Caregivers and Clinicians
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This issue of Medicine & Health/ Rhode Island offers a broad perspective of caregiving across distinct developmental periods and with various illnesses. While the primary emphasis is family caregiving, attention is also devoted to professional caregivers in nursing homes.

Below is a brief description for clinicians regarding options for assessing the needs of family caregivers. This introduction is also intended to remind the reader that caregivers can experience both satisfaction and distress as they compassionately give of themselves.

Estimates suggest that there are over 100,000 individuals in Rhode Island providing family caregiving. A clinician likely sees several family caregivers each day and devotes a portion of patient-contact time to interacting with them. Typically, it is amidst the clinical patient encounter that informal caregiver assessment occurs. If the clinician has concerns regarding the family caregiver, there are several options for response.1 Services devoted to the caregiver can include a simple screening measure for depression,2 an office visit for individual evaluation, or referral for participation in a comprehensive caregiver program.3 Local chapters of the Alzheimer’s Association and the American Cancer Society can also be a source for information and referral.

In the first article, Ana Tuya Fulton and I review caregiver concerns that occur uniquely during the care-recipient’s end-of-life period. Geoffrey Tremont reviews more than three decades of research and treatment development regarding family caregiving in dementia. For many family caregivers, particularly in the context of dementia, maintaining a relative at home eventually becomes too burdensome and residential treatment is sought. Jennifer Davis and Alicia Curtin review concerns for both family and professional caregivers in the long term care setting.

Family caregiving can also be straining when the care-recipient has no cognitive impairment; Arnold Goldberg and Kim Salloway Rickler review caregiving in the medical setting. Alison Heru and Laura Drury review caregiving in general psychiatry and strategies for bolstering family resilience. Finally, Robert Kohn and Wendy Verhoek-Oftedahl review the limited information available regarding caregiving and elder abuse.

This volume is far from a comprehensive review of family caregiving. For example, there is growing interest in caregivers’ perception of patient suffering,4 which is not discussed here, nor have we reviewed studies of parents who care for children with chronic medical conditions. From a services perspective, how to best envision caregivers as an at-risk population and the public health implications regarding their vulnerabilities is also beyond the scope of this issue.5 What this compilation does provide is a broad overview of major themes in family caregiving.

REFERENCES

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