What is the value of respite programming from the healthcare provider perspective?

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Community based respite care provides a valuable asset to healthcare providers in supporting our patients and their families on the difficult journey through dementia. While the platitudes like, "You have to take care of yourself" are many, the actual opportunities for caregivers to do this

are few. Many caregivers are acutely aware of the burdens imposed by providing care to a person with dementia, but are unwilling to put another person in the place to shoulder that burden, even for a short time. This is especially true when the affected person experiences separation anxiety when away from the primary caregiver. The daycare model works for many, but often falls short of providing good levels of engagement and socialization for the person with dementia, especially those with milder impairments, preserved social skills, and good mobility.

The model of respite care in faith-based communities has proved an effective way to address these problems. By being built as a ministry or community, the issue of shifting the burden of care from one person to another is transformed to care by many. The phrases, "It takes a village" and "Many hands make light work" come to mind here. The care is shared among a community of volunteers, each of whom knows what they've signed up for. Caregivers find great reassurance in that. Besides providing respite - and often a social outlet - to the caregiver, the community nature of respite programming provides a rare opportunity for judgment-free socialization and mental stimulation for the person with dementia.

In addition, successful respite programs can blur the line between client and volunteer by having those with impairments serve to the limits of their ability. This allows the person with dementia to make a meaningful contribution to the activities of the community. Research demonstrates that engagement in creative and productive activities is an important contributor to quality of life and well-being among persons with dementia.

In sum, respite programming can accomplish what medical therapy in 2018 cannot – it provides an environment in which the persons with dementia can thrive. Respite rewards them with enrichment, engagement, and social contacts that tap into the strengths of those brain systems that still work well and leave aside, at least for a little while, the reminders of the cognitive systems that don't work as well. What more could any of us ask for ourselves and those we love?