

P2-502

FINDING THE BALANCE BETWEEN CAREGIVING IN DEMENTIA, FAMILY AND EMPLOYMENT: FIRST RESULTS OF A MIXED METHODS STUDY IN NORTHERN GERMANY



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Background: The rising number of persons with dementia (PwD) and women's increasing labor force participation promote the debate on reconciliation between family life and employment [1, 2]. Employed informal caregivers have to balance challenges of caregiving, family and work. However, whether they appraise working as an additional strain or even a counterbalance depends on, inter alia, their own characteristics and their caregiving network. Both aspects have not been considered in research. This mixed methods study aims to explore the reconciliation between caregiving in dementia, family and employment by considering multiple members of caregiving networks of home-dwelling PwD. **Methods:** We used a simultaneous qualitatively driven mixed methods design [3]. By purposive sampling, we included seven caregiving networks of home-dwelling PwD; each of them consisting of at least two informal caregivers living in Northern Germany. Narrative interviews of participants were interpreted according to the Documentary Method [4] (QUAL). By completing standardized questionnaires, participants provided data concerning their burden, health, personality traits, self-efficacy and coping skills (quan). Network graphs described their structure and the importance of their members. **Results:** QUAL-data produced two dimensions "family" and "reconciliation with employment" that describe possible ways of reconciliation in this sample (in progress). Either family cohesion or conflicts characterize the different caregiving networks. Furthermore, individuals establish complex strategies to reconcile employment with caregiving, for example by developing time-efficient organizational skills, involving external assistants, or through flexible working arrangements. Quan-data described and enhanced the profiles of included caregivers in this study (n=19). Regarding the complexity of this topic, network data expanded previous findings, which were based only on the main caregivers' experience by providing insight into a caregiving network from different perspectives. **Conclusions:** This study considers personal and network-related characteristics of informal caregivers of PwD for the first time; in this way, we hope to highlight the relevance of these factors in caregivers' experience of the reconciliation between caregiving in dementia, family and employment. Results will help to understand better how informal caregivers of PwD are seeking to balance these requirements and which interventions can support them to fulfil their major role in dementia caregiving in our society.

P2-503

STUDY ON THE CARE BURDEN AND INFLUENCING FACTORS OF FAMILY CAREGIVERS OF DEMENTED ELDERLY



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Background: To understand the current situation of the care burden of elderly caregivers in the community and explore the influencing

factors. **Methods:** 100 family caregivers in community were assessed using the General information questionnaire and Home Caregiver Burden Scale (CBI). **Results:** The care burden's average scores of 100 family caregivers in community was 52.36 ± 12.08 , with a score of 58.10%. Multiple regression analysis showed that the factors affecting the care burden included the severity of dementia in the elderly, whether there were accidents in the past year and the monthly income of the family ($P < 0.05$, $P < 0.01$). **Conclusions:** There is a certain degree of care burden for the family caregivers of the demented elderly in the community. It is necessary to strengthen the concern for the family caregivers of the demented elderly in the community, and the guidance of the dementia nursing intervention and the self-life intervention guidance of the caregiver in the community. The burden of care can be reduced by improving their care capacity.

P2-504

GERIATRIC DEPRESSION AND ALEXITHYMIA IN FAMILY CAREGIVERS OF PATIENT WITH DEMENTIA: A CROSS SECTIONAL STUDY



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Background: Caring for patients with dementia is a stressful process for caregivers which increases the risk of physical and mental problems, among which depressive disorders stand out. Aim: To determine the prevalence and predictors of Geriatric Depression and Alexithymia in elderly people. **Methods:** A cross sectional study was conducted. A non-probability, purposive sampling strategy was used. The sample was comprised of 230 elderly adults of both sexes. We compared two groups: family caregivers of patients with dementia (n = 115) and non-caregivers (n = 115). They were evaluated in individual interviews using the following measures: a socio-demographic questionnaire (ad hoc), an adaptation of the Geriatric Depression Scale created by Yesavage (V-15) and the Latin American Consensual Toronto Alexithymia Scale LAC (TAS-20). Measures of central tendency and of dispersion were obtained to describe the socio-demographic variables and Geriatric Depression and Alexithymia, and the Spearman's rho correlation coefficient was used to measure the degree of association between Geriatric Depression and Alexithymia. Two logistic regression models were constructed to assess the association between predictors with alexithymia and depression. An error probability minor or equal to 0.05 was established. Data were analyzed by SPSS statistical software version 21.0. **Results:** The median age was 71 years (IQR 66 to 77), the participants were mostly women (72.5%), married (67.05%), with secondary education (31.6%) and retired (64.7%). The median GDS score was 2 (IQR 1 to 5) for non-caregivers and 5 (IQR 3 to 7) for caregivers, p value 0.001. In the multivariate model to determine predictors of depression, those who were caregivers had almost four times the chance of being depressed, OR 3.73 (CI95% 2.00 – 6.94; p value 0.000). We also

found a correlation between the presence of Alexithymia and Geriatric Depression (Spearman's $\rho = 0.38$, p value 0.0001). **Conclusions:** Family caregivers are underdiagnosed patients. Assessing levels of Geriatric Depression on its initial stages allows for proper diagnoses and treatment, in order to preserve the family caregiver's well-being. Therefore, the evaluation of these subjects in parallel with the patient's medical consultation is recommended.

