

## **A MEDICATION SUSTAINING CARE AT HOME FOR PEOPLE WITH CHC AND CONCURRENT DEMENTIA: EDUCATING FAMILY CARERS AT A “CARDIO-DEM CAFÉ.”**

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### **INTRODUCTION**

Chronic heart conditions (CHC) are the principal cause of death and hospitalisation in older adults globally. Approximately 17.9 million people died from CHC'S in 2016, representing 31% of all global deaths. It is estimated that 5% -8% of the world population over 60 years of age live with a dementia diagnosis. The incidence of both CHC and dementia is expected to accelerate in the coming decades, primarily because of global ageing, and ageing is a risk factor for both conditions. Hence, most people with CHC are aged over 65 years, and many have one or more comorbidities, especially dementia (WHO 2018).

Despite the strong association between CHC and dementia, and the desire of all involved to keep people with these conditions functioning in their own homes as long as possible, – relatively little attention has been given to educating and supporting family carers (Tatangelo et al. 2018). Caring well for a person with both conditions requires additional knowledge about the illnesses, an understanding of self-management interventions, communication and caregiving skills (Dixe et al. 2019). It also requires an understanding of one's own 'subjective resource requirements' to sustain caregiving (Hepburn et al. 2003).

This study is aimed to develop a post-diagnostic, educational intervention to support family carers caring for older persons with both CHC and dementia. This intervention is to enable the persons being 'cared for' to live at home as long as is possible, without compromising the physical and emotional health of carers (i.e. carer's ability to provide care at home).

### **METHODS**

The intervention for this research will involve developing and providing family carer education, in the form of four, bespoke teaching sessions, delivered at a 'Cardio-dem Café' (a unique adaptation of Miesen's Alzheimer Café Model.) Family carers will be evaluated, pre and post-intervention, using a set of questionnaires to establish:

1. Carer knowledge about the needs of people with both CHC and dementia
2. Carer knowledge about optimising a healthy lifestyle to stabilise the conditions to the extent possible (nutrition, meaningful activities, sleep, exercise, social interaction, stimulating one's interests and abilities)

3. The perceived burden of subjective care: 'where does the shoe rub'?
4. Assessment of carer 'resources to care' e.g. knowledge, financial, time, emotional, health, and subjective feelings of being adequately supported
5. Carer knowledge about themselves; motivation, acceptance, and coping (the ability and competence to provide ongoing care)
6. Carer-perceptions of their own stress, anxiety, depression and emotional response.

### **RESULTS**

This research will provide a better understanding of what type of information and support can help carers sustain their ability to care for a person with both these conditions. It will also help make recommendations to service providers about what meets the bespoke needs of people with CHC and dementia explicitly.

### **REFERENCES**

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