

The most common symptom is headache, but that symptom is not necessarily progressive. Treatment of choice for hydrocephalus due to aqueductal stenosis is usually endoscopic third ventriculostomy, in both children and adults.¹³

Cases described in the literature do not normally present fulminant progression. In fact, cardiac enzyme levels generally improve in a period of several hours to a few days, after which patients recover. We cannot explain why our patient displayed non-reactive right-sided mydriasis and decerebrate rigidity as initial signs.

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K.M. Piña Batista*, J.C. Gutiérrez Morales, A. Astudillo, S. Alvarez de Eulate-Beramendi

Servicio de Neurocirugía, Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain

*Corresponding author.

E-mail addresses: pineappledr@gmail.com, pineappledr@hotmail.com (K.M. Piña Batista).

Characteristics of informal caregivers of patients with dementia in Alicante province[☆]

Red de cuidadores informales de los pacientes con demencia en la provincia de Alicante, descripción de sus características

Dear Editor:

We have read with great interest “Characteristics of informal caregivers of patients with dementia in Alicante province” by Toribio-Díaz et al.¹ We believe that this study constitutes a relevant contribution to the literature on informal care for dementia patients for 2 main reasons: firstly, it introduces the concept of the ‘absent caregiver’ and

develops the concept of ‘supporting caregiver’; and secondly, it analyses the tasks performed by caregivers and addresses the reasons why primary caregivers take responsibility for these care tasks. However, we feel that the authors have not mentioned some of the topics mentioned in other studies conducted by Spanish researchers and published in international journals. Our letter aims to address those omitted topics in order to enrich the discussion of informal care for dementia patients, thereby complementing, if possible, the outstanding article by Toribio-Díaz et al.

Rotation (moving a patient between different relatives’ households) is a care strategy used for many dependent elderly patients, but it is more common in patients with dementia. Very few studies have examined this strategy since it is almost exclusive to Mediterranean countries. While the authors mention this method, they do not provide further details or cite the only article in the literature offering an in-depth analysis of rotation.² We recommend that they read the study indicated above, which includes very useful information on informal care. On the other hand, the authors state that they have found no previous studies on dementia showing that primary caregivers reduce their working hours in order to care for patients. Our research group has published several studies on informal care for dementia patients^{2–6} that document this reduction in working hours with quantitative data. We invite Toribio-Díaz

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et al. to read these articles, and congratulate them on their excellent study. We look forward to meeting these authors at a medical conference to further discuss these topics in person.

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J. Rivera-Navarro^a, J. Benito-León^{b,*}

^a *Departamento de Sociología, Universidad de Salamanca, Salamanca, Spain*

^b *Servicio de Neurología, Hospital Universitario 12 de Octubre, Madrid; Centro de Investigación Biomédica en Red sobre Enfermedades Neurodegenerativas (CIBERNED), Madrid; Departamento de Medicina, Facultad de Medicina, Universidad Complutense, Madrid, Spain*

* Corresponding author.

E-mail address: jbenitol@meditex.es (J. Benito-León).

Reply to “Characteristics of informal caregivers of patients with dementia in Alicante province”[☆]

Red de cuidadores informales de los pacientes con demencia en la provincia de Alicante, descripción de sus características. Réplica

Dear Editor,

We would like to thank Rivera-Navarro and Benito-León for their suggestions concerning our article titled “Characteristics of informal caregivers of patients with dementia in Alicante province”.¹ We agree that these suggestions enrich the discussion and reflections on informal care for dementia patients.

However, the environment surrounding dementia patients is so complex that we deemed it more appropriate to focus on describing the profiles and roles of the different types of caregivers of these patients. We believe that ours is a novel objective since it goes beyond merely describing primary caregivers, and this is why we did not consider or analyse the care-related costs of these patients. We did find it striking, however, that very few caregivers in our study left their jobs or were obliged to reduce their working hours in order to care for patients. This may be due to the presence of a generation of women, middle-aged

at present, whose cultural background has led them to be home-makers and, by extension, also caregivers.^{2–5} In any case, we would like to thank Rivera-Navarro and Benito-León for the recommended readings,^{6–10} which add to our general knowledge of and interest in dementia, and also constitute a useful source of data for subsequent studies.

As these authors rightly explain, rotation is a care model for dementia patients that is largely restricted to Mediterranean countries⁶; in northern European countries, it appears that formal care is much more common.¹¹ Likewise, we were surprised to find such a small number of patients with this type of care model in our study¹ compared to the one by Rivera-Navarro et al.⁶ We must stress, however, that the two studies are not comparable due to the differences in the number of patients/caregivers. Furthermore, in contrast with the article mentioned above, our main purpose was not to describe the reasons why patients live at home rather than rotating between different relatives’ households.

In conclusion, we appreciate our colleagues’ suggestions and their interest in our study, since they enrich our knowledge of a complex disease affecting not only patients, but also a network of informal or supporting caregivers that grows as our society evolves.^{12,13}

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