

Alzheimer's Caregiving: The Intersecting Roles of Relationship Type in Shaping Caregiver Strain

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DOI: 10.46609/IJSSER.2026.v11i04.007 URL: <https://doi.org/10.46609/IJSSER.2026.v11i04.007>

Received: 1 April 2026 / Accepted: 15 April 2026 / Published: 20 April 2026

ABSTRACT

Informal caregiving forms an essential yet under-recognized part of global healthcare, particularly in the context of Alzheimer's disease, where progressive cognitive and functional decline demands intensive, long-term care. This paper reviews extant literature on caregiving to understand how the caregiver-care recipient relationship may influence perceived burden among family caregivers to individuals with Alzheimer's disease. This review situates caregiving within relational and gendered contexts, emphasizing that caregiving experiences differ markedly between spouses, adult children, and other family members. The caregiver-care recipient relationship type is also marked by gender norms and cultural expectations, where burden is heightened due to societal and familial role obligations. Understanding how these variables intersect and influence caregiving allows for shaping context-aware interventions that evolve alongside disease progression. Future research should expand its focus to underrepresented and diverse caregiver groups to better inform adaptive support strategies that enhance caregiver well-being across the Alzheimer's care trajectory.

Keywords: Alzheimer's disease, family caregiving, caregiver-care recipient relationship, spousal caregivers, adult-child caregivers

Introduction

Informal caregivers, such as family members or friends who provide unpaid support to individuals with whom they share a personal relationship, form the hidden backbone of healthcare systems worldwide. The cost of informal caregiving is complex, with some estimates valuing it as the equivalent of over 40 million full-time workers annually for patients with dementia alone (Wimo et al., 2018). Many caregivers juggle care work with other personal and professional responsibilities, often at the cost of their own well-being (Schulz et al., 2016). This negative impact is conceptualized in terms of caregiver burden, referring to the multifaceted

strain, including emotional, physical, social, and financial strain, perceived by the caregiver over time (Liu et al., 2020).

Extensive research has documented these adverse outcomes, with caregivers often experiencing elevated rates of depression, anxiety, stress, fatigue, and insomnia (Chakraborty et al., 2023; Hopps et al., 2017; Soh et al., 2025). They are also more susceptible to chronic conditions like obesity, asthma, chronic obstructive pulmonary disease, and arthritis (Kilmer, 2024). Caregivers also have less time for personal, physical, and social activities, further compromising their health (Kong et al., 2021). These cumulative pressures affect the quality of life of caregivers and care recipients alike (Kin et al., 2024).

Alzheimer's disease, the most common form of dementia, is defined in the DSM-5-TR as a progressive major neurocognitive disorder (American Psychiatric Association, 2022). Diagnosis accounts for memory and learning decline, along with impairment in at least one other cognitive domain across language, perceptual-motor function, executive function, complex attention, or social cognition, and their interference with Activities of Daily Living (ADLs). Memory impairment is a core symptom of Alzheimer's disease and plays a central role in functional decline. Life expectancy following diagnosis typically ranges from 4 to 8 years, though some individuals may live up to 20 years (Uddin & Ashraf, 2018). Given these progressive and debilitating factors, sustained caregiving is essential for Alzheimer's patient management.

The Caregiving in the US dataset reveals two notable trends in this context: first, Alzheimer's disease and other forms of dementia are among the primary health conditions necessitating care; and second, an overwhelming majority of caregivers across all conditions are family members and relatives of the care recipient (AARP & National Alliance for Caregiving, 2020). Parents or parents-in-law were the most common care recipients, followed by spouses, with a smaller share of care provided to grandparents, siblings, and adult children. These relational configurations significantly influence the perceptions of burden, stress, and strain for the caregiver (Kin et al., 2024). The availability and accessibility of external support interventions further impact the well-being of caregivers (Cheng & Zhang, 2020). This review synthesizes the extant literature to propose recommendations that support family caregivers of individuals with Alzheimer's disease, reduce burden, and enhance coping capacities across policy and practice.

Literature Review

Caregiving for individuals with Alzheimer's disease is uniquely demanding. Broadly, care needs fall under Activities of Daily Living (ADLs), encompassing basic self care tasks essential for survival and personal well-being, such as eating, bathing, toileting, and dressing, as well as Instrumental Activities of Daily Living (IADLs), which involve more complex tasks that support

independent living, including managing finances, shopping, housekeeping, medication management, and assistance with communication and decision-making (American Occupational Therapy Association, 2014). The framework for caregiver-identified phases of Alzheimer's disease further maps these demands across five distinct phases: monitoring initial symptoms, navigating diagnosis, assisting with IADLs, assisting with basic ADLs, and planning for the future (Kokorelias et al., 2022).

