**Abstract**

Due to its limiting effects on the independency of life, the Alzheimer’s disease has a radical impact on a diseased person. Their dependency on others influences all their family members, though especially those ones, who are taking immediate part in the caregiving for their relatives. The new changes in the family caregivers’ lifestyle have an extensive influence on their health and the care about the diseased itself. In this empirical study we intended to examine the presence and the intensity of a burden, an anxiety and a depression among the family caregivers, who are being provided with psychosocial and other professional help. It’s a transverse survey among the 102 family caregivers caring for their relatives with diagnosed Alzheimer’s disease or some other form of dementia. The caregivers were tested for the level of subjective burden by Zarit Burden Inventory (ZBI) and for the anxiety and the depression by Beck Depression Inventory (BDI II), Geriatric Depression Scale (GDS) and Beck Anxiety Inventory (BAI), the results were processed with the statistical analysis and Pearson correlation coefficient. In the study sample there were 83 % of women and 62 % of the caregivers were older than 50 years. According to our findings 86 % of people caring for less than 2 years and 89 % of people caring for 2 and more years were experiencing the caregivers’ burden; 76 % of people caring for less than 2 years reached the level of the increased anxiety and 22 % of these reached the level of the strong anxiety, while 89 % of people caring for 2 and more years reached the increased anxiety and 9 % of these reached the strong anxiety; regarding probands younger than sixty years 72 % of people caring for less than 2 years and 50 % of people caring for 2 and more years suffered with depressive symptoms (BDI II), regarding older probands 80 % of people caring for less than 2 years and 66 % of people caring for 2 and more years suffered with depressive symptoms (GDS). On the other hand, there has been found a significant correlation between the caregiver burden and the level of anxiety and depression. Based on the semistructured interviews. The issue is being described from the point of view of the caregivers with a direct, actual and long-time experience in the home caregiving. That’s why we consider it important for the healthcare professionals to include the caregiver’s global state functional assessment into the treatment protocols of dementia. The family caregivers need supportive programs and psychosocial intervention programs including longterm monitoring aimed to support the homecare for the senior with dementia for as long time as possible. These needs of family caregivers should take into account the state policy of care for people with dementia.