

Information for Caregivers

Printed from <https://www.cancerquest.org/patients/information-caregivers> on 06/15/2026

In this context, a caregiver is the person assisting a cancer patient. Most commonly, caregivers are family members but they can also be a friend or neighbor. These people are part of a cancer patient's social support network. They can help with many things including giving rides to the doctor, running errands and providing emotional support. These actions are an invaluable service to the physical and emotional well being of the person with cancer. In many cases however, caregivers do not pay enough attention to their own needs while attending to those of a loved one. If a caregiver puts his or her needs aside for too long, they themselves may start to suffer physiologically, emotionally and physically.

On this page:

[Preventing Social Isolation](#)

[Talking to a Cancer Patient](#)

[Dealing With Your Emotions as a Cancer Caregiver](#)

[Taking Care of Yourself as a Cancer Caregiver](#)

[Asking For Help](#)

[Caring for a Spouse or Parent](#)

Preventing Social Isolation

Many people feel uncomfortable being around someone who is ill. This is common because facing illness forces people to acknowledge their own mortality. People undergoing cancer treatment may experience less social contact because of this. While undergoing treatment, patients may become isolated from their usual circle of friends; for this reason, caregivers are a vital source of interaction for people with cancer. Caregivers can be a great source of social interaction, yet other patients can also contribute to this. Research shows that cancer patients undergoing chemotherapy have a higher chance of surviving 5 or more years after the treatment if they interact socially with other patients who have survived 5 or more years past chemotherapy rather than remain socially isolated. Other patients had a great impact on the lowering of stress levels in the cancer patients, yet researchers from the National Human Genome Research Institute hypothesize that friends and families of the patients can have a positive effect on the stress level as well.¹

Talking to the Person with Cancer

It is best for caregivers to listen to the wants and needs of the person with cancer. Each person is different; some may want to talk about their issues, while others prefer to keep their feelings to themselves. At times patients may want to talk about their cancer and at other times they may want to talk about anything **but** their health.

Caregivers should also keep in mind that people with cancer will have good days and bad days. Being supportive throughout the entire process and keeping as normal of a lifestyle as possible is beneficial to someone with cancer. Humor is an important part of normal life and laughter can also be an extremely useful way to deal with the stress associated with cancer.

Dealing With Their Emotions

Caregivers have their own strong emotional needs that should be addressed. Sharing feelings with a therapist, counselor or support group are all good ways to cope with distressing feelings or thoughts. Grief, anxiety and anger are normal emotions for caregivers to experience. Talking about and dealing with these emotions is important to a caregiver's wellbeing. ^{2, 3}

Taking Care of Yourself

Watching a loved one struggle with a disease is stressful in and of itself but being responsible for his or her care can be even more difficult and distressing. Numerous studies have identified a large number of problems that occur in caregivers more often than others. Caregivers suffer from more diabetes, arthritis, heart attacks, heart disease, cancer, acid reflux, headaches, body pain, obesity, high blood pressure and increased insulin levels. ^{4, 5, 6, 7, 8, 9} Caregivers also heal more slowly, possibly as a result of a suppressed immune system. ^{10, 11}

Studies have shown that caregivers often neglect their own health by eating poorly, not exercising, and missing doctor's appointments. ⁴ With all these issues facing caregivers, it is no wonder that they also experience more incidences of substance abuse anxiety disorders, stress and depression. ^{12, 4, 13}

These harmful physical, mental and emotional consequences are thought to contribute to the 63% higher risk of death among caregivers over 66 years of age. ^{14, 15} Spending just fifteen minutes a day to work on a hobby, read, or talk with a friend can provide a new sense of energy or a release of tension. Personal time is essential to dealing with the fatigue, irritability and stress of caregiving.

There are many duties that a caregiver may have to take on with which they may not be familiar. Because of this,

caregivers can often feel overwhelmed; as if they are buried beneath errands and emotions. There are several things caregivers can do to help manage their own stress: they can ask for help, attend to personal needs, or take time to reflect.

Time spent dealing with cancer can be a time of personal growth for both caregivers and patients. Many people find deeper meaning for the important things in life while dealing with cancer. Caregivers can learn more about themselves and their own strengths while supporting someone undergoing cancer treatment. Talking with a therapist or a support group is an effective way to address feelings and gain insight into the situation. [16](#)

Asking for Help

It is extremely important to seek help from friends and family. This is an important way to help alleviate some of the stress from the numerous small tasks they must complete. Friends and family may be willing to help with cooking, cleaning, taking care of children or simply listen to the caregiver's concerns. It is also important to keep in mind that some people may decline when asked to help. This should not be taken personally because people may have significant emotional/psychological reasons for turning down the request.

