

hazard ratio equals to 0.82, 1.11, 0.68 and 0.58, respectively. In other words, people with hypertension, dyslipidemia and obesity being managed in primary care are less likely to develop dementia. These findings support the hypothesis that good control over chronic diseases may benefit cognitive health.

ACUPUNCTURE AND ACUPRESSURE FOR DEMENTIA BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS: A SCOPING REVIEW

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This scoping review synthesized the literature on acupuncture and acupressure therapy for treating behavioral and psychological symptoms of dementia (BPSD). BPSD affect most people with dementia and are overwhelming for caregivers and healthcare providers. Current evidence encourages use of nonpharmacologic interventions for BPSD due to the dangers of psychotropic medications. Acupuncture and acupressure present as alternative treatment options for BPSD. Systematic reviews examined acupuncture therapy for improving cognitive function, but not acupuncture and/or acupressure for BPSD. The methodology outlined by Joanna Briggs Institute Reviewers' Manual guided this scoping review. Databases searched were PubMed, CINAHL, Embase, PsychINFO and AgeLine. Study inclusion criteria were published in English, subjects with dementia, acupuncture or acupressure tested and outcome measures included at least one BPSD. Gray literature was excluded. 836 citations were screened by title and abstract. 57 full texts were reviewed to determine inclusion criteria and 15 studies were retained. Nine studies examined acupressure and 6 examined acupuncture. Eight studies were RCT, 11 were conducted in China and 10 were conducted in long-term care. The percent of studies with statistically significant improvements in BPSD outcomes measured were: ADLs (75%), agitation (100%), anxiety (67%), depression (100%), mood (100%), neuropsychological disturbances (67%) and sleep disturbances (100%). The therapies were safe and participant satisfaction was high across studies. Variations in research designs, outcome measures and incomplete descriptions of acupoints limit interpretations about effectiveness of these interventions for BPSD. Additional RCTs are needed to improve generalizability and to evaluate dosage/methods of acupressure and acupuncture for BPSD.

NURSE-LED DEMENTIA MEDICAL HOME: WHAT IS IT LIKE FOR CLIENTS?

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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. In this prospective longitudinal cohort study we aimed to evaluate caregivers' and their persons' living with dementia (PLWD) (reported by caregivers) experiences at the IMCC. Changes in caregivers' psychological well-being and health status and in PLWDs' quality of life and neuropsychiatric symptoms were explored via three assessments during the clients' first year at the IMCC. Forty-nine caregivers completed baseline assessments, including a sociodemographic questionnaire and established instruments. Mixed linear models were used to examine changes in caregiver- and PLWD-centered variables. With time as the only predictor and with full baseline sample included, significant changes were observed in caregivers' distress regarding their PLWDs' delusions ($p=0.048$) and in caregivers' distress regarding their PLWDs' anxiety ($p=0.018$). Additionally, significant changes were observed in PLWDs' severity of delusions ($p=0.032$), depression ($p<0.001$), and total symptom severity ($p=0.005$). For outcomes that changed significantly over time, we explored whether time still significantly predicted changes when controlling for two variables deemed clinically important: the total number of PLWD's chronic comorbidities besides dementia at baseline and the total number of visits the dyads made to the clinic during the study. Controlling for the total number of visits to the IMCC cancelled significant improvement in caregivers' distress regarding PLWDs' delusions. While most variables remained unchanged, several important symptom-related outcomes improved rapidly upon clinic enrollment, indicating potentially efficacious symptom management at the IMCC.

THE RELATIONSHIP BETWEEN IMMIGRANT STATUS AND UNDIAGNOSED DEMENTIA

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In the U.S., the immigrant population is rising, and immigrants are more likely to develop dementia than the U.S.-born population. However, little is known about the rate of undiagnosed dementia among immigrants. This study investigates the relationship between immigrant status and undiagnosed dementia, using 2011 data from the National Health and Aging Trends Study. Data from 7,347 older adults aged 65 years and older (6,531 U.S.-born and 816 immigrants) were included in the analysis. Study participants were divided based on whether they had or had not been diagnosed with dementia, respectively. The results of binary logistic regression showed that being an immigrant was associated with two times higher odds (odds ratio [OR]: 2.00, 95% CI: 1.38-2.92) of undiagnosed dementia compared to US-born participants. Among immigrants, undiagnosed participants had significantly lower levels of depression ($t(166)=-2.60$, $p=.01$). Moreover, although marginally significant, the latter were younger ($t(166)=-1.90$, $p=.06$) and immigrated at an older age ($t(159)=1.87$, $p=.06$) than the diagnosed group. Thus, it is important to tailor dementia education and interventions to the immigrant population, as this may contribute to reducing health disparities in dementia outcomes within the older population.