Caregiver burden is influenced by various factors like age, gender, intensity, disease severity, employment, and hours spent providing care (Duangjina et al., 2025; Xu et al., 2021). As the disease progresses, cognitive and functional abilities decline, thereby increasing the responsibilities and strain on caregivers (Cameron & Gignac, 2008; Cartaxo et al., 2023). Conversely, as patients lose independence, develop behavioral and personality changes, as well as mood disturbances, the quality of caregiving relationships is also affected (Reisberg et al., 1987; Welleford et al., 1995).

Lazarus & Folkman's (1984) framework differentiates between problem-focused and emotion-focused strategies, offering a conceptual framework for understanding how caregivers manage chronic stress within the context of Alzheimer's disease. Given that burden and coping vary across individuals, understanding the influence of caregiver-care recipient relationship type provides valuable insights for policy and practice.

Existing literature indicates that the caregiver-care recipient relationship type significantly influences caregiver burden (Campbell et al., 2008; Harris et al., 2011; Hayes et al., 2009; Pinquart and Sörensen, 2011; Smith & Rodham, 2022). However, understanding the mechanisms and interactions that shape these relational dynamics, including emotional pressures, caregiving circumstances, patient-related factors, and cultural expectations, is equally crucial (Knight et al., 2024). A clearer understanding of how relationship type interacts with these factors is essential to explain variations within different roles and to inform tailored support interventions.

Methods

A systematic search was conducted across PubMed for studies published from January 2014 to October 2025. Search terms combined keywords such as "Alzheimer's disease," "caregiver burden," "spousal caregivers," "adult-child caregivers," using Boolean operators (AND, OR) to refine results and ensure comprehensive coverage. A total of eighteen studies were included, ranging from empirical articles, reviews, and meta-analyses that were published in English and explicitly addressed the relationship between caregiver-care recipient relationship type and caregiver burden. Studies that did not investigate how relationship type modulates caregiver burden, stress, or coping, and those focusing on non-family caregivers, or those not specific to

Alzheimer's or dementia, were excluded. Findings were coded, and a narrative synthesis approach was used to integrate evidence across different studies, highlighting converging and diverging findings.

Discussion

This review aims to synthesize the evidence on the impact of caregiver-care recipient relationship type on Alzheimer's caregiving and pathways underlying these variances. There is broad agreement that relationship type significantly structures caregivers' strain, yet its effects are mediated by contextual variables, including cohabitation, cultural contexts, and the availability of external support (Reed et al., 2014; Tay et al., 2025; Viñas-Diez et al., 2017). These findings further coalesce around four interrelated themes: (1) intimacy, identity, and role captivity in spousal caregiving; (2) filial duty and the moral undertones of adult-child caregiving; (3) gendered and social expectations surrounding care; and (4) cultural norms, societal expectations, and caregiving values.

Firstly, spousal caregivers experience greater strain due to the continuous and intimate nature of care, where emotional closeness heightens responsibility and burden, and requires ongoing emotional processing to adapt to the altered life trajectory (Tay et al., 2025; Yu et al., 2025). Most spouses are of older age too, which compounds vulnerability, stress, and depressive symptoms (Reed et al., 2014; Tay et al., 2025). The transformation of a partner into a dependent patient erodes reciprocity and collapses marital identity into the caregiving role (Gallagher & Beard, 2020; Kokorelias et al., 2022; Reed et al., 2014; Seaman, 2020; Tay et al., 2025). This results in role captivity, a sense of psychological entrapment within an identity one did not choose but cannot abandon (Kokorelias et al., 2022).

Secondly, adult-child caregivers, especially those co-habiting with the care recipient, or simultaneously managing employment and familial responsibilities, report higher levels of strain (Reed et al., 2014; Viñas-Diez et al., 2017). The filial caregiving role is often shaped by moral expectations of reciprocity and repayment, creating tension between caregiving duties and personal or professional aspirations (Kokorelias et al., 2022; Reed et al., 2014; Ruyant Belabbas et al., 2024). Consequently, adult-children, particularly daughters, tend to experience and report greater emotional and role strain than sons, reflecting gendered patterns within caregiving (Ruyant Belabbas et al., 2024; Reed et al., 2014).

