

FOREWORD

This is the second of two issues of *Seminars in Speech and Language* that focus on caregivers of dementia patients. The first of these issues covered what is known among us who have shouldered the burdens and the stresses that come from caring for another, usually a loved one, whose memory, personality, and life are slowly slipping away. I cannot imagine how difficult that must be, how one must feel, or how strong and resilient one needs to be to care for someone with dementia. Yet, as the data that were summarized in the first issue show, most such caregivers are ordinary folks in an extraordinary situation.

Dementing diseases, in my opinion, are a health care problem that could achieve epidemic proportions in the United States in the not-too-distant future, and these issues of *Seminars* are intended to update readers on the status of caregiving for dementia patients in this country. This issue examines some of the ways that the affective and patient management challenges presented by caregiving may be mitigated. The guest editor is Michelle Bourgeois of the University of Pittsburgh who once again has assembled a multidisciplinary panel of experts to describe for us the kinds of train-

ing and support that are currently available to caregivers of dementia patients.

The need for such caregiving and its costs are immense and growing. At least four million U.S. residents are believed to have some form of dementia. Because the incidence of dementing diseases increases dramatically with age beginning around age 65, which is also a fast-growing segment of the U.S. population, the number of persons with dementia should continue to increase through the first part of the next century. Most families want to care for a family member who has dementia at home, for as long as they can. Such decisions probably reflect ethical and humanistic values; but they are also cost-effective. For example, half of the residents in nursing homes are believed to have dementia, which likely adds at least \$25 to \$30 billion dollars annually to this country's health care costs. Their primary caregivers, for the most part, are the lowest paid, most poorly trained health care workers. As you read this issue, I hope that you will think about your family and yourself and what may lie ahead for those who live long enough. I did.

Richard. F. Curlee, Ph.D.
Editor-in-Chief