

Coping strategies therapy significantly improves dementia carers' mental health and quality of life

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A brief coping strategies therapy which provides stress relief and emotional support for people caring for relatives with dementia can reduce depression and anxiety and improve wellbeing at no extra cost to standard care, new research published in *The Lancet Psychiatry* suggests.

The study led by Gill Livingston, Professor of Psychiatry of Older People at University College London in the UK, found that [family caregivers](#) receiving the START (STrAtegies for RelaTives) programme were seven times less likely to develop clinically significant depression than those given usual care, with benefits lasting for at least 2 years.

Two-thirds of people with [dementia](#) live at home, with their family providing most of their care. There are around 670 000 of these [family carers](#) in the UK and more than 15 million in the USA [1]. However, about 40% of family carers develop clinical depression or anxiety, which typically leads to care breakdown, and results in individuals with dementia moving to a care home.

Livingston and colleagues randomly assigned 260 family carers who were free from depression at the start of the study to either the 8-session START programme (173 carers) or to usual care consisting of medical, psychological, and social services for the person with dementia (control; 87). START was delivered by non-clinically trained psychology graduates working on a one-to-one basis with family carers at their home

to identify individual difficulties and implement coping strategies (eg, help with accessing [emotional support](#) and relaxation).

Assessments were made of depression and anxiety using the Hospital Anxiety and Depression Scale (HADS) and of cost-effectiveness over 2 years.

On average, carers in the START group reported a significant (2.58 point) improvement in HADS total score compared to the usual care group in both the short (8 months) and long term (24 months). Moreover, START was no more expensive than usual care, and showed the best value for money based on NICE cost effectiveness thresholds [2] (see table 4 page 7 and figure 2 page 8).

According to Professor Livingston, "Worldwide, there are an estimated 44 million people with dementia, and this figure is likely to double every 20 years. Too often people forget the substantial effect dementia has on family members caring for [relatives](#) with dementia. Policy frameworks assume that families will remain the main providers of their (unpaid) support. This new cost-neutral programme is an effective way to support carers and improve their mental health and quality of life and should be made widely available."

Writing in a linked Comment, Sube Banerjee, Professor of Dementia at the University of Sussex, Brighton, UK, says, "the START intervention should be offered as individual therapy to all family carers of people with dementia as part of the support with a timely diagnosis. START should be a specified component of the diagnostic services for dementia (such as memory services) that are commissioned by Clinical Commissioning Groups throughout the UK."

More information: [www.thelancet.com/journals/lan ... \(14\)00073-X/abstract](http://www.thelancet.com/journals/lan... (14)00073-X/abstract)

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