Thirdly, gender intersects strongly with relationship types across Alzheimer's caregiving. Within families, wives and daughters continue to bear the heaviest responsibility and burden, revealing how care remains a deeply gendered form of labor, with elevated burden rates revealing how relationship type mirrors the social norms that shape care work (Belabbas et al., 2024; Duangjina

et al., 2025; Hernández-Padilla et al., 2021; Kahn et al., 2016; Ruyant Belabbas et al., 2024). Women are simultaneously less likely to delegate caregiving tasks or seek external support due to entrenched gendered expectations of duty, which intensifies strain (Apesoa-Varano, 2020; Ruyant Belabbas et al., 2024).

Lastly, relationship type is shaped and mediated by wider cultural logics, familial norms, and value systems (Ar & Karanci, 2019; Dai et al., 2015; Duangjina et al., 2025; McLennon et al., 2020; Pattanayak et al., 2010). In non-Western contexts, caregiving is frequently seen as a filial or spousal duty, where fatigue and emotional strain are often internalized (Ar & Karanci, 2019; McLennon et al., 2020). These cultural expectations influence help-seeking behavior, particularly among women, who may perceive caregiving as a moral responsibility than a shared societal obligation warranting external support (Apesoa-Varano, 2020; Ar & Karanci, 2019; McLennon et al., 2020; Ruyant Belabbas et al., 2024)

In sum, the type of relationship shapes caregiving in several ways: the demands of the role influence how much time and effort care work requires; the quality of the relationship affects emotional resilience; the resources and support available shape how strain is differently experienced; and cultural expectations, whether filial or spousal, determine how easily help is sought or accepted (AboJabel & Werner, 2022; Ar & Karanci, 2019; Dai et al., 2015; Daley et al., 2017; Duangjina et al., 2025; Kokorelias et al., 2022; Viñas-Diez et al., 2017).

These findings highlight the need to adapt caregiver support to relationship type, a consideration that is especially important in the Indian context, where caregiving is largely home-based and informally organized, and cultural norms frame caregiving as a private filial or spousal responsibility (Murthy, 2016). Because care is often seen as a private duty, caregivers may be reluctant or unable to seek external support, making tailored interventions such as psychosocial check-ins, respite, counseling for spouses, and guidance on realistic adaptation for adult children essential to effectively mitigate these burdens.

Evidence further indicates that burden is lower in extended families where caregiving roles and responsibilities are shared among multiple members (Emmatty et al., 2006). At the same time, care homes and institutions remain largely inaccessible to low- and middle-income families, with monthly costs as high as ₹25,000 (Sethurathinam, 2022). In light of these disparities, policies and programs should also prioritize the development and expansion of affordable, community-based, and home-support services that leverage primary care infrastructure to broaden access, foster shared responsibility, and reduce burden on individual caregivers.

Given that approximately 80% caregivers in India are women (Sethurathinam, 2022), gender must also be a central consideration in intervention design. Women's disproportionate share of

daily and emotional labor heightens chronic overload and restricts help-seeking behavior (Apesoa-Varano, 2020; Ruyant Belabbas et al., 2024). Programs should therefore provide context-aware support for female caregivers, including counseling on guilt, fatigue, and role conflict. Engaging male family members can further redistribute caregiving tasks, shifting care from a gendered expectation to a shared family responsibility.

Interventions must also place caregiver health at the center of Alzheimer's management. As Williams' (2007) framework highlights, effective caregiving requires sustained commitment without self-sacrifice, expectation management through realistic adaptation to disease progression, and role negotiation that safeguards both autonomy and patient agency. Leveraging external support systems, such as respite care, community networks, and workplace accommodations, can help sustain this balance over the long trajectory of care. Together, these interventions can aid in developing frameworks responsive to India's healthcare system and deliver care attuned to the complex relational dynamics within Alzheimer's caregiving.

At the same time, several limitations should be considered in interpreting these findings. Reliance on published studies rather than primary data leaves findings dependent on how caregiver strain and relationships were defined and measured in each study. Most studies are also from Western, middle-class contexts, limiting generalizability to other cultural or economic settings. Much of the literature captures only snapshots rather than the evolution of caregiver strain over time. Additionally, this review's narrow focus prevents full consideration of other factors, such as caregiver health and socioeconomic variables, that may shape caregiver experiences in complex ways that cannot be fully addressed within the scope of this paper.

