community dementia capability; 3. Analyzing community needs to identify and prioritize issues on which stakeholders are motivated to act; 4. Acting together to establish implementation plans to achieve priority goals and measure progress. Each phase contains necessary action steps, resources, timeframes and best practices to support communities. **Results:** The Tool Kit was piloted in 4 Minnesota communities. Structured interviews were conducted with leaders and members of each pilot community. All four communities were able to complete the four-phase process. Commonalities between communities, barriers to implementation, and lessons learned were identified, resulting in revisions to the Tool Kit, implementation process, and other supporting materials. **Conclusions:** A Tool Kit is now available to support communities in becoming dementia-friendly. This resource is now being used in 33 communities in MN, and serves as the basis for the replication of dementia-friendly communities across the United States.

P2-224 "ENJOY FINDING LOVE": CREATING A HEALTH PROMOTION PROGRAM FOR PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS

Chu yu-Ying, *National Taiwan University Hospital Hsin-Chu Branch, Hsin-Chu, Taiwan. Contact e-mail: yuying210@gmail.com*

Background: Accompany dementia was a hard and full of change course. As the disease continues to ongoing family conflict so often because of a misunderstanding, but do not know how to get along. For those with mild dementia, because they do not seem to take care of, so caregivers do not know how to "take care" of these people. In the past, we only offer single course such as seminars or training courses etc., so try to design interactive courses at the event by creating and dementia caregivers who shared time. **Methods:** We plan to take care of those activities are divided into three sections: 1.5 hours lecture, 0.5 hours interactive courses, support groups last one hour. Among them, the half-hour interactive course for "Love microphone" dementia caregivers who go to community health promotion activities. Each family prepared a song, after singing to encourage other partners applause from the scene. When finished, go back caregiver support groups, sharing the moment with each other feelings, through personal involvement, observation and discussion, release emotions and perceive themselves and their families to identify interpersonal skills. **Results:** In 2014 the first phase of activities, overall satisfaction with 23 family involvement and active participation of up to 100%. Where eight caregivers attendance rate of 100%. A male caregiver reddening eyes and said: "My mother has been a long time not to sing, she did not sing every time at home, I often encourage her but unexpectedly she scolded. Mom is willing to come here to sing along with me, I feel so happy !!" Another caregivers : "We can be found here with the family singing time, nice!". **Conclusions:** Dementia caregivers need a lot of support, especially to take care of patients with mild dementia, there are always a lot of inner struggle and ambivalence tangle, by participating in such activities, so that caregivers have the opportunity to be caregivers lectures and interactive lessons, learn when a caregiver. Many caregivers especially like "love microphone," because in the course of interaction with his family for some fun time!

P2-225 UTILIZING PRIMARY FAMILY CAREGIVERS IN DELIRIUM PREVENTION IN PATIENTS WITH PRE-EXISTING DEMENTIA HOSPITALIZED WITH ACUTE STROKE

Sarah Z. Sonchik, Meghan R. Comer, Dan J. Capampangan, *Mayo Clinic, Phoenix, AZ, USA. Contact e-mail: sonchik.sarah@mayo.edu*

Background: Patients with pre-existing dementia who are hospitalized for acute stroke are at increased risk for delirium. Delirium is an acute neurological emergency but a potentially preventable condition. Preventing delirium is cost effective as it would help shorten length of stay hospitalizations. Primary family caregivers provide the majority of the care for patients with dementia often on a 24 hour basis. Therefore they are vital in assisting the stroke care team by incorporating a multimodality approach to prevent delirium. **Methods:** An educational pamphlet was created for primary family caregivers describing techniques they can employ with medical staff to prevent delirium. This pamphlet is automatically given to patients who have a known diagnosis of mild cognitive impairment or dementia. Strategies to prevent delirium from a primary family caregiver perspective are listed below: Bring hearing aids or eye glasses if applicable. Provide familiar objects from home including blankets, pictures, sentimental objects. Discuss current events including time of day, date, season, news happenings. Speak slowly using simple words and phrases. Keep lights on during the day. Allow for natural sunlight in the room by opening blinds/curtains. Ask patient to sit up in chair for all meals if possible. Ask patient every few hours if they have to use the restroom. If incontinent, check briefs often. Encourage ambulation or active range of motion exercises with physical and occupational therapy. Play relaxation music during the day if possible. Consider providing light massage. Promote good sleep hygiene by turning lights, music and TV off at night. Reduce unnecessary noises. Stay with the patient throughout the hospitalization as much as possible. Family should be present, but number of family members per visit may need to be limited. **Conclusions:** Primary family caregivers are essential to the overall care of hospitalized acute stroke patients with pre-existing dementia. It is our hope that educating delirium prevention techniques to primary family care givers will allow for a better and cost effective hospitalization stay.

