



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

# IJDR

*International Journal of Development Research*  
Vol. 15, Issue, 07, pp. 68778-68781, July, 2025  
<https://doi.org/10.37118/ijdr.29867.07.2025>



RESEARCH ARTICLE

OPEN ACCESS

## COPING STRATEGIES, QUALITY OF LIFE AND BURDEN OF PERSON WITH DEMENTIA

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### ARTICLE INFO

#### Article History:

Received 26<sup>th</sup> April, 2025  
Received in revised form  
17<sup>th</sup> May, 2025  
Accepted 11<sup>th</sup> June, 2025  
Published online 30<sup>th</sup> July, 2025

#### Key Words:

Caregivers, Dementia, Quality of life, Burden, coping strategies.

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### ABSTRACT

**Introduction:** Dementia significantly impacts both patients and their caregivers. The psychosocial challenges faced by caregivers can affect their quality of life and coping mechanisms. This study examines these aspects in caregivers of persons with dementia in India. **Aim:** To study the psychosocial problems of caregivers of persons with dementia attending OPD at DIMHANS Dharwad, Karnataka, India. **Methodology:** Purposive sampling method was used to select 113 caregivers. Data was collected using WHOQOL BREF, ZARIT Burden Interview, and BREF COPE (Carver) and analyzed using SPSS. **Results:** There is a significant relationship between caregivers' burden, quality of life, and coping strategies. **Conclusion:** Caregivers of persons with dementia face significant challenges impacting their quality of life. Effective coping strategies are crucial for managing these burdens.

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**Citation:** Anantharamu, B.G. and Dr. Sangeetha R. Mane. 2025. "Coping Strategies, Quality of life, and Caregiver Burden of Caregivers of Person with Dementia". *International Journal of Development Research*, 15, (07), 68778-68781.

## INTRODUCTION

Dementia is an acquired syndrome of intellectual impairment due to brain dysfunction, affecting memory, language, visuospatial skills, emotion, personality, and cognition. It is a major health issue worldwide, with over 30 million people affected and numbers expected to rise dramatically. This study focuses on the caregivers of dementia patients, a group facing significant psychosocial challenges.

## BACKGROUND

India, with its rich heritage in medical sciences, is experiencing rapid demographic ageing, leading to increased cases of dementia. Despite government initiatives, the primary care system is often ill prepared to manage dementia, pushing the burden onto caregivers. This study aims to shed light on the psycho social problems faced by these caregivers.

## METHODOLOGY

**Sampling Method:** Purposive sampling was used to select 113 caregivers attending OPD and IPD at DIMHANS Dharwad,

**Data Collection:** Data was collected through direct interviews using:

1. **Whoqol Bref:** Assesses quality of life across four domains: physical health, psychological health, social relationships, and environment.
2. **Zarit Burden Interview:** Measures the perceived burden of caregivers.
3. **Bref Cope (Carver):** Evaluates coping strategies employed by caregivers.

**Data Analysis:** SPSS was used for data analysis, focusing on the relationships between burden, quality of life, and coping strategies.

## RESULTS

The study found a significant relationship between the caregivers' burden, their quality of life, and the coping strategies they employed. Higher burden levels were associated with poorer quality of life and less effective coping mechanisms. Effective coping strategies were crucial for managing the significant challenges faced by caregivers. The table 1, reveals that caregiver burden is positively correlated with avoidant coping ( $r = 0.590, p < 0.01$ ) and negatively correlated with approach coping ( $r = -0.454, p < 0.01$ ), occupational QOL ( $r = -0.203, p < 0.05$ ) and environmental QOL ( $r = -0.454, p < 0.01$ ), while

**Table 1. Correlation between Different variables related to Burden, Coping, and Quality of Life (QOL)**

	TOTAL_BURDEN	TOTAL_COPING_Avoid	TOTAL_COPING_Approach	TOTAL_QOL_1_Phy	TOTAL_QOL_2_Psy	TOTAL_QOL_3_Occ	TOTAL_QOL_4_Environ	Annual Income	Age	Family size
Income	0.155	0.129	-0.097	0.096	0.083	-0.147	0.062	1	0.06	0.037
	0.101	0.172	0.306	0.31	0.383	0.12	0.517		0.55	0.699
	113	113	113	113	113	113	113	113	113	113
Age	0.018	-0.011	-0.094	0.056	0.164	0.094	0.08	0.058	1	0.238
	0.847	0.905	0.324	0.554	0.083	0.321	0.402	0.545		0.011
	113	113	113	113	113	113	113	113	113	113
Family size	0.055	0.007	-0.09	0.079	0.067	-0.048	0.067	0.037	0.24	1
	0.561	0.939	0.341	0.403	0.478	0.616	0.483	0.699	0.01	
	113	113	113	113	113	113	113	113	113	113