P2-505

EXPERIENCES OF TRAUMA AND STRESS IN VIETNAMESE DEMENTIA CAREGIVERS



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Background: Vietnamese American dementia caregivers may face greater burden and stress compared to non-Hispanic White caregivers, particularly because of their low socioeconomic status and the traumatic circumstances surrounding their immigration to the U.S. Few studies have examined the immigration and adaptation experiences of Vietnamese caregivers and their family members with dementia, and how these experiences might affect dementia and the dementia caregiving experience. This qualitative study examines caregivers' lived experiences and perceptions of their immigration to the U.S. soon after the Vietnam War. **Methods:** We conducted semi-structured individual interviews with 11 individuals. Participants were Vietnamese American and taking care of a family member with dementia. Interviews were audiotaped, transcribed, and content analyzed for recurring themes. **Results:** Several concepts/themes emerged from the analyses, including (1) a sense of loss and mourning, which involved loss of the care recipient's position or high status in Vietnam compared to their dissatisfactory job experiences in the U.S., as well as loss of family members; (2) trauma and stress during the escape to the U.S.; (3) constant fear and suspicion of others following the fall of Saigon; and (4) challenges of adapting once in the U.S. Caregivers discussed the physical and emotional traumas, stressful circumstances after immigration, and the fear and worry that were so prevalent, and how these might have contributed to their family member's decline and dementia. **Conclusions:** The lives of Vietnamese American dementia caregivers are filled with adversity and trauma, which can contribute to their poor mental health outcomes and exacerbate the stress of caregiving. Moreover, a history of trauma may intensify patient symptoms of dementia, putting further strain on caregivers. Implications of these results will be discussed.

P2-506

DISPARITIES IN THE CARDIOVASCULAR EFFECTS OF CARING FOR A RELATIVE WITH DEMENTIA: THE NEED FOR AN INTERSECTIONAL RESEARCH APPROACH



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Background: Over 17 million U.S. adults provide unpaid care to relatives with Alzheimer's disease and related dementias (ADRDs). ADRD caregiving is associated with increased family caregiver (FC) morbidity and mortality, and the deleterious impact of caregiving on cardiovascular health and disease risk has been extensively documented. Health equity researchers have productively used intersectionality theory as a framework for uncovering the mechanisms by which socially constructed systems of gender, race, and class interact to produce and perpetuate disparities in cardiovascular health in other populations. However, this framework has not been applied to FC research. In this review, we summarize known effect of gender, race, and class on ADRD FC cardiovascular outcomes, and describe how an intersectional approach to future research could generate a deeper understanding of forces underlying these variations. **Methods:** Articles were identified through a comprehensive search of PubMed, PsychInfo, and CINAHL. Study inclusion criteria were: publication within 15 years; quantitative non-experimental designs; use of validated cardiovascular outcome measures; and report of ADRD FC outcomes based on gender, race, or class. 32 out of 318 initial articles meet inclusion criteria, and 6 additional articles were added through manual searches for relevant literature in included reference lists. **Results:** No studies were identified which analyzed interaction effects between gender, race, or class. The majority of included studies were cross-sectional with non-representative samples, limiting the potential for causal inferences about impact of caregiving on diverse real-world populations. Negative relationships were consistently identified between class and ADRD FC cardiovascular outcomes but results for gender and race varied by study design and outcome measured. Direct effects of female gender, non-white race, low education, and low income on cardiovascular outcomes were frequently found in opposite directions from indirect effects mediated by FC role related variables, calling into question inferences derived from non-intersectional analyses. **Conclusions:** A synthesis of findings from this critical review suggests that gender, race, and class interactively affect the cardiovascular impact of caring for a relative with ADRDs, but representative samples, longitudinal study designs, and intersectional analysis strategies are needed in to yield insights into modifiable disparities in the impact of ADRD family caregiving.

P2-507

PERCEPTIONS OF SOCIAL SUPPORT AMONG FAMILY CAREGIVERS OF DEMENTIA PATIENTS RESIDING IN SARASOTA AND MANATEE COUNTIES, FLORIDA



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Background: The burden that family caregivers of people with dementia shoulder has been acknowledged, but research has demonstrated gaps in getting caregivers the resources or support needed to provide that care. There are approximately 510,000 individuals suffering from Alzheimer's Disease in Florida, and Florida ranks number 2 nationally in Alzheimer's Disease incidence. Since 2017, Sarasota County has been gaining recognition as a dementia-friendly community through the work of a Dementia Cure and Care Initiative task force. One major goal of this qualitative study