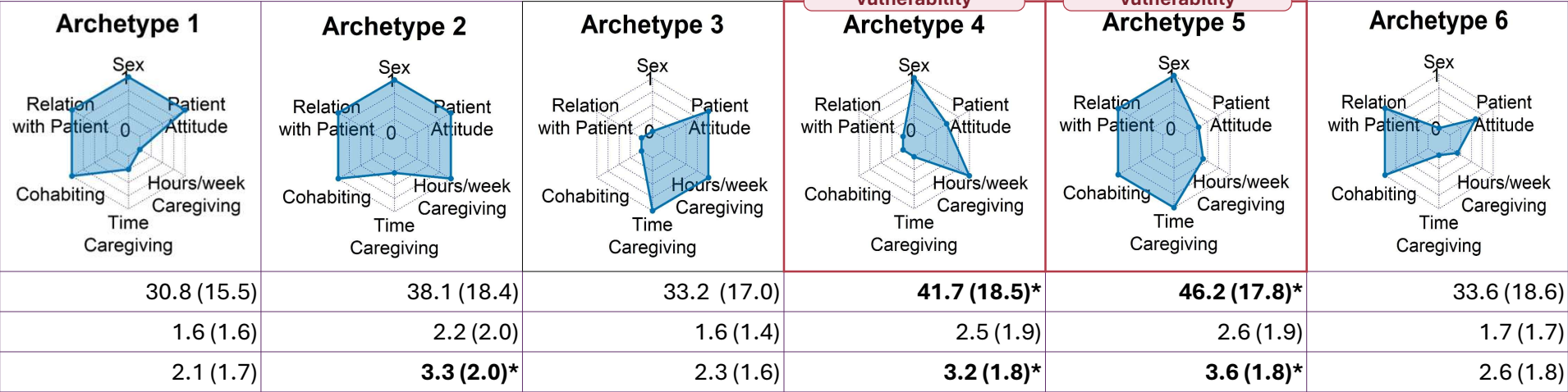
- Archetypal Analysis
- Wilcoxon rank-sum tests for pairwise distress comparisons

Results 1: Demographic characteristics

N = 474
Female: 73%
50-59 years: 38%; >= 70: 26%
Adult child: 65%; spouse: 28%
Cohabiting: 42%
Time of caregiving: 1-3 years: 43%
Hours/week caregiving: >80: 35%; 9-24: 28%

Results 2: Archetypes description and differences

Sociodemographic data and caregiving variables



Spider chart legend. Sex (Male = 0; Female = 1), Relation with patient (Partner = 0; Adult child = 2), Cohabiting (Yes = 0; No = 1), Caregiving time (Years, <1 = 0; >10 = 4), Hours/week caregiving (0-4 = 0; >80 = 5); Patient attitude (Uncooperative = 0; Cooperative = 10). Burden, distress, and depression scores are reported as mean (SD) for each group. Bold indicates scores exceeding established clinical cut-offs (ZBI ≥ 41; PHQ-4 subscales ≥ 3). *p < 0.01 vs. other clusters.

Conclusion



Profile of caregiver with the highest vulnerability

Two vulnerable caregiver profiles emerged: daughters exposed to prolonged caregiving for more than 10 years at moderate weekly intensity and low perceived patient cooperativeness, and wives facing the early transition into caregiving with very high care demands and moderate perceived patient cooperativeness.