P2-226 A HOME-BASED TRAINING PROGRAM DECREASES FAMILY CAREGIVERS' LIKELIHOOD OF BEING IN A DEPRESSIVE-SYMPTOM TRAJECTORY GROUP

Li-Min Kuo[1], Huei-Ling Huang[2], Jersey Liang[3], Yam-Ting Kwok[4], Wen-Chuin Hsu[5], **Yea-Ing L. Shyu**[6], *[1]Hsin Sheng College of Medical Care and Management, Taoyuan, Taiwan; [2]Chang Gung University of Science and Technology, Taoyuan, Taiwan; [3]University of Michigan, Ann Arbor, MI, USA; [4]Far Eastern Memorial Hospital, New Taipei City, Taiwan; [5]Chang Gung Memorial Hospital, Taoyuan, Taiwan; [6]Chang Gung University, Taoyuan, Taiwan. Contact e-mail: yeaing@mail.cgu.edu.tw*

Background: The effects of caregiver-training programs on family caregivers' depressive symptoms have been reported, but few studies explored intervention effects on long-term longitudinal changes in caregivers' depressive symptoms. The purpose of this paper is to report the effects of a training program on caregivers' depressive symptoms over 18 months after completing the program. In particular, we asked whether the severity of depressive symptoms of family caregivers of patients with dementia followed

distinct courses. **Methods:** A single-blinded randomized clinical trial was used to explore the effects of the training program on caregivers of dementia patients. The experimental group (N = 57) received a two-session in-home caregiver training program, and the control group (N = 59) received only written educational materials. Caregivers' depressive symptoms were assessed using the Center for Epidemiologic Studies Depression Scale before (baseline), 2 weeks, and 3, 6, 12, and 18 months after the training program. **Results:** Caregivers' depressive symptoms fell into three stable trajectories: non-depressed (24.1%), mildly blue (57.2%), and depressed (18.7%). After controlling for covariates, the experimental group had only 85% the chance of the control group to experience persistent depressive symptoms (b = -1.92, odds ratio = 0.15, $p < 0.05$) relative to the non-depressed group. **Conclusions:** Our individualized, home-based family caregiver-training program effectively decreased participants' risk of being in the depressed group over the 18 months after completing the program, and the results of this study can provide a reference for health care providers who deal with patients with dementia and their caregivers.

P2-227 A SUPPORT GROUP FOR SENIOR CAREGIVERS OF PERSONS DIAGNOSED WITH ALZHEIMER'S-TYPE DEMENTIA

Catherine R. Higgins[1,2], Bernard Comber[1], [1]*Kendal-Crosslands Communities, Kennett Square, PA, USA;* [2]*Kendal-Crosslands Communities, Kennett Square, PA, USA. Contact e-mail: chiggins@xlands.kendal.org*

Project Description: A support group for senior caregivers of persons diagnosed with Alzheimer's-type dementia was initiated at a continuing-care retirement community. The caregivers are residents of the facility, living in either independent living (IL) or Personal Care. Their spouses reside with them in independent living or in Personal Care or reside separately in the facility's skilled care unit. The group is co-led by a female staff social worker and a male (IL) resident, who is a retired physician. Group process follows traditional practices of confidentiality, nondisclosure by leaders, nondirective discussion, noninterference with personal expressions, neutrality towards thoughts and behaviors, and protection of the group from outside interference. The group has met twice a month for over a year. During that time, group members have gained in emotional strength by finding common shared experiences with other caregivers, learning to tolerate and express difficult feelings, and developing informal networks of support.