Future research must also address underrepresented caregiver groups, particularly men and non-spousal caregivers, whose experiences are often overlooked in current research. Moreover, most existing studies inadequately account for caregivers in LGBTQ+ partnerships or from socially and ethnically diverse backgrounds, whose relationship structures may shape caregiving in distinct ways. By integrating these perspectives, future studies can inform policies and practices that alleviate psychological stress and enhance the emotional well-being of caregivers.

Conclusion

This review aimed to synthesize evidence on how caregiver-care recipient relationship type influences burden and coping mechanisms in Alzheimer's caregiving. A comprehensive examination was needed to clarify how relational, gendered, and cultural factors shape caregiving experiences. Key themes were identified using a narrative synthesis of studies across diverse kinship and cultural contexts. Based on these findings, four key recommendations were advanced for Alzheimer's caregiving in India: support should be tailored to caregiver-care

recipient relationships, the expansion of affordable care pathways, gender-sensitive approaches to reduce women's disproportionate burden, and the centering of caregiver health through systemic support and external resources. Future research should examine how caregiver-care recipient relationships and norms interact across diverse Indian contexts, and evaluate the effectiveness of interventions to inform evidence-based policy and practice.

References

1. AARP & National Alliance for Caregiving. (2020). Caregiving in the United States [Dataset].
2. AboJabel, H., & Werner, P. (2022). The mediating effect of social support and coping strategies on the relation between family stigma and caregiver burden among Israeli Arab family caregivers of people with Alzheimer's disease (Ad). *Aging & Mental Health*, 26(8), 1597–1603. <https://doi.org/10.1080/13607863.2021.1916881>
3. American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain & process(3rd ed.). AOTA Press/American Occupational Therapy Association.
4. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (DSM-5-TR). American Psychiatric Association Publishing. <https://doi.org/10.1176/appi.books.9780890425787>
5. Apesoa-Varano, E. C. (2020). "I know best:" women caring for kin with dementia. *Social Science & Medicine*, 256, 113026. <https://doi.org/10.1016/j.socscimed.2020.113026>
6. Ar, Y., & Karanci, A. N. (2019). Turkish adult children as caregivers of parents with alzheimer's disease: Perceptions and caregiving experiences. *Dementia*, 18(3), 882–902. <https://doi.org/10.1177/1471301217693400>
7. Cameron, J. I., & Gignac, M. A. M. (2008). "Timing It Right": A conceptual framework for addressing the support needs of family caregivers to stroke survivors from the hospital to the home. *Patient Education and Counseling*, 70(3), 305–314. <https://doi.org/10.1016/j.pec.2007.10.020>
8. Cartaxo, A., Koller, M., Mayer, H., Kolland, F., & Nagl-Cupal, M. (2023). Risk factors with the greatest impact on caregiver burden in informal homecare settings in austria: A quantitative secondary data analysis. *Health & Social Care in the Community*, 2023, 1–14. <https://doi.org/10.1155/2023/3270083>

