friendly space for both the employees and the public alike. The programme offered cohorts, grouped by age and stage of dementia, an adult learning course running nine weeks including regular public gallery engagement and creative artistic endeavours. Our aims were to enhance social capital, emotional recall, relationship building and the ability to relate to one's own identity to a greater range of dementia stages. Participants tapped into shared historical memories and cultural reference points to create strong relationships with the museum, its staff members and volunteers which was enhanced by an ongoing sustainable alumni programme. To do this, we offered staff and volunteers training to meet the communication challenges present for these audiences and with opportunities to raise confidence in a range of person-centred engagements. For our evaluation, we created a rigorous and objective methodology by incorporating valid and reliable psychological measures to investigate inputs, outputs and outcomes while being sensitive to measurement burden and the risk of 'medicalising' our participants. Reported results included improvements in mental health and wellbeing with positive outcomes for the Museum, its staff and volunteers. 56% of the course participants reported a development in their art skills through taking part, while 78% reported feeling more positive about themselves with a complementary 72% participants reporting an increase in levels of social inclusion and/or mental wellbeing.

### O3-01-06 THE AGING BRAIN CARE MEDICAL HOME PROGRAM: ACCOMPLISHMENTS AND LESSONS LEARNED AT ONE YEAR

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**Project Description:** Our research center has developed collaborative care models to treat older adults suffering from depression and dementia. Randomized controlled trials demonstrated that these models result in improved quality, efficiency and outcomes of care. In 2009, these models were merged and implemented in Eskenazi Health (Eskenazi) in Indianapolis, Indiana with the development of the Aging Brain Care Medical Home. The pilot program served approximately 200 patients age 65 and older with dementia and/or depression receiving primary care services at Eskenazi. The clinical team included an advanced practice nurse and a social worker supervised by a medical director with expertise in geriatric medicine and dementia and depression management. The team was also supported by the eMR-ABC care coordination support software. In 2012, with the support of a CMS Innovation Challenge Award, we expanded the ABC Medical Home to serve more than 2000 patients receiving primary care services at Eskenazi Health or IU Health Arnett (Arnett). During the first year, we developed an innovative screening/interviewing process and a robust training program for the purpose of rapidly developing a new work force to staff the expansion. We subsequently interviewed, hired, trained and deployed 24 FTE clinical providers to deliver the intervention at both Eskenazi and Arnett. More than 2000 Medicare and Medicaid beneficiaries with dementia and/or late-life depression have been enrolled in our program. Version 3 of the eMR-ABC (our electronic tracking system) was completed providing important additional functions. Our clinical staff provided more than 6000 home visits and 6600 coordination of care services to enrolled patients. Both depression and dementia health outcomes (as measured by the PHQ-9 and the HABC Monitor) have shown significant improvement. Patient and caregiver satisfaction are rated highly. After one year, the ABC Medical Home has achieved significant progress toward achieving the aims of better health and better care through improved quality. Our model shows promise for meeting the challenges posed by needs of our nation's rapidly aging population.

## TUESDAY, JULY 15, 2014
## ORAL SESSIONS
## O3-02
## PSYCHOSOCIAL AND ENVIRONMENTAL: THERAPEUTIC STRATEGIES

### O3-02-01 DIRECT-TO-CONSUMER GENETIC TESTING FOR RISK OF ALZHEIMER'S DISEASE (AD): THE PSYCHOLOGICAL AND BEHAVIORAL IMPACT OF APOE GENOTYPE DISCLOSURE

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**Project Description:** Direct-to-consumer genetic testing has generated considerable ethical and policy debate, with concerns raised about providing sensitive health-related information such as APOE genotype. Little is known, however, about the impact of disclosing genetic risk for AD in this format. A longitudinal, web-based survey of customers of the personal genomics company 23andMe was conducted from March 2012 - April 2013. A baseline assessment was administered to customers prior to their receiving test results, followed by surveys at ∼1 and ∼6 months after they viewed results. 1,004 customers (mean age = 50 years, 57% female) provided survey data. At baseline, ∼70% reported being very interested in receiving AD risk information, and 13% chose not to unlock their personal results. APOE genotype status was consistent with population prevalence estimates, with 75% of participants found to be APOE e4-negative, 23% e4-heterozygotes (E4-HT), and 2% e4-homozygotes (E4-HM). Mean lifetime AD risk estimates conveyed to these groups were 4.5%, 14% and 43%, respectively. Group comparisons showed no post-test differences in general depression or anxiety symptoms, but time-averaged test-specific distress was slightly elevated in both E4-HMs ($\Delta$=0.60, p=0.031) and E4-HTs ($\Delta$=0.20, p=0.004). Both the E4-HT and E4-HM groups showed significant increases from baseline in perceived risk of AD. As compared to the other groups, E4-HMs were more likely to report changes in vitamin use (47% vs. 16%, p = .01), nutritional supplement use (33% vs. 12%, p = .05), and intentions to make insurance changes (7% vs. 2%, p = .04). No post-test group differences were observed in self-reported diet or exercise behaviors. Findings suggest that genetic risk information for AD is of great interest to consumers of personal genomics services and that provision of higher-risk results significantly affects consumers' perceived likelihood of AD and their engagement in preventive health behaviors and advance planning. On average, respondents receiving higher-risk results showed slightly elevated levels of distress, but did not evidence symptoms of clinically significant depression or anxiety. Study results are largely consistent with findings on the impact of APOE genotype disclosure when conveyed by genetic counselors in more traditional clinical encounters.

### O3-02-02 COGNITIVE BEHAVIOURAL THERAPY (CBT) FOR ANXIETY IN DEMENTIA: A PILOT RANDOMISED CONTROLLED TRIAL

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**Project Description:** Anxiety in dementia is common and can cause increased dependency, behavioural problems and increased admittance to care homes. Despite this, there is a paucity of research and lack of understanding of psychological approaches, often leading to anxiety being untreated or mismanaged through medication. Cognitive Behavioural Therapy (CBT) focuses on the interplay between thoughts, feelings and behaviour. Small case studies of CBT for anxiety in dementia reported clinically meaningful reductions, pointing to the need for a pilot RCT. We developed a CBT for anxiety in