

A TELEPHONE-COUNSELING INTERVENTION TO INCREASE PHYSICAL ACTIVITY AMONG FEMALE SPOUSE CAREGIVERS OF PEOPLE WITH DEMENTIA



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Program Rationale



- ⌘ Caregiving negatively impacts health-enhancing behaviors
- ⌘ Physical activity is critical for optimal functioning in older adulthood
- ⌘ Regular exercise may be especially beneficial for caregivers
- ⌘ Regular exercise as appropriate self-care

The *Health First* Study



⌘ Study design

⌘ Participants

⌘ Format

⌘ Curriculum

Sample Characteristics

Variable	Total sample (N=137)	Intervention group (N=74)	Control group (N=63)
Age (range 40-87)	66.8	66.0	67.7
College degree [^]	24.1%	29.7%	17.5%
Race (% White)	92.7%	91.9%	93.7%
Employed	21.9%	18.9%	25.4%

Note: [^]Between-group difference $p < .10$

Exploring program effects



- ⌘ What are the post-intervention effects of *Health First* on exercise attitudes and behavior and psychological distress and burden?
- ⌘ Multiple regression models controlling for age, objective burden, and number of chronic health conditions.

Results



Exercise attitudes and behavior

- Increased total weekly exercise
- Increased self-efficacy for exercise

Psychological distress and burden

- Decreased perceived stress
- Decreased depressive symptoms
- No significant program effects on caregiving burden

Conclusions



- ⌘ A telephone-based exercise program increased weekly exercise and self-efficacy for exercise, while decreasing psychological distress
- ⌘ An exercise program might be added to a “menu” of services offered to caregivers
- ⌘ Implementation of the program is feasible and cost-effective and may be replicated in a community setting
- ⌘ Expansion of this program could be developed for other groups of caregivers and/or other self-care domains

Biostatistics Core



⌘ Patient database

- ☑ Cognitive Disorders Clinic

- ☑ Northern Michigan Satellite Clinic

- ☑ Detroit Satellite Clinic

⌘ Access to minimal caregiver data

⌘ Access to patient data

⌘ Statistical expertise

Clinical Core



⌘ Recruitment

⌘ Interpretation of patient data

Education Core



- ⌘ Dementia outreach activities
- ⌘ Collaboration with local chapter
- ⌘ Space and proximity to colleagues with expertise in social and behavioral sciences

Challenges



- ⌘ Recruitment via a patient database
 - ☑ Accurate and updated records
 - ☑ MADRC as source of communication
 - ☑ Need to incorporate community-based recruitment strategies
- ⌘ Limitations to clinical patient data
- ⌘ Cap on project budget
- ⌘ Benefits of Caregiver Core