To the Editors:

Carer burden in dementia

Though there are some limitations such as small sample size and non-randomisation, the research paper by de Silva et al. [1] should be commended as there is a dearth of research related to carer burden with dementia in Sri Lanka.

Caring for patients with dementia is extremely stressful. Many factors affect carer stress with behavioural disturbances being a main cause. Concurrent physical and mental illness and disabilities such as impaired hearing can cause alteration in behaviour, which can be missed due to the dementia.

The onus of caring for patients with dementia mainly falls on the family in Sri Lanka. The traditional closely-knit family structure is changing and it is difficult to find the time and resources to look after the elders. After the diagnosis of dementia, carers need information about the illness and availability of services, emotional support, advice on practical and emotional aspects of caring, coping with loss and maintaining interests outside their caring role [2]. Sadly, our health system is lacking in providing such care.

Though the 2001 National Institute for Clinical Excellence (UK) guidelines recommended use of rivastigmine in mild to moderate dementia, the revised draft guidance (which is awaiting public consultation) does so only in moderate dementia [3]. We would like to stress the importance of other aspects of management and the role non-pharmacological interventions play in managing such patients.

An increasing number of non-pharmacological interventions are available for patients with dementia. Clinicians should have some knowledge of these approaches to enable a tailor-made combination of therapies for each patient [4]. They include standard therapies such as behavioural therapy, reminiscence therapy (which involves helping to relive positive and personally significant past events such as family weddings) and reality orientation (reminding people with memory loss and disorientation facts about themselves and the environment). Other activities are being in a group that provides friendship, mutual support, spiritual connectedness and therapeutic activities of music, exercise, meditation and therapeutic gardens to remain connected with nature.

There are numerous ways of reducing carer stress. Marriot et al. showed that focused interventions based on cognitive-behavioural family intervention model reduced stress in carers, modified behavioural disturbances in patients, and had positive impact on behaviour [5]. Other methods include respite care, daycare facilities, training of carers, carer support groups and enhancing help given by doctors such as listening to and addressing carers' concerns.

We reiterate that the authors have addressed an important issue of carer stress of dementing patients. However, as a developing country with limited financial resources, less costly avenues need to be explored further.

Reference

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KALA Kuruppuarachchi, *Professor and* **TS Lawrence,** *Lecturer, Department of Psychiatry, Faculty of Medicine, Talagoffa Road, Ragama, Sri Lanka.*
Correspondence: KALAK, *e-mail: <lalithkuruppu@lycos.com>. (Competing interests: none declared).*