METHODS

Participants were current and former FCGs who had previously completed an electronic survey that helped characterize ELs. Those who reported witnessing at least one EL in the survey were eligible. Participants were purposively chosen based on the type of EL they witnessed. Four preliminary EL types had been determined after a typology analysis of survey responses. Other criteria were also included to assure balancing of perspectives. These included: (a) the relationship to the person with ADRD, (b) whether they lived together, (c) whether the person with ADRD was still living or had died, and (d) FCG race/ethnicity. Four preliminary EL types had been determined after a typology analysis of survey responses. Other criteria were also included to assure balancing of perspectives. These included: (a) the relationship to the person with ADRD, (b) whether they lived together, (c) whether the person with ADRD was still living or had died, and (d) FCG race/ethnicity.

RESULTS

Potential ways to differentiate typologies:

• When in the disease course ELs happen
• Degree of change from pre-EL state to EL state
• Presence of “triggers” that precipitated EL
• Coherence of communication (verbal and non-verbal)

Consequences of ELs:

• FCGs identified family conflict about how to manage the care recipient’s care after witnessing a lucid episode.
• FCGs identified adjustments they made or how they recreated EL conditions into daily routines in order to stimulate another episode.

INTRODUCTION

For this study, our objectives were:

• To investigate how FCGs experience and whether ELs influence how FCGs make care decisions.

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CONCLUSIONS

• Future work will attempt to disentangle FCG/observer characteristics from EL characteristics.

REFERENCES


CONTACT

Joan M. Griffin, PhD
Mayo Clinic
Rochester, MN
Griffin.joan@mayo.edu

Take-Away: Family caregivers provide unique context and knowledge about Episodes of Lucidity (EL) in people living with ADRD. Their appraisals are critical for advancing the scientific understanding of EL.