

MINDFULNESS TRAINING FOR CAREGIVERS OF ALZHEIMER PATIENTS: PRELIMINARY RESULTS OF A RANDOMIZED CONTROLLED TRIAL

MIRIAM HURTADO POMARES,¹

DANIEL MENDIALDUA CANALES,²

PAULA PERAL GÓMEZ,³

CRISTINA ESPINOSA SEMPERE,³ IRIS JUÁREZ LEAL,³

DESIREÉ VALERA GRAN,³

EVA M^a NAVARRETE MUÑOZ,^{1,3} and

ALICIA SÁNCHEZ PÉREZ³, 1. UNIVERSIDAD

MIGUEL HERNÁNDEZ DE ELCHE, *Elche (Alicante),*

Spain, 2. *Miembro de la Orden del Interser, San Juan de*

Alicante (Alicante), Spain, 3. UNIVERSIDAD MIGUEL

HERNÁNDEZ DE ELCHE, San Juan de Alicante

(Alicante), Spain

Mindfulness Based Health Care (MBHC) provides meditation techniques that may help to mitigate negative impact of dementia caregiving. We conducted a pilot randomized controlled trial with two parallel groups including 42 caregivers of Alzheimer patients (21 pairs). MBHC group learned the practice of mindfulness meditation once a week through 8 classes; control group did not receive any therapy. Anxiety and depression symptoms were the primary outcomes assessed in two occasions, i.e. at baseline and the end of the program, using the Hospital Anxiety and Depression scale respectively. Neuropsychiatric disorders of Alzheimer patients were also measured with Neuropsychiatric Inventory-Questionnaire. The details of the randomized controlled trial were described in [clinicaltrials.gov NCT03858283](https://clinicaltrials.gov/ct2/show/study/NCT03858283). In this abstract, we presented the results of a pilot study conducted with 42 caregivers. Robust linear regression using MM-type estimator was performed to evaluate the changes in neuropsychiatric disorders in patients and anxiety and depression symptoms in caregivers adjusting for Score of Scale Global Deterioration. We observed that, compared to the control group, the MBHC group showed a tendency to a reduction in the total score Neuropsychiatric Inventor ($\beta=-5.20$; CI 95%: -10.47; 0.07) and the depression symptoms in the caregivers ($\beta=-2.30$; CI 95%: -5.43; 0.83). However, no changes were observed in the anxiety symptoms of the caregivers. In conclusion, the results of this pilot study suggested a positive effective on the reduction of neuropsychiatric symptoms in patents as well as on the depression in the caregivers. Nevertheless, these findings should be confirmed in a further complete study.

DIABETES AS A RISK FACTOR FOR MILD COGNITIVE IMPAIRMENT IN OLDER RESIDENTS OF RURAL WEST TEXAS

Gabriela Arandia,¹ Annette Boles,¹ Veronica Lopez,¹ and Volker Neugebauer¹, 1. *Texas Tech University Health*

Sciences Center - Garrison Institute on Aging, Lubbock, Texas, United States

While a growing body of evidence suggests a link between diabetes and Alzheimer's disease, few studies have examined the impact of diabetes on mild cognitive impairment, the precursor to Alzheimer's disease, especially among older, rural, and ethnically diverse populations. Using data from Project FRONTIER (Facing Rural Obstacles to Healthcare Now Through Intervention, Education, & Research), a longitudinal cohort aging study in rural West Texas, the aim of this

study was to compare the risk for mild cognitive impairment among participants who, according to blood sugar levels, were pre-diabetic/diabetic versus normal. This study uses baseline and 3-year follow-up data from a subsample (recruited from Cochran County) of the larger, four-county sample of Project FRONTIER. The study sample (n=206) ranged from 40 to 87 years old (mean age: 58.3 + 11.7 years old), was predominantly female (73.3%), White (88.4%), with slightly over half self-reporting as Hispanic (51.0%). Logistic regression results revealed that those who had prediabetes/diabetes had 1.81 times the risk for developing mild cognitive impairment compared to those who had normal blood sugar levels. These findings indicate the need for earlier intervention for improved diabetes prevention, self-management, and control (diet, physical activity, treatments) to help offset the development of mild cognitive impairment, which could progress to Alzheimer's disease later in life. More research is needed to confirm the link between pre-diabetes/diabetes and mild cognitive impairment in other populations and settings.

TECHNOLOGY USE IN RURAL DEMENTIA CARE: PERSPECTIVES FROM FAMILY CAREGIVERS, PWD, AND SERVICE PROFESSIONALS

Lucas R. Prieto,¹ Fei Sun,¹ Wenwu Zhang,¹ and

Anastasia Kononova¹, 1. *Michigan State University, East Lansing, Michigan, United States*

Purpose: The use of technology in dementia care has shown promising benefits for both people living with dementia and their family caregivers, however, little is known regarding how technology is used among families affected by dementia who reside in rural communities. The purpose of this study was to explore technology use and barriers among people living with dementia, family caregivers, and service professionals who live in rural areas of Michigan. Methods: This study was based upon focus group data from six groups of family caregivers (n=32); one group of people living with early stages of dementia (n=4), and one group of service professionals (n=4) recruited from rural counties in Michigan. Results: Technology use included assisting caregiving tasks (e.g., monitoring a wandering care recipient), facilitating treatment (e.g., access treatment through telemedicine), and providing social connection and support. Themes related to strategies included addressing educational needs of young older and old-older caregivers, providing step-by-step toolkits, and collaborating with multi-sectors (e.g., public libraries, grocery stores, and churches). Discussion: Findings suggest a great need to facilitate technology literacy and competency for rural family caregivers to access caregiving resources. To effectively reach out to this population, technology methods such as local TV news network, radio, and newspaper are still beneficial. Health and social service professionals should consider collaborations with public service institutions (e.g. libraries) and faith-based organizations to include educational workshops about technology in their curriculum and training programs for dementia family caregivers.

PSYCHOSOCIAL PREDICTORS OF THE GENDER DIFFERENCE IN DEPRESSION OF OLDER ADULTS IN THE ORANJ BOWL PANEL

Christine V. Ferri,¹ Kaite Yang,² and Joan Girgus³,

1. *Stockton University, Atlantic City, New Jersey, United*