**Table 2. Correlation of Care Giver Variables with Demographics**

		TOTAL_BURDEN	TOTAL_COPING_Avoid	TOTAL_COPING_Approach	TOTAL_QOL_1_Phy	TOTAL_QOL_2_Psy	TOTAL_QOL_3_Occ	TOTAL_QOL_4_Environ
TOTAL_BURDEN	Pearson Correlation	1	0.590**	0.362	-0.025**	-0.203**	0.08	-0.454**
	Sig. (2-tailed)		0	0	0.791	0.031	0.402	0
TOTAL_COPING_Avoid	Pearson Correlation	0.590**	1	0.000**	-0.194	-0.257**	-0.340**	-0.693**
	Sig. (2-tailed)	0		0.998	0.04	0.006	0	0
TOTAL_COPING_Approach	Pearson Correlation	-0.454**	-0.693**	1	-0.044**	0.031	0.107**	1
	Sig. (2-tailed)	0	0	0.11	0.646	0.741	0.26	
TOTAL_QOL_1_Phy	Pearson Correlation	0.362**	0	1**	0.58	0.289	0.734**	-0.151
	Sig. (2-tailed)	0	0.998		0	0.002	0	0.11
TOTAL_QOL_2_Psy	Pearson Correlation	-0.025	-0.194*	0.58	1*	0.435	0.651	-0.044
	Sig. (2-tailed)	0.791	0.04	0		0	0	0.646
TOTAL_QOL_3_Occ	Pearson Correlation	-0.203*	-0.257**	0.289*	0.435**	1	0.398*	0.031
	Sig. (2-tailed)	0.031	0.006	0.002	0		0	0.741
TOTAL_QOL_4_Environ	Pearson Correlation	0.08	-0.340**	0.734	0.651**	0.398	1	0.107
	Sig. (2-tailed)	0.402	0	0	0	0		0.26

avoidant coping shows a negative correlation with approach coping ( $r = -0.693$ ,  $p < 0.01$ ), occupational QOL ( $r = -0.257$ ,  $p < 0.01$ ), and environmental QOL ( $r = -0.340$ ,  $p < 0.01$ ), and approach coping has a slight positive correlation with occupational QOL ( $r = 0.107$ ,  $p < 0.01$ ); additionally, physical QOL correlates positively with environmental QOL ( $r = 0.734$ ,  $p < 0.01$ ), psychological QOL is positively correlated with occupational QOL ( $r = 0.435$ ,  $p < 0.01$ ) and environmental QOL ( $r = 0.651$ ,  $p < 0.01$ ), and occupational QOL is positively correlated with environmental QOL ( $r = 0.398$ ,  $p < 0.01$ ). The table 2, indicates that income is positively correlated with approach coping ( $r = 0.306$ ,  $p < 0.01$ ) but shows no significant correlation with burden, avoidant coping, or QOL dimensions; age has no significant correlations with any of the variables; and family size is positively correlated with occupational QOL ( $r = 0.616$ ,  $p < 0.01$ ) but does not significantly correlate with burden, avoidant coping, approach coping, or other QOL dimensions.

## DISCUSSION

Dementia is a significant global health issue with no current cure (WHO, 2015; NHS, 2018). This study explores the psychosocial problems of caregivers for people with dementia, focusing on their quality of life, burden, and coping strategies. The age of dementia patients ranged from 47 to 101

years, with previous studies reporting a mean age varying from 65.7 to 80.2 years (Das *et al.*, 2012; Andreakou *et al.*, 2016; Winter *et al.*, 2011; Zucca *et al.*, 2021; Vickrey *et al.*, 2009; Connor *et al.*, 2008).

The mean age of patients with Alzheimer's disease was 58.1 years (Santos *et al.*, 2014). Most elderly dementia patients in India are illiterate and of low socioeconomic status (Rajkumar *et al.*, 1997). In the present study, 68% were illiterate, and 49.6% were female. Literature indicates a higher prevalence of dementia among older women (Pinto *et al.*, 2009; Alzheimer's & Related Disorders Society of India, 2010; Vas *et al.*, 2001; Cunningham *et al.*, 2015; Rajkumar *et al.*, 1997; Cenko *et al.*, 2021). Caregivers, primarily female family members, face significant health problems and depression (Santos *et al.*, 2014; Vickrey *et al.*, 2009; Cao & Yang, 2020; Snyder *et al.*, 2015; Ulstein *et al.*, 2007; Connor *et al.*, 2008; Eters *et al.*, 2008). Their mean age was 36.7 years (Srivastava *et al.*, 2016). Most caregivers were educated, but many were of low socioeconomic status (Arai *et al.*, 2007). The study found no correlation between the quality of life and sociodemographic variables of patients and caregivers, consistent with other studies (Pessotti *et al.*, 2018; Banerjee *et al.*, 2009; Srivastava *et al.*, 2016).

However, low income was linked to decreased quality of life among caregivers (Ferrara *et al.*, 2008; Zacharopoulou *et al.*, 2015). Caregivers experienced significant burden, with female caregivers reporting higher levels of stress and depression (Burns, 2000; Das *et al.*, 2014; Jathanna *et al.*, 2010). Increased dementia severity and behavioral disturbances were major factors contributing to caregiver burden (Mukherjee *et al.*, 2017; Neil & Bowie, 2007; Knutson *et al.*, 2008). There was no correlation between sociodemographic variables and caregiver burden or coping strategies (Cao & Yang, 2020; Baker & Robertson, 2008). Quality of life declined with increased caregiver burden, which was negatively correlated with physical, psychological, and environmental quality of life domains (Badia Llach *et al.*, 2004; Miura *et al.*, 2005; R.F. *et al.*, 2002; Zacharopoulou *et al.*, 2015; Ruisoto *et al.*, 2019). Effective coping strategies, including problem-focused and emotion-focused methods, were crucial in mitigating caregiver stress (Cooper *et al.*, 2008; Tulek *et al.*, 2020).

## CONCLUSION

Caregivers of persons with dementia face significant psychosocial burdens impacting their quality of life. Effective coping strategies are essential for managing these challenges. There is a need for better support systems and resources to aid caregivers in their roles. The comprehensive approach to addressing dementia includes the development of support systems such as counseling and support groups for caregivers, the implementation of training programs to enhance caregivers' coping strategies and skills, the enforcement of stronger policy measures to provide financial and social support to caregivers, and increased public awareness about dementia and the challenges caregivers face.

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