Everyday information and communication technology use and well-being in older Asian American dementia caregivers: Applying the social determinants of health framework

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BACKGROUND

Caring for family members with dementia places substantial burdens on family caregivers, increasing their risk of mental health issues, particularly depressive symptoms. Older Chinese and Korean immigrants, who often face cultural and language barriers and have limited social networks, may experience even greater risks. Despite these increased vulnerabilities, little research has explored the perceived threat of developing depressive symptoms among this high-risk and underserved population and the determinants of depressive symptoms.

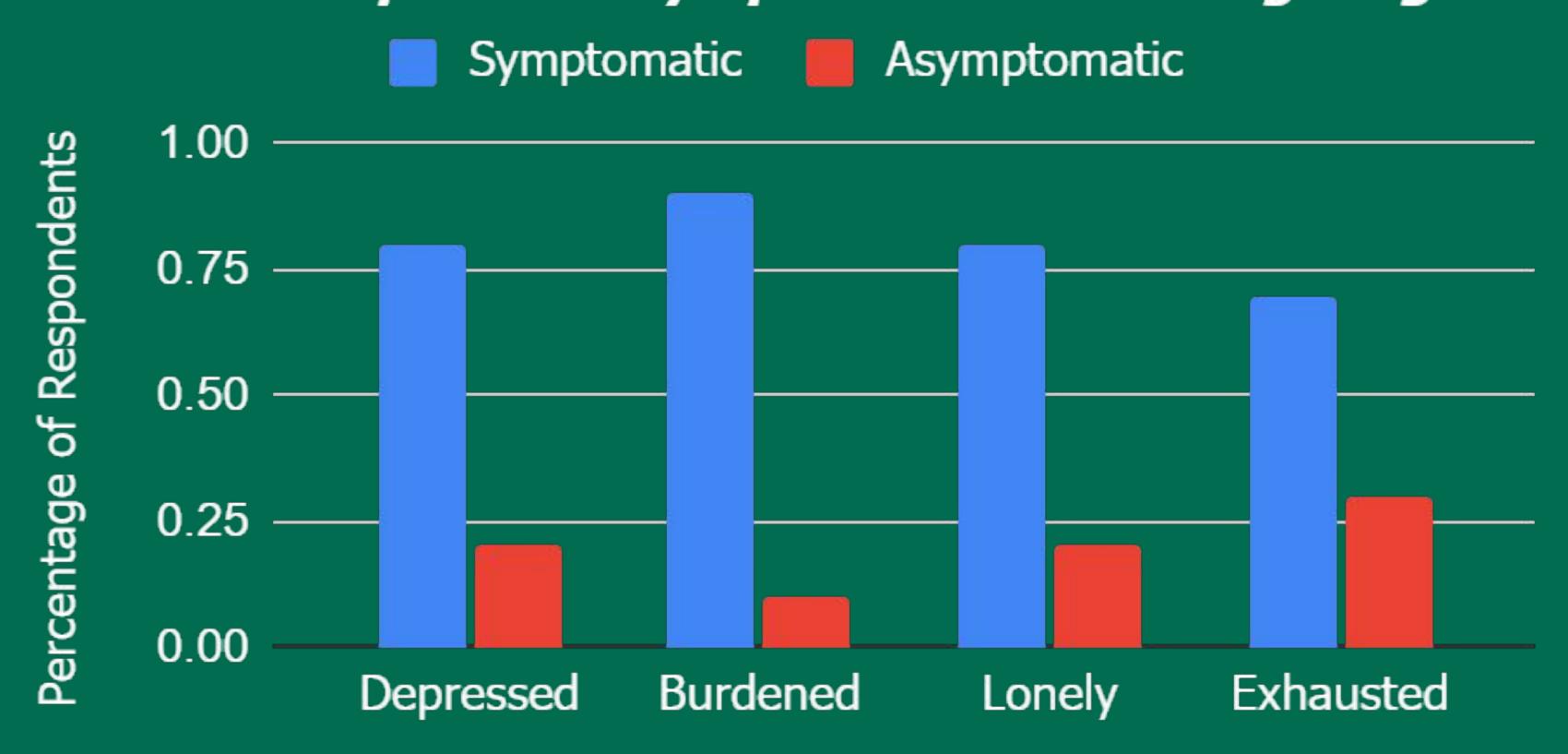
METHODS

- Survey Ongoing! (n = 64 as of April 2025)
- Online surveys targeted towards Chinese and Korean people aged 50+, who are caregivers to family members with AD/ADRD.
- Participants received a \$30 gift card upon survey completion.
- Depressive symptoms were measured using 8-items scale rated with a four-point scale, while the level of caregiving burden was assessed using 4-item with three-point scale.



Older Asian caregivers for family members with AD/ADRD suffer from depressive symptoms

Levels of Depressive Symptoms due to Caregiving



Type of Depressive Symptom

Initial data collected from participants found that at least 70% expressed depressive symptoms at least once a week. Caregiving for family members with AD/ADRD has been found to be significantly correlated with these symptoms, and poses as a significant physical, emotional, and mental stressor for these individuals. Early interventions and screenings are advised to be implemented by healthcare providers and social service professionals to improve caregiver's quality of life.

References



RESULTS

Most of participants reported being U.S. citizens, and if not, they were permanent residents. About half identified as the spouse of the care recipient, and 70% resided with the individuals receiving care. Seventy-five percent reported having no paid in-home assistance. Except for one participant, all respondents reported experiencing some level of depressive symptoms related to their emotions and behaviors. Specifically, nearly 80% reported feeling depressed, 90% felt that everything was burdensome, 80% experienced loneliness, and 70% indicated that they could not do anything on at least some days in the last week. Preliminary regression analysis suggested that depressive symptoms were significantly related to the level of caregiving burden after considering general health status, gender, and age.

DISCUSSION

This pilot study underscores the high prevalence of depressive symptoms among Asian American caregivers for family members with AD/ADRD. Recognizing that caregiving imposes substantial physical and emotional tolls is essential. Addressing the needs of these caregivers through culturally tailored interventions is critical to preventing isolation and distress. Such interventions may include language-specific support groups, mental health counseling, respite care programs, and educational workshops designed to address the unique cultural attitudes and perceptions regarding dementia and caregiving. Additionally, healthcare providers and social service professionals should proactively screen caregivers for depressive symptoms and caregiving burden to facilitate timely and effective interventions. The current social service systems serving individuals with AD/ADRD may represent valuable resources for supporting caregivers, particularly given that many caregivers are spouses cohabiting with the care recipients. Expanding these services to specifically address caregivers' needs can significantly improve caregivers' mental health outcomes, enhance their quality of life, and ultimately strengthen family support structures.