

DYADIC INTERVENTION FOR PEOPLE WITH DEMENTIA AND THEIR FAMILY CARERS AFTER THE DIAGNOSIS

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Adaptation to and coping with the diagnosis dementia is a complex process. The right support in this phase is important to find the right care and to (self-)manage future care wishes. However, people with dementia (PWD) and their family carers (FC) often experience support directly after the diagnosis as inadequate. Support is not provided until problems start to accumulate and available support is not focused on continuation of their life and the emotional impact of the diagnosis. Therefore, the intervention SHARE [Support, Health, Activities, Resources, Education] was developed and studied in the US and adjusted to and pilot-tested in the Netherlands with positive results. SHARE is innovative because it is designed for dyads dealing with early-stage dementia to enhance communication between PWD and their FC and to prepare them for the future. In this study, the Dutch SHARE intervention was adjusted because of new insights and an RCT is being conducted to evaluate the (cost)effectiveness of this version of the Dutch SHARE. The primary outcome measurement for the PWD is quality of life and self-efficacy for the FC. Secondary outcomes are stress, communication in the relationship and perspective taking (only FC). The design and procedures of the RCT will be presented in this poster session as well as the demographic characteristics of participating dyads. This study contributes to knowledge about psychosocial interventions for PWD and FC with special attention for preventive empowerment of the ability to cope with the disease and the capacity to deal with the situation.

A STUDY ON THE COMPARISON OF STRESS INDEX OF DEMENTED OLDER ADULTS AND THE PAIN OF THE MAIN CAREGIVER

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The purpose of this study was to compare the stress and fatigue index between the demented older adults and the non-demented older adults and to identify the correlation between the behavioral psychological symptoms of the demented older adults and the pain of the main caregiver. A total of 100 participants (80 demented older adults and 20 non-demented older adults) were selected. The demented older adults, who visited hospital neurology as an outpatient, were paired up with the caregivers who provided the care for the demented older adults. The non-demented older adults who had normal cognitive function without limitation in a daily life and scored MMSE of 24 or higher were selected. The stress and fatigue index were measured by using an autonomic nervous system analyzer that measures heart rate variability (HRV), and structured questionnaires were used to examine behavioral

psychological symptoms. The collected data were analyzed by using Independent t-test and Pearson's correlations analysis. The result of the analysis showed that average score of the demented older adults had higher stress index than the control group (non-demented older adults), which was statistically significant ($t=3.350$, $p=.001$). In addition, the result indicated the statistically significant positive correlation between the behavioral psychological symptoms of demented older adults and the level of pain of main caregivers ($r=0.89$, $p<.001$). The results of this study suggest that managing both the physical and psychological aspects of the stress in the main caregivers is necessary, as well as the development of stress management program for the demented older adults.

STAYING ENGAGED: A TAILORED COMMUNITY PROGRAM FOR PEOPLE LIVING WITH DEMENTIA AND THEIR FAMILY CAREGIVERS

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Tailored care strategies have potential to address declines in physical and cognitive functioning for people living with dementia (PLWD) while making a positive difference in their daily lives; however, these services are not commonplace. As dementia progresses, PLWD become more dependent upon caregivers, increasing caregiving strain and negatively affecting their ability to provide support. The purpose of this study is to examine the feasibility of a tailored community dementia program (TCDP) prescribed for individual abilities of PLWD and measure the impact on the caregiving dyad. A mixed method design was used for a 12-week TCDP with 8 dyads living in the community. Recreational therapy and exercise physiology specialists led the cognitive and physical components of the program. PLWD and caregivers completed assessments at baseline, 6, 12 and 18 weeks. Daily activity was measured in PLWD with no decline observed during the assessment period. Measurements for family caregivers included caregiver strain, satisfaction and assessment of the PLWD's abilities. Although quantitative findings were not significant, caregivers praised the program in the follow-up focus group with one commenting that "it is important for the mental health of the family and for the patient to keep them active...and (for) socialization". Another caregiver wrote in their journal "I feel he has really benefited from this program. It keeps him engaged with people and I do think he is more fit". Overall the TCDP shows promise as a meaningful intervention. Cohort 2 begins in summer 2019 and will implement changes suggested by the caregiving dyads.

NEEDS AND EXPERIENCES OF CAREGIVERS TO PERSONS WITH DEMENTIA WHO HAVE LOST THEIR DRIVING PRIVILEGES

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The ability to drive a motor vehicle for most older adults is associated with a sense of independence, well-being, quality of life and identity. For many older adults, driving cessation eventually becomes inevitable. This is especially the case for