9. Chakraborty, R., Jana, A., & Vibhute, V. M. (2023). Caregiving: A risk factor of poor health and depression among informal caregivers in India- A comparative analysis. *BMC Public Health*, 23(1), 42. <https://doi.org/10.1186/s12889-022-14880-5>
10. Cheng, S.-T., & Zhang, F. (2020). A comprehensive meta-review of systematic reviews and meta-analyses on nonpharmacological interventions for informal dementia caregivers. *BMC Geriatrics*, 20(1), 137. <https://doi.org/10.1186/s12877-020-01547-2>
11. Dai, B., Mao, Z., Wu, B., Mei, Y. J., Levkoff, S., & Wang, H. (2015). Family caregiver's perception of alzheimer's disease and caregiving in chinese culture. *Social Work in Public Health*, 30(2), 185–196. <https://doi.org/10.1080/19371918.2014.969858>
12. Daley, R. T., O'Connor, M. K., Shirk, S. D., & Beard, R. L. (2017). 'In this together' or 'Going it alone': Spousal dyad approaches to Alzheimer's. *Journal of Aging Studies*, 40, 57–63. <https://doi.org/10.1016/j.jaging.2017.01.003>
13. Dogan, V., Taneska, M., Novotni, G., Iloski, S., Novotni, A., Dimitrova, V., Milutinović, M., Novotni, L., Weber, A., Joksimoski, B., Chorbev, I., Hasani, S., Ivanovska, A., Grimmer, T., & Fischer, J. (2024). On dementia, duties, and daughters. An ethical analysis of healthcare professionals being confronted with conflicts regarding filial duties in informal dementia care. *Frontiers in Psychiatry*, 15, 1421582. <https://doi.org/10.3389/fpsy.2024.1421582>
14. Duangjina, T., Jeamjitvibool, T., Park, C., Raszewski, R., Gruss, V., & Fritschi, C. (2025). Sex and gender differences in caregiver burden among family caregivers of persons with dementia: A systematic review and meta-analysis. *Archives of Gerontology and Geriatrics*, 138, 105977. <https://doi.org/10.1016/j.archger.2025.105977>
15. Emmatty, L. M., Bhatti, R. S., & Mukalel, M. T. (2006). The experience of burden in India: A study of dementia caregivers. *Dementia*, 5(2), 223–232. <https://doi.org/10.1177/1471301206062251>
16. Gallagher, E., & Beard, R. L. (2020). Buffer or Blade: Perceived relationship closeness in couples navigating Alzheimer's. *Journal of Aging Studies*, 52, 100832. <https://doi.org/10.1016/j.jaging.2020.100832>
17. Gaugler, J. E., Mittelman, M. S., Hepburn, K., & Newcomer, R. (2009). Predictors of change in caregiver burden and depressive symptoms following nursing home admission. *Psychology and Aging*, 24(2), 385–396. <https://doi.org/10.1037/a0016052>

18. Gaugler, J. E., Mittelman, M. S., Hepburn, K., & Newcomer, R. (2010). Clinically significant changes in burden and depression among dementia caregivers following nursing home admission. *BMC Medicine*, 8(1), 85. <https://doi.org/10.1186/1741-7015-8-85>
19. Harris, S. M., Adams, M. S., Zubatsky, M., & White, M. (2011). A caregiver perspective of how Alzheimer's disease and related disorders affect couple intimacy. *Aging & Mental Health*, 15(8), 950–960. <https://doi.org/10.1080/13607863.2011.583629>
20. Hayes, J., Boylstein, C., & Zimmerman, M. K. (2009). Living and loving with dementia: Negotiating spousal and caregiver identity through narrative. *Journal of Aging Studies*, 23(1), 48–59. <https://doi.org/10.1016/j.jaging.2007.09.002>
21. Hernández-Padilla, J. M., Ruiz-Fernández, M. D., Granero-Molina, J., Ortíz-Amo, R., López Rodríguez, M. M., & Fernández-Sola, C. (2021). Perceived health, caregiver overload and perceived social support in family caregivers of patients with Alzheimer's: Gender differences. *Health & Social Care in the Community*, 29(4), 1001–1009. <https://doi.org/10.1111/hsc.13134>
22. Hopps, M., Iadeluca, L., McDonald, M., & Makinson, G. T. (2017). The burden of family caregiving in the United States: Work productivity, health care resource utilization, and mental health among employed adults. *Journal of Multidisciplinary Healthcare*, 10, 437–444. <https://doi.org/10.2147/JMDH.S135372>
23. Huertas-Domingo, C., Losada-Baltar, A., Pillemer, K., Czaja, S. J., Jiménez-Gonzalo, L., Fernandes-Pires, J. A., & Márquez-González, M. (2025). Moderating effect of family function between dysfunctional thoughts and emotional distress in dementia caregivers: Kinship differences. *Family Process*, 64(1), e70028. <https://doi.org/10.1111/famp.70028>
24. Kahn, P. V., Wishart, H. A., Randolph, J. S., & Santulli, R. B. (2016). Caregiver stigma and burden in memory disorders: An evaluation of the effects of caregiver type and gender. *Current Gerontology and Geriatrics Research*, 2016, 1–5. <https://doi.org/10.1155/2016/8316045>
25. Kilmer, G. (2024). Changes in health indicators among caregivers—United states, 2015–2016 to 2021–2022. *MMWR. Morbidity and Mortality Weekly Report*, 73. <https://doi.org/10.15585/mmwr.mm7334a2>
26. Kin, A. L., Griffith, L. E., Kuspinar, A., Smith-Turchyn, J., & Richardson, J. (2024). Impact of care-recipient relationship type on quality of life in caregivers of older adults

