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COMMENTS

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Comment on: Family caregiver assessment in primary care: How to strengthen the healthcare triad?

To the Editor: We read with interest the editorial by Fortinsky,¹ commenting on the Riffin et al.'s paper² and expanding on the concept of healthcare triads.

The paper by Riffin et al. reports how primary care physicians (PCPs) support the family caregivers of older patients. Their results suggest that PCPs conduct unstructured needs assessments of caregivers focusing mostly on their relatives' needs for support, and less on the caregivers' physical and mental health. Less than half of the PCPs provided educational materials and only a few PCPs referred caregivers to other health professionals. The study results also suggest that very few practices had caregiver assessment protocols. Lack of time was the most frequently reported barrier to caregiver assessment.

These findings are almost identical to our findings from studies of family doctors working in the Portuguese National Health Service.³ Similar to general practitioners in the UK, family doctors in Portugal differ from PCPs in being responsible for registered populations; we have elaborated on this elsewhere.⁴

Inspired by Fortinsky's work on triads, we explored the role of family doctors in dementia care by interviewing members of dementia care triads (family doctors, persons with dementia, and their caregivers),³ and recording their consultations to qualitatively explore the effect of these triadic encounters on the processes of dementia care (Balsinha et al., unpublished data, 2020).

We were specifically interested in healthcare triads in dementia, where one of the individuals in the triad *has* a

major, progressive neurocognitive disorder, and the other lives *with* it. In these triads, communication problems are commonplace, sometimes putting couple or family relationships at risk. We know that caregivers have worse mental and physical health than noncaregivers,⁵ especially (in old age conditions) if they are supporting a person with dementia.⁶ Problems frequently arise in dementia consultations in primary care when either the caregiver or the patient's needs are not fully considered.

In our face-to-face interviews,³ the family doctors expressed empathy about caregivers' burden and provided unstructured emotional support, but few considered caregivers to be their primary focus of attention. Their ability to make even minimal assessment of caregivers' needs depended on the patient and caregiver consulting the same family doctor. Most family doctors and caregivers reported that it was uncommon for the doctors to provide information about dementia. Most of the caregivers felt supported regarding their own needs despite having to find home support services on their own.³

Consultation analyses (Balsinha et al., unpublished data, 2020) supported most of the findings of the interviews. Caregivers' needs assessments were poor, mainly focused on the patients' activities of daily living and safety concerns. In some cases, family doctors tried to informally assess caregivers' burden and mental health but seemed constrained by the presence of the person with dementia. Family doctors provided little information about dementia but neither the patients nor the caregivers asked directly for it. There were no interventions to promote access to or use of social

See the Reply by Fortinsky et al. in this issue.

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services, despite half of the patients being users of such services. The family doctors seemed to work alone as no coordination with nurses or social workers regarding dementia was mentioned in these consultations. Nevertheless, this coordination is supposed to occur, to a variable extent, in Portuguese primary care teams.⁴

In our ongoing project, we additionally aim to describe these clinical encounters in primary care, focusing on triad interactions. We are analyzing which factors affect these interactions, so that barriers and facilitators to improved health outcomes may be better known.⁷

Supporting family caregivers is a priority worldwide.⁸ Indeed, most care is provided by family members outside the formal care system. Family caregivers not only supplement formal healthcare systems to a great extent, but also have their own needs arising from the caregiving process.⁹ Triadic consultations involving dementia are unavoidable and PCPs need to learn how to navigate them and optimize care. However, they may not be sufficient for many caregivers of people with dementia, for whom separate assessments and interventions seem necessary.

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CONFLICT OF INTEREST



The authors declare no conflicts of interest.

AUTHOR CONTRIBUTIONS

All authors contributed to the writing of this letter.

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