

Emory University, Atlanta, Georgia, United States, 3. Emory University, Atlanta, Georgia, United States, 4. Emory University School of Medicine, Atlanta, Georgia, United States

The Integrated Memory Care Clinic (IMCC) at Emory Healthcare is a patient-centered medical home led by advanced practice registered nurses (APRNs) who provide both dementia care and primary care. We explored the experiences of informal caregivers of persons living with dementia at the IMCC during their first year post-enrollment. Twelve caregivers completed semi-structured telephone interviews that lasted 29 minutes on average. The data were analyzed via directed content analysis guided by attention only to caregivers' accounts of their experience at the IMCC. Caregivers' experiences clustered around two major considerations: the strengths of the IMCC, and ways to enhance the IMCC. Overall, caregivers' viewed the IMCC as their wished-for care model. Caregivers felt a sense of belonging to the IMCC team, as they understood that the IMCC personnel incorporate caregivers' input to deliver care. Participants valued APRNs' competence in dementia care and having direct telephone access to an on-duty APRN around the clock. Caregivers appreciated the care organization at the IMCC with adequate time dedicated for in-person visits. Areas for the IMCC improvement included clarifying the IMCC scope of practice, explaining dementia progression, involving physicians, and providing more medical and non-medical resources at the IMCC. Caregivers' willingness to have more resources provided by the IMCC emphasizes how many unmet needs caregivers and their persons have. Clarification of the clinics' scope of practice – what can be done to manage dementia, its symptoms, and comorbidities – highlighted the need to educate caregivers about ways in which dementia, albeit incurable, can be managed.

EVALUATION OF THE RESCUE PROGRAM FOR REDUCING STROKE CAREGIVER STRESS AND IMPROVING PROBLEM-SOLVING ABILITIES

Meggan Jordan,¹ I. Magaly Freytes,² Tatiana Orozco,² Stuti Dang,³ and Constance R. Uphold⁴, 1. *California State University Stanislaus, Turlock, California, United States, 2. North Florida/South Georgia Veterans Health System, Gainesville, Florida, United States, 3. Miami Veterans Affairs Healthcare System- GRECC, Miami, Florida, United States, 4. North Florida/South Georgia Veterans Health System, Gainesville, Florida, United States*

Research shows that caregiver interventions that combine problem-solving with psycho-education are the most effective for addressing stroke caregiver concerns. The Resources and Education for Stroke Caregivers' Understanding and Empowerment (RESCUE) program, designed to reduce caregiver stress, depression, and burden, developed as a result of this evidence. A 4-week telephone and web-based clinical demonstration project led by registered nurses was established as part of the VHA Office of Geriatrics and Extended Care's Non-Institutional Long Term Care Initiative. The goals of this clinical demonstration were to improve problem-solving skills and provide individualized support for stroke caregivers. A single-group pre and post-test design was used and 72 caregivers of veterans with

stroke completed the intervention; qualitative and quantitative methods were used for evaluation. The outcome variables were caregiver depressive symptoms, problem-solving abilities, burden, health-related quality of life and care recipient functional abilities. Post-tests were conducted 2-6 weeks after the intervention. The evaluation found that there were statistically-significant decreases in caregiver depressive symptoms and burden from pre- to post-test assessments. Caregivers' negative problem orientation significantly decreased. The other components of problem-solving abilities did not change. Qualitative data revealed how the program increased caregivers' confidence in problem-solving which led to new strategies to relieve stress. Interviews also revealed how the intervention affected caregivers in unexpected ways, such as improved intimate relationships and new perspectives on caregiving. The preliminary effectiveness and barriers and facilitators of implementing a stroke caregiver program will be discussed.

TRAJECTORIES AND CORRELATES OF POST-LOSS DEPRESSIVE SYMPTOMS IN FORMER DEMENTIA CAREGIVERS

Kristin L. Corey,¹ Karen Hirschman,² Lauren T. Starr,¹ and Salimah H. Meghani¹, 1. *NewCourtland Center for Transitions and Health, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania, United States, 2. University of Pennsylvania, Philadelphia, Pennsylvania, United States*

Approximately 30-40% of family caregivers of relatives living with dementia report depression, compared to 9.5% of the general adult population. Studies suggest that depressive symptoms persist for many years following the care recipient's death, despite resolution of caregiving responsibilities. However, long-term patterns of post-loss depressive symptoms remain poorly understood. The aim of this integrative review was to examine longitudinal trajectories and correlates of depressive symptoms in dementia caregivers following the care recipient's death. A literature search was conducted using CINAHL, MEDLINE, and PsycINFO databases. Studies met the eligibility criteria if they were peer-reviewed, primary sources and reported research exploring correlates and/or longitudinal patterns of post-loss depressive symptoms in dementia caregivers. Data quality was evaluated using the widely-used quality appraisal tool developed by Hawker and colleagues (2002). Data were extracted, displayed in matrix format, and synthesized into themes. Fourteen studies met the eligibility criteria and were rated as high quality. Overall, depressive symptom severity trended down during the first year post-loss but did not reduce to levels reported by non-caregiving controls. Symptom trajectories varied among unique caregiver subgroups and included persistent-distressing symptoms, persistent-mild symptoms, and asymptomatic. Greater severity of post-loss depressive symptoms was associated with female gender, lower income, less social support, pre-loss depression, neurotic and optimistic personality traits, and avoidant coping style. The findings indicate that many caregivers could benefit from mental health screening and psychosocial support during the first year post-loss and underscore the need for longitudinal studies that explore depressive symptom trajectories beyond the first 1-2 years post-loss.