- with dementia over time. *Age and Ageing*, 53(6), afae128. <https://doi.org/10.1093/ageing/afae128>
27. Knight, F., Ridge, D., Loveday, C., Weidner, W., Roeser, J., Halton, C., & Cartwright, T. (2024). A role-needs framework: Rethinking support for informal caregivers for alzheimer's across the global south and global north. *International Journal of Geriatric Psychiatry*, 39(9), e6141. <https://doi.org/10.1002/gps.6141>
28. Kokorelias, K. M., Gignac, M. A. M., Naglie, G., Rittenberg, N., MacKenzie, J., D'Souza, S., & Cameron, J. I. (2022). A grounded theory study to identify caregiving phases and support needs across the Alzheimer's disease trajectory. *Disability and Rehabilitation*, 44(7), 1050–1059. <https://doi.org/10.1080/09638288.2020.1788655>
29. Kokorelias, K. M., Naglie, G., Gignac, M. A., Rittenberg, N., & Cameron, J. I. (2021). A qualitative exploration of how gender and relationship shape family caregivers' experiences across the Alzheimer's disease trajectory. *Dementia*, 20(8), 2851–2866. <https://doi.org/10.1177/14713012211019502>
30. Kong, Y.-L., Anis-Syakira, J., Jawahir, S., R'ong Tan, Y., Rahman, N. H. A., & Tan, E. H. (2021). Factors associated with informal caregiving and its effects on health, work, and social activities of adult informal caregivers in Malaysia: Findings from the National Health and Morbidity Survey 2019. *BMC Public Health*, 21(1), 1033. <https://doi.org/10.1186/s12889-021-11022-1>
31. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.
32. Liu, Z., Heffernan, C., & Tan, J. (2020). Caregiver burden: A concept analysis. *International Journal of Nursing Sciences*, 7(4), 438–445. <https://doi.org/10.1016/j.ijnss.2020.07.012>
33. McLennon, S. M., Anderson, J. G., Epps, F., & Rose, K. M. (2020). "It's just part of life": African American daughters caring for parents with dementia. *Journal of Women & Aging*, 32(2), 168–182. <https://doi.org/10.1080/08952841.2018.1547002>
34. Murthy, S. (2016). Caregiving and caregivers: Challenges and opportunities in India. *Indian Journal of Social Psychiatry*, 32(1), 10. <https://doi.org/10.4103/0971-9962.176761>
35. Pattanayak, R. D., Jena, R., Tripathi, M., & Khandelwal, S. K. (2010). Assessment of burden in caregivers of Alzheimer's disease from India. *Asian Journal of Psychiatry*, 3(3), 112–116. <https://doi.org/10.1016/j.ajp.2010.06.002>

36. Pinquart, M., & Sörensen, S. (2011). Spouses, adult children, and children-in-law as caregivers of older adults: A meta-analytic comparison. *Psychology and Aging*, 26(1), 1–14. <https://doi.org/10.1037/a0021863>
37. Pope, B., Gelling, L., Holland, S., & Cox, C. (2025). How do spouses experience living alone after their partner with dementia moves into a care home? *Journal of Clinical Nursing*, 34(9), 3592–3603. <https://doi.org/10.1111/jocn.17831>
38. Reed, C., Belger, M., Dell’Agnello, G., Wimo, A., Argimon, J. M., Bruno, G., Dodel, R., Haro, J. M., Jones, R. W., & Vellas, B. (2014). Caregiver burden in alzheimer’s disease: Differential associations in adult-child and spousal caregivers in the geras observational study. *Dementia and Geriatric Cognitive Disorders Extra*, 4(1), 51–64. <https://doi.org/10.1159/000358234>
39. Reisberg, B., Borenstein, J., Salob, S. P., Ferris, S. H., Franssen, E., & Georgotas, A. (1987). Behavioral symptoms in Alzheimer’s disease: Phenomenology and treatment. *The Journal of Clinical Psychiatry*, 48 Suppl, 9–15.
40. Ruyant Belabbas, E., Manceau, C., & Wawrziczny, E. (2024). The relationship at the heart of the experience of daughter caregivers of a parent with dementia: An interpretative phenomenological analysis. *Dementia*, 23(2), 175–190. <https://doi.org/10.1177/14713012231220223>
41. Schulz, R., Eden, J., Adults, C. on F. C. for O., Services, B. on H. C., Division, H. and M., & National Academies of Sciences, E. (2016). Family caregiving roles and impacts. In *Families Caring for an Aging America*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK396398/>
42. Seaman, A. T. (2020). “Like he’s a kid”: Relationality, family caregiving, and alzheimer’s disease. *Medical Anthropology*, 39(1), 29–40. <https://doi.org/10.1080/01459740.2019.1667344>
43. Sethurathinam, P. S. (2022). Public policy and Alzheimer care in India. *Alzheimer’s & Dementia*, 18(S11), e065568. <https://doi.org/10.1002/alz.065568>
44. Shanks-McElroy, H. A., & Strobino, J. (2001). Male caregivers of spouses with Alzheimer’s disease: Risk factors and health status. *American Journal of Alzheimer’s Disease & Other Dementias®*, 16(3), 167–175. <https://doi.org/10.1177/153331750101600308>