Caring for Parents or Spouses

Watching a loved one struggle with a disease is stressful in and of itself but being responsible for his or her care can be even more difficult and distressing. Numerous studies have identified a large number of problems that occur in caregivers more often than others. Caregivers suffer from more diabetes, arthritis, heart attacks, heart disease, cancer, acid reflux, headaches, body pain, obesity, high blood pressure and increased insulin levels. [4](#), [5](#), [17](#), [18](#), [19](#), [20](#) Caregivers also heal more slowly, possibly as a result of a suppressed immune system. [21](#), [22](#)

Studies have shown that caregivers often neglect their own health by eating poorly, not exercising, and missing doctor's appointments. [23](#) With all these issues facing caregivers, it is no wonder that they also experience more incidences of substance abuse, anxiety disorders, stress and depression. [12](#), [23](#), [24](#)

These harmful physical, mental and emotional consequences are thought to contribute to the 63% higher risk of death among caregivers over 66 years of age. [25](#), [26](#) Spending just fifteen minutes a day to work on a hobby, read, or talk with a friend can provide a new sense of energy or a release of tension. Personal time is essential to dealing with the fatigue, irritability and stress of caregiving.

There are many duties that a caregiver may have to take on with which they may not be familiar. Because of this, caregivers can often feel overwhelmed; as if they are buried beneath errands and emotions. There are several things caregivers can do to help manage their own stress: they can ask for help, attend to personal needs, or take time to reflect.

Time spent dealing with cancer can be a time of personal growth for both caregivers and patients. Many people find deeper meaning for the important things in life while dealing with cancer. Caregivers can learn more about themselves and their own strengths while supporting someone undergoing cancer treatment. Talking with a therapist or a support group is an effective way to address feelings and gain insight into the situation. [27](#)