P2-228 WITHDRAWN

P2-229 AN INTEGRATED MODEL FOR THE MANAGEMENT OF PATIENTS WITH DEMENTIA: FROM PREVENTION TO CARE

Maurizio Gallucci[1], Alessandro Nobili[2], Stefano Volpato[3], Patrizia Mecocci[4], [1]*Local Health Authority N. 9 Of Treviso, Treviso, Italy;* [2]*The Mario Negri Institute for Pharmacological Research, Milano, Italy;* [3]*Azienda Ospedaliero-Universitaria di Ferrara, Ferrara, Italy;* [4]*Istituto di Gerontologia e Geriatria, Università degli Studi di Perugia, Perugia, Italy. Contact e-mail: galluccimaurizio@gmail.com*

Project Description: Dementia is one of the most disabling health conditions in older people. Increasing attention is also paid to the prevention programs to reduce the number of patients in the future. The purpose of this work is to enhance an integrated model for the management (IMM) of different activities already operating at the Center for Cognitive Impairment (CCI) of Treviso and to export it in two other Italian CCI, Perugia and Ferrara, with the advice of the Institute MNegri of Milan. This project is supported by a grant provided by Italian Ministry of Health. The Treviso IMM is based on a formalized clinical and care path of the subject with cognitive impairment, which includes also the proposal to join prevention activities for subjects with Mild Cognitive Impairment (MCI) through the participation in groups of walking and reading (Camminando e leggendo…ricordo, CLR) favoring also socialization, the adherence to the Mediterranean diet and healthier lifestyles. CLR is composed of a program of physical activity twice a week, under the supervision of a personal trainer, and of a reading activity twice a month led by experienced animators. The IMM performs also monitoring of drug therapies for cognitive and behavioral disorders, with access at home in selected cases of real need in favor of disabled people (Mon…do Project, Monitoraggio a Domicilio). The reporting of very frail and poor subjects to the Territorial Social and Health Services Authorities, in order to encourage the most complete answers for assistance, it is also made. A Laboratory of Cognitive Stimulation is active in Treviso IMM, and is aimed at maintaining the residual cognitive skills of the patient and at the formation of the caregiver for the continuation of the intervention at home; recipients of this service are the patients with mild to moderate dementia. An activity of psychological counseling (Arianna project) is active for the caregivers who are at risk of severe depression. The project involves the recruitment and monitoring of at least 300 demented patients and 90 MCI subjects. The project is not a cohort study but a proposal aimed at improving and sharing an intervention mode

P2-230 AN INTERPROFESSIONAL GRADUATE LEVEL TRAINING PROGRAM (PATIENT AS TEACHER): A PATIENT-CENTERED, SKILLS-BASED APPROACH TO DEMENTIA

Robin Ketelle, Cynthia Barton, Jennifer Chang, Josette Rivera, *UCSF, San Francisco, CA, USA. Contact e-mail: robin.ketelle@ucsf.edu*

Background: There are currently over 5 million people with Alzheimer's disease in the United States. Knowledge of how to care for this population is critical for health care providers regardless of specialty or profession. Programs have successfully exposed medical students to the experience of dementia by pairing student volunteers with patients. We expanded this program to be an interprofessional, elective course offered as part of graduate medical curriculum. **Methods:** The Memory and Aging Center (MAC) is a state and federally funded Alzheimer's Research Center at the University of California, San Francisco (UCSF). The campus is focused on graduate education for health professions. Using the Northwestern University Buddy Program ™ as a model, we developed a full year interprofessional elective course offered through the School of Medicine and available to medicine, nursing, pharmacy, dentistry and physical therapy students. Course work includes 2 hours per month spent with a patient with mild dementia (the teacher) and a written description of the experience submitted for review by faculty. One hour of class per month alternates didactic learning topics taught by interprofessional faculty (diagnosis of dementia, management of behavioral symptoms, medications in