

UC San Diego

UC San Diego Previously Published Works

Title

Interventions to Reduce Loneliness in Caregivers: An Integrative Review of the Literature

Permalink

<https://escholarship.org/uc/item/31n014rx>

Authors

Velloze, IG

Jester, DJ

Jeste, DV

et al.

Publication Date

2020

Peer reviewed

D235 Student Presentation
Practice Effect and Cardiorespiratory Response to Cognitive Test-Retest with Aging

P. M. Reddy,^{2,1} K. Abdali,¹ S. M. Ross,^{2,1} S. E. Davis,^{2,1} X. Shi,^{2,1}
 1. *Geriatrics, Texas College of Osteopathic Medicine, University of North Texas Health Science Center, Fort Worth, TX;* 2. *Geriatrics, Texas college of Osteopathic Medicine, Fort Worth, TX.*

Background: This study aimed to examine the age-related difference in practice effect on cognitive performance and cardiorespiratory frequencies during test and retest with the same materials in different cognitive domains.

Methods: Twenty cognitively normal older and younger men and women (65±2 vs 26±1 years old) provided the informed consent (approved by IRB) and participated in cognitive test and retest using Mini-Mental State Examination (MMSE), Digit Span, Trail Making Test (TMT-B), and California Verbal Learning Test (CVLT-II) with 3 weeks apart. During the testing, heart rate (HR) and breathing frequency (BF) were continuously monitored from electrocardiogram and plethysmograph. ANOVA was applied to examine the significance of the age factor and test-retest time factor.

Results: The age factor had no significant effect on cognitive performances except in TMT-B (P = 0.057). The outcomes of cognitive performance in older vs younger groups during the first test were 29.2±0.4 vs 29.6±0.2 in MMSE, 15.6±1.6 vs 16.7±1.2 in digit-span, 2.72±0.74 vs 2.18±0.67 in CVLT-II, and 58.8±6.4 vs 48.0±3.6 in TMT-B, respectively. The test-retest time factor on cognitive performances also was not significantly different in all cognitive domains. Baseline HR and BF were not different between the two groups, older vs younger: 72±5 vs 80±3 beats/min and 17±1 vs 16±1 breaths/min. Both HR and BF were significantly augmented (P<0.01) in response to the cognitive test. However, both these responses were significantly attenuated during the retest (the time factor P<0.01). Only HR, not BF response was significantly affected by the age factor.

Conclusions: There was no practice effect on cognitive performance in both older and younger subjects. However, there was a practice effect on the cardiorespiratory responses to cognitive challenge, which were significantly reduced during the cognitive retest. Aging significantly diminished HR response during cognitive challenge.

D236 Student Presentation
Interventions to Reduce Loneliness in Caregivers: An Integrative Review of the Literature

I. G. Velloze,¹ D. J. Jester,^{2,3} D. V. Jeste,^{2,4} B. T. Mausbach,²
 1. *Drexel University College of Medicine, Philadelphia, PA;*
 2. *Psychiatry, University of California San Diego, La Jolla, CA;*
 3. *Sam and Rose Stein Institute for Research on Aging, La Jolla, CA;*
 4. *Neurosciences, University of California San Diego, La Jolla, CA.*

Background: Older adults are at an increased risk of loneliness. Most persons with dementia and other disabling conditions are cared for by informal or family caregivers. Loneliness is particularly challenging in caregivers, who struggle to manage caregiving demands with their own personal needs. Research on loneliness interventions for caregivers is limited.

Method: An integrative review of the literature was conducted using five electronic databases and 12 studies were included for further analysis. Data were extracted regarding the type of intervention implemented, caregiver characteristics, and intervention effects.

Results: Five main intervention types emerged: mindful meditation, computer applications, music therapy, peer support, and community programs. Most care recipients had dementia, and most caregivers were spouses. Peer support was the most frequently utilized intervention, and common intervention strategies included providing emotional support, expanding one's social network, and supplying psychoeducational materials.

Conclusion: Most interventions had methodological limitations and demonstrated small effect sizes. Hence, there remains a continued need for well-designed interventions that target loneliness in informal caregiver. Caregivers may benefit from interventions that expand their social network to improve their emotional regulation and understanding of their role. Further research on the role of group versus individual therapy is necessary to strengthen interventions and broaden their application

D237 Student Presentation
The anxiety level and its associated factors of the community-dwelling older adults during COVID-19 epidemic

M. m. Wang, Z. Zhu, q. Liu, L. Cheng. *Sun Yat-Sen University, Guangzhou, China.*

Background: The psychological well-being of older adults may have been negatively affected by the outbreak of the COVID-19 epidemic due to the presence of comorbidity, increased risk of complications, mortality, and difficulty in adapting to mhealth and social isolation. The study aimed to investigate the anxiety level of community older adults during the COVID-19 epidemic and explore its associated factors, so that there can be more evidence-based advice to improve the mental health status for the older adults.

Methods: Online questionnaires and face to face communication were used to investigate 320 community older adults, who were selected randomly. The questionnaires were used to investigate the sociodemographic characteristics, anxiety and resilience level of the participants. One-way ANOVA, correlation and regression analysis were performed to explore the factors associated with the anxiety among the older adults.

Results: The mean of the anxiety among the all participants is 44.03±10.89 and 128 persons (40%) suffer from the anxiety (mild anxiety: 84.38%, moderate anxiety: 14.06%, severe anxiety: 14.06%). The mean of resilience is 56.68±18.26, and the three dimensions of CD-RISC is negative correlation with the anxiety. The SAS can be influenced by the chronic disease history (P=0.045), physical health conditions (P=0.024), economic income (P=0.026), the health education of the COVID-19 epidemic (P<0.001) and the level of resilience (P=0.002).

Conclusions: The morbidity and score of the anxiety among the community older adults are higher during the COVID-19 epidemic than the usual. While the score of the CD-RISC is lower than the previous studies. Anxiety emerged as a prominent issue for community-dwelling older adults during the COVID-19 epidemic. Interventions that targeted resilience may have the potential to reduce anxiety level and improve the psychological well-being of the older adults.