(p = 0.02), disability insurance (p = 0.02), and life insurance (p = 0.04) than other US regions, particularly the South and the West. **Conclusions:** Patients and caregivers supported the use of amyloid PET imaging in clinical practice and felt that the information would provide significant benefits particularly in terms of future planning.

P4-328 THE EFFICACY OF DEMENTIA CARE MANAGEMENT IN NEWLY DIAGNOSED PEOPLE WITH DEMENTIA: RESULTS OF A CLUSTER-RANDOMIZED CONTROLLED INTERVENTION TRIAL

Jochen René Thyrian[1], Johannes Hertel[1,2], Wolfgang Hoffmann[1,3], DelpHi-study group, [1]*German Center for Neurodegenerative Diseases (DZNE), Greifswald, Germany;* [2]*Clinic for Psychiatry and Psychotherapy, University Medicine Greifswald, Greifswald, Germany;* [3]*Institute for Community Medicine / University of Greifswald, Greifswald, Germany. Contact e-mail: rene.thyrian@dzne.de*

Background: Person with dementia (PwD) need interdisciplinary treatment and care. Dementia care management (DCM) approaches, implemented into routine care, can increase quality of treatment and care for dementia. Empirical evidence regardig the benefit of a formal diagnosis in this process is lacking. The objective is: to test the effectiveness of a DCM to improve treatment and care for PwD and their relative caregivers and its association to a formal diagnosis of dementia. **Methods:** Pragmatic, general-practitioner-based, cluster-randomized intervention trial with baseline and 12-month follow-up and two arms comparing an intervention group with care as usual (DelpHi). Participants:Pn=6,838 people were screened for dementia during routine visits at their treating GP practice and n=1,167 (17%) were eligible (DemTect<9) for the study. A sample of n=634 gave written informed consent to participate. Intervention(s): DCM is a model of collaborative care and defined as a complex intervention aiming to provide optimum care by integrating multi-professional and multimodal strategies to individualize and optimize treatment and care. Three groups of people screened positive for dementia were analyzed: (a) PWD with a formal diagnosis at screening, (b) having received a formal diagnosis during the study, (c) people without a formal diagnosis at any time. Outcomes: (1) Quality of life, (2) caregiver burden, (3) behavioral and psychological symptoms and (4) pharmacotherapy with an antidementia drugs, and (5) prevention or suspension of PIM after 12 month. **Results:** Preliminary rsults shwo: Overall, DCM significantly decrease caregiver burden (b= -0.50 [95% CI, -1.09 to 0.08], p<0.045) and behavioral and psychological symptoms of dementia (b=-7.45, [95% CI, -11.08 to 3.81], p<0.001) compared to care as usual. Furthermore, intervention group were significantly more often treated with antidementia drugs (OR: 1.97, [95% CI, 0.99 to 3.94], p<0.028). There were no significant differences between the groups under analysis. Only the use of antidementia drugs was significantly associated with the presence of a formal diagnosis.. **Conclusions:** DCM is an effective collaborative model of care that can improve patient- and caregiver-related outcomes in dementia. It seems that its efficacy is hiin general independent from the presence of a formal diagnosis. Further analyses are neccessary and implications of this fining must be discussed.

P4-329 ASSESSING THE IMPACT OF DISCLOSING AMYLOID IMAGING RESULTS TO COGNITIVELY NORMAL OLDER ADULTS: THE REVEAL-SCAN STUDY

J. Scott Roberts[1], Robert C. Green[2], Jason Karlawish[3], Kathleen A. Welsh-Bohmer[4], The Risk Evaluation & Education for Alzheimer's Disease (REVEAL) Study, [1]*University of Michigan, Ann Arbor, MI, USA;* [2]*Brigham and Women's Hospital and Harvard Medical School, Boston, MA, USA;* [3]*University of Pennsylvania, Philadelphia, PA, USA;* [4]*Duke University Bryan ADRC, Durham, NC, USA. Contact e-mail: jscottr@umich.edu*

Background: Large-scale clinical trials now use PET neuroimaging and genetic testing to identify high-