Chapter 1
The Importance of Being Caregivers of Older Adults, and the Role of Patients' Psychological and Functional Health in Contributing to Burden

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ABSTRACT

In the chapter, the authors will address the delicate role played by caregivers of older adults, discussing the close interaction between caregivers' wellbeing and care recipients' health status. After a brief introduction on the complexity of aging trajectories, the authors will focus on the experiences of assistance to elderly people by formal and informal caregivers, by indicating the main objectives according to the degree and nature of the medical condition. The central topic of the chapter will be the risk of developing a care-related burden by the caregivers, with negative consequences on the caregiver's wellbeing, as well as on the caregiver-patient relationship. In this perspective, the authors will highlight in detail the potential impact on the caregiver burden of peculiar functional and psychological factors exhibited by older care recipients.

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INTRODUCTION: COMPLEXITY OF AGING TRAJECTORIES

Life expectancy worldwide has increasingly been raised in the last decades, and the percentage of the population aged 65 and over is expected to grow up to 27% by 2050 (WHO, 2012).

As a counterpoint, aging denotes one of the most complex challenge during the lifespan, since it results from the interaction between multiple bio-psycho-social factors (Kim et al., 2021). On the one hand, it appears noticeable that age-related chronic conditions have become dominant sources of health care burden for individuals (Marengoni et al., 2011). In this context, the co-occurrence of multiple chronic conditions (i.e. multimorbidity) denotes a core factor able to shape aging trajectories; in fact, it has been broadly acknowledged as an emerging public health concern (Pefoyo et al., 2015). Besides increased healthcare costs, multimorbidity is associated with several clinical consequences, such as functional decline, worsening of cognitive disturbances and reduced quality of life, which progressively expose older adults to higher risk for negative age-related outcomes, as disability, hospitalization and mortality (Makovski et al., 2019).

On the other hand, a peculiar feature of aging trajectories is represented by the joint decline of both cognitive and physical functioning, which exposes older subjects to increased vulnerability and a consequential loss of independence in performing daily activities. Albeit both the cognitive decline and the physical/motor reduction denote established outcomes associated with older age, they can be able to differently shape the evolution of aging trajectories. Precisely, although following a parallel path, cognitive and motor/physical functions may evolve at different speeds along adulthood, indeed with a different impact on aging. In the last years, several evidence have argued the precocity of the cognitive impairment compared to the motor/physical ones (Bahureska et al., 2017; Taekema et al., 2012), or vice versa (Montero-Odasso et al., 2017; Kim et al., 2019). An alternative scenario has been recently proposed, according to which cognitive and motor/physical functions appear mutually able to accelerate the evolution of each other (McGrath et al., 2020). In line with this bidirectional perspective, the cognitive and motor/physical decline should be considered a common path towards negative age-related outcomes, such as frailty or disability, rather than just merely separate pathways (Basile, Sardella, 2021).

The prevention of negative outcomes represents one of the most complex clinical goals to be achieved in aging. In this context, frailty is nowadays a noteworthy topic in both Geriatrics and Psychology of Aging research, since the co-existence of clinical and psychological determinants (Sardella et al., 2020). The term frailty originally defines a state of increased vulnerability of the individual to stressors, due to reduced homeostatic reserves, and it substantially results from the progressive decline of multiple physiological systems during the life course (Clegg et al., 2013). Different models of definition and instruments of measurement have been proposed for frailty, which have made the nature of this construct often heterogeneous. Despite this heterogeneity, the *frailty phenotype* and the *deficit accumulation* are acknowledged as the two most representative models of frailty. According to the first model, the *frailty phenotype* is defined through a pre-determined set of five criteria, which peculiarly investigate physical domains (i.e. weight loss, fatigue, reduced gait speed, poor handgrip strength and sedentary habits). Therefore, older adults can be classified as robust, pre-frail or frail depending on the number of met physical criteria (Fried et al., 2001). Conversely, the *deficit accumulation* model aims at achieving a multidimensional definition of frailty, which should be the based on the cumulative impact of several health-related deficits accumulated over time by the individual. Consequently, this definition has been operationalized in the so-called Frailty Index, a tool that evaluates frailty as the ratio between the deficits an individual presents and the number of