- 1 "Social influence on 5-year survival in a longitudinal chemotherapy ward co-presence network" Cambridge Network Science. Accessed Jul. 22, 2017. [[CAMBRIDGE](#)]
- 2 Adapted from National Cancer Institute. Caring for the Caregiver. U.S. National Institutes of Health. Accessed January 10, 2020 [[National Cancer Institute - Caring for the Caregiver](#)]
- 3 "How Can I Be Supportive?" American Cancer Society. Accessed Aug. 8, 2007. [<http://www.cancer.org/Treatment/UnderstandingYourDiagnosis/TalkingaboutCancer/WhenSomeoneYouKnowHasCancer/when-somebody-you-know-has-cancer>]
- 4 ^{abcd} National Alliance for Caregiving & Evercare. (2006). Evercare® Study of Caregivers in Decline: A Close-up Look at the Health Risks of Caring for a Loved One. Bethesda, MD: National Alliance for Caregiving and Minnetonka, MN: Evercare. Accessed Aug. 7, 2007. [<http://www.caregiving.org/data/Caregivers%20in%20Decline%20Study-FINAL-lowres.pdf>]
- 5 ^{ab} Ho, A., Collins, S., Davis, K. & Doty, M. (2005). A Look at Working-Age Caregivers Roles, Health Concerns, and Need for Support. New York, NY: The Commonwealth Fund.
- 6 Barrow, S. & Harrison, R.. Unsung heroes who put their lives at risk? Informal caring, health, and neighborhood attachment. Journal of Public Health. (2005) 27(3): 292-297 [[PUBMED](#)]
- 7 Shaw, W.S., Patterson, T.L., Ziegler, M.G., Dimsdale, J.E., Semple, S.J. & Grant, I.. Accelerated risk of hypertensive blood pressure recordings among Alzheimers caregivers. Journal of Psychosomatic Research, (1999)46(3): 215-227. [[PUBMED](#)]
- 8 Cannuscio, C.C., J. Jones, I. Kawachi, G.A. Colditz, L. Berkman and E. Rimm. 2002. Reverberation of Family Illness: A Longitudinal Assessment of Informal Caregiver and Mental Health Status in the Nurses Health Study. American Journal of Public Health 92:305-1311 [[PUBMED](#)]
- 9 Lee, S, G.A. Colditz, L. Berkman, and I. Kawachi. 2003. Caregiving and Risk of Coronary Heart Disease in U.S. Women: A Prospective Study. American Journal of Preventive Medicine 24: 113-119 [[PUBMED](#)]
- 10 Kiecolt-Glaser, J.K., Marucha, P.T., Malarkey, W.B., Mercado, A.M. & Glaser, R. Slowing of wound healing by psychological stress. Lancet, (1996) 346(8984): 1194-1196. [[PUBMED](#)]
- 11 Kiecolt Glaser, Ja., and R. Glaser. Chronic Stress and Age-Related Increases in the Proinflammatory Cytokine IL-6. In proceedings of the National Academy of Sciences, 2003 [[PUBMED](#)]
- 12 ^{ab} Pinquart, M. & Sorensen, S.. Differences between caregivers and noncaregivers in psychological health and physical health: A meta-analysis. Psychology and Aging. (2003) 18(2): 250-267. [[PUBMED](#)]
- 13 Rivera HR. Rivera HR. Clin J Oncol Nurs. 2009 Apr;13(2):195-202. [[PUBMED](#)]
- 14 Navaia-Waliser, M., Feldman, P.H., Gould, D.A., Levine, C.L., Kuerbis, A.N. & Donelan, K.. When the caregiver needs care: The plight of vulnerable caregivers. American Journal of Public Health. (2002) 92(3): 409413. [[PUBMED](#)]
- 15 Schulz, R. & Beach, S.R. Caregiving as a risk factor for mortality: The caregiver health effects study. Journal of the American Medical Association, (1999) 282, 2215-2219 [[PUBMED](#)]
- 16 Adapted from National Cancer Institute. Caring for the Caregiver. U.S. National Institutes of Health. Accessed Aug. 7, 2007 [<http://www.cancer.gov/cancertopics/caring-for-the-caregiver/page1>]
- 17 Barrow, S. & Harrison, R.. Unsung heroes who put their lives at risk? Informal caring, health, and neighborhood attachment. Journal of Public Health. (2005) 27(3): 292-297 [[PUBMED](#)]
- 18 Shaw, W.S., Patterson, T.L., Ziegler, M.G., Dimsdale, J.E., Semple, S.J. & Grant, I.. Accelerated risk of hypertensive blood pressure recordings among Alzheimers caregivers. Journal of Psychosomatic Research, (1999)46(3): 215-227. [[PUBMED](#)]
- 19 Cannuscio, C.C., J. Jones, I. Kawachi, G.A. Colditz, L. Berkman and E. Rimm. 2002. Reverberation of Family Illness: A Longitudinal Assessment of Informal Caregiver and Mental Health Status in the Nurses Health Study. American Journal of Public Health 92:305-1311 [[PUBMED](#)]
- 20 Lee, S, G.A. Colditz, L. Berkman, and I. Kawachi. 2003. Caregiving and Risk of Coronary Heart Disease in U.S. Women: A Prospective Study. American Journal of

Preventive Medicine 24: 113-119 [PUBMED]

- 21 Kiecolt-Glaser, J.K., Marucha, P.T., Malarkey, W.B., Mercado, A.M. & Glaser, R. Slowing of wound healing by psychological stress. *Lancet*, (1996) 346(8984): 1194-1196. [PUBMED]
- 22 Kiecolt Glaser, Ja., and R. Glaser. Chronic Stress and Age-Related Increases in the Proinflammatory Cytokine IL-6. In proceedings of the National Academy of Sciences, 2003 [PUBMED]
- 23 ^{ab} National Alliance for Caregiving & Evercare. (2006). Evercare® Study of Caregivers in Decline: A Close-up Look at the Health Risks of Caring for a Loved One. Bethesda, MD: National Alliance for Caregiving and Minnetonka, MN: Evercare. Accessed Aug. 7, 2007. [<http://www.caregiving.org/data/Caregivers%20in%20Decline%20Study-FINAL-lowres.pdf>]
- 24 Rivera HR. Rivera HR. *Clin J Oncol Nurs*. 2009 Apr;13(2):195-202. [PUBMED]
- 25 Navaie-Waliser, M., Feldman, P.H., Gould, D.A., Levine, C.L., Kuerbis, A.N. & Donelan, K.. When the caregiver needs care: The plight of vulnerable caregivers. *American Journal of Public Health*. (2002) 92(3): 409413. [PUBMED]
- 26 Schulz, R. & Beach, S.R. Caregiving as a risk factor for mortality: The caregiver health effects study. *Journal of the American Medical Association*, (1999) 282, 2215-2219 [PUBMED]
- 27 Adapted from National Cancer Institute. Caring for the Caregiver. U.S. National Institutes of Health. Accessed Aug. 7, 2007 [<http://www.cancer.gov/cancertopics/caring-for-the-caregiver/page1>]