45. Smith, G., & Rodham, K. (2022). Supporting and sustaining care at home: Experiences of adult daughters who support a parent with dementia to remain in their own home. *Health & Social Care in the Community*, 30(1), 81–90. <https://doi.org/10.1111/hsc.13373>
46. Soh, X. C., Hartanto, A., Ling, N., Reyes, M., Sim, L., & Majeed, N. M. (2025). Prevalence of depression, anxiety, burden, burnout, and stress in informal caregivers: An umbrella review of meta-analyses. *Archives of Gerontology and Geriatrics Plus*, 2(3), 100197. <https://doi.org/10.1016/j.aggp.2025.100197>
47. Tay, L. X., Ong, S. C., Ong, H. M., Teh, E. E., Ch'ng, A. S. H., Tiong, I. K., Razali, R. M., & Parumasivam, T. (2025). Caregiver burden of Alzheimer's disease among informal caregivers: A cross-sectional study in Malaysia. *Scientific Reports*, 15(1), 10067. <https://doi.org/10.1038/s41598-025-95210-8>
48. Uddin, M. S., & Ashraf, G. M. (2018). Introductory chapter: Alzheimer's disease—the most common cause of dementia. In *Advances in Dementia Research*. IntechOpen. <https://doi.org/10.5772/intechopen.82196>
49. Viñas-Diez, V., Turró-Garriga, O., Portellano-Ortiz, C., Gascón-Bayarri, J., Reñé-Ramírez, R., Garre-Olmo, J., & Conde-Sala, J. L. (2017). Kinship and cohabitation in relation to caregiver burden in the context of Alzheimer's disease: A 24-month longitudinal study. *International Journal of Geriatric Psychiatry*, 32(12). <https://doi.org/10.1002/gps.4656>
50. Welleford, E. A., Harkins, S. W., & Taylor, J. R. (1995). Personality change in dementia of the alzheimer's type: Relations to caregiver personality and burden. *Experimental Aging Research*, 21(3), 295–314. <https://doi.org/10.1080/03610739508253986>
51. Williams, L. A. (2007). Whatever it takes: Informal caregiving dynamics in blood and marrow transplantation. *Oncology Nursing Forum*, 34(2), 379–387. <https://doi.org/10.1188/07.ONF.379-387>
52. Wimo, A., Prince, M., & Gauthier, S. (2018). Global estimates of informal care. <https://www.alzint.org/resource/global-estimates-of-informal-care/>
53. Wu-Chung, E. L., Leal, S. L., Denny, B. T., Cheng, S. L., & Fagundes, C. P. (2022). Spousal caregiving, widowhood, and cognition: A systematic review and a biopsychosocial framework for understanding the relationship between interpersonal losses and dementia risk in older adulthood. *Neuroscience & Biobehavioral Reviews*, 134, 104487. <https://doi.org/10.1016/j.neubiorev.2021.12.010>

54. Xu, L., Liu, Y., He, H., Fields, N. L., Ivey, D. L., & Kan, C. (2021). Caregiving intensity and caregiver burden among caregivers of people with dementia: The moderating roles of social support. *Archives of Gerontology and Geriatrics*, 94, 104334. <https://doi.org/10.1016/j.archger.2020.104334>
55. Yu, J., Zhang, S., Li, L., & Shen, Q. (2025). Dyadic coping experience of persons with young-onset dementia and their spousal caregivers: A review of qualitative studies and meta-synthesis. *Journal of Alzheimer's Disease*, 106(3), 832–841. <https://doi.org/10.1177/13872877251351215>