

Research Brief

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THE ROLE OF CAREGIVING IN COGNITIVE FUNCTION AND CHANGE: THE REGARDS STUDY

Keywords: family caregiving, stress, depression, cognitive function, caregiver strain, resilience

Purpose of the Study: To better understand the relationship between the strain of family caregiving and cognitive function, and how that relationship may change over time.

Key Findings:

- ✓ At baseline assessment, caregivers demonstrated better cognitive function than non-caregivers.
- ✓ Caregiver strain did not significantly impact cognitive function.

Major Policy/Practice Implication: Results suggest that the positive aspects of caregiving, such as emotional satisfaction and growth, may buffer against potential negative effects of caregiving stressors, including cognitive decline.

IMPORTANT BACKGROUND INFORMATION

Early research has linked caregiving-induced stress and depression to inflammation, mortality, and cognitive decline. However, more recent studies have reported contradictory findings, including lower mortality among caregivers compared to non-caregivers. This may be because caregiving can encourage a sense of meaning and connection, which may buffer against negative effects of stress and depression. Even more, when considering cognitive decline, caregivers who perceive caregiving as stressful may experience more cognitive decline, whereas caregivers who perceive caregiving as meaningful may have less cognitive decline.

STUDY METHODS

This study assesses the relationship between caregiver strain and cognitive decline using data from a national, long-term study, Reasons for Geographic and Racial Differences in Stroke (REGARDS). Researchers evaluated 3,333 caregivers 45-years-old and older who were matched with 3,333 noncaregivers with similar characteristics. Researchers assessed cognitive function via phone assessments from 2003 to 2016. During this time, they also identified participants' self-reported strain as either a lot of strain or some/no strain. Researchers used statistical methods to analyze data controlling for demographic and health factors.

KEY FINDINGS

- ✓ **At baseline assessment, caregivers demonstrated better cognitive function than non-caregivers.** Caregivers performed better on assessments of global cognitive function and learning and memory than non-caregivers. Both caregivers and non-caregivers demonstrated improvement in cognitive function over time. However, caregivers had less improvement than non-caregivers.
- ✓ **Caregiver strain did not significantly impact cognitive function.** There was no statistically significant difference in cognitive function between caregivers who reported a lot of strain and caregivers who reported some or no strain either at baseline assessment or over time.
- ✓ **Caregivers who reported a lot of strain reported more depressive symptoms at baseline assessment than caregivers with some or no strain.** After considering all factors in the statistical model, there was not any significant difference in inflammatory biomarker, C-reactive protein, between caregivers with a lot of strain and some/no strain. Only 17% of caregivers in the study reported a lot of strain.

“Caregiving may have unique characteristics protective against negative consequences characteristic of other stressors that might explain why caregivers did not have cognitive decline. While caregivers report higher levels of stress and depressive symptoms than non-caregivers, they also report psychological benefits of caregiving, such that caregiving is emotionally satisfying and leads to personal growth.”

PRACTICE AND POLICY IMPLICATIONS

The inconsistent associations between caregiver strain, depressive symptoms, and cognitive function shares insight into the complexity of family caregiving. Results suggest that the positive aspects of caregiving, such as emotional satisfaction and growth, may buffer against some caregiving stressors. Even more, the results align with other recent studies that demonstrate caregiver strain and depressive symptoms are not significantly associated with bodily inflammation.

For researchers: Future studies should assess how the nuances of caregiving, such as dementia caregiving or duration of caregiving, may impact cognitive function. They should also study how the transition into caregiving (from non-caregiver to caregiver) may impact cognitive function.

For policy makers and providers: Ensure policies and practices reflect holistic experiences of caregiving, including both positive aspects (e.g., sense of purpose) and negative aspects (e.g., stress) of the experience. This may include public education on the positive aspects of caregiving, as well as support programs that help caregivers build resiliency and navigate the negative aspects of caregiving.

ORIGINAL ARTICLE

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