

Stress and Coping Project

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Since 1984, our group has conducted a series of continuous longitudinal studies funded by NIA, NIMH, and NHLBI. These studies have examined persons who are caring for a spouse with AD and compared them to demographically-similar spouse non-caregivers. We have observed main effects for some variables and interactions for others. For example, we have replicated our previous main effect findings that caregivers have higher fasting insulin and glucose levels than do non-caregivers and that these differences are mediated by higher cortisol levels, poorer health habits (higher daily calories/fats and lower levels of exercise), and greater psychosocial distress (depression, anger, hostility, sleep problems, fewer positive experiences, etc.) in caregivers than non-caregivers.

Another goal of our program has been to identify caregivers at high risk for health problems. In doing so, we have conducted cross-sectional/ case-control and longitudinal and prospective studies. We believe that men caregivers and caregivers with co-morbidities are two groups that are at special risk for problems in response to caregiving. For example, the incidence of coronary disease in men caregivers is greater than that of men non-caregivers and this is mediated by higher metabolic syndrome levels and greater distress in men caregivers than men non-caregivers. We have also observed that caregivers with coronary disease have higher metabolic syndrome levels than non-caregivers with coronary disease, but no differences exist between caregivers and non-caregivers free of coronary disease. We have also observed that caregivers with cancer histories have lower natural killer cell activity than non-caregivers with cancer histories, but no differences exist between caregivers and non-caregivers who are free of cancer histories. Finally, caregivers with hypertension have higher blood pressure reactivity when talking about their spouses (AD patients) than do non-caregivers with hypertension when talking about their spouses, but no differences exist between caregivers and non-caregivers who are normotensive. In each of these comparisons, we have also identified mediators of the relationships of caregiving and physiological dysregulation.

Given the replicated findings showing that caregivers are at special risk for metabolic problems, we have identified two other areas in which caregivers are at risk, namely cognitive problems and oral health problems. Two of our most recent papers have dealt with these topics.

Finally, our work has spawned a series of national and international studies in which we are collaborators. These include prospective studies of caregivers at Duke University, studies of exercise in caregivers at Stanford University, cross-cultural caregiver issues at Texas-San Antonio and studies of family caregiving at universities in Italy and Britain.

In the last 20 years, 38 doctoral students/post-docs in psychology, nursing, epidemiology, social work and physiology have been published through their work in our lab, 6 medical students have completed independent research projects, 3 residents have performed substudies, 3 master's students in public health and 4 undergraduate honors students have received their degrees using data from our lab. Many of these former students are now teaching at several American, Canadian, and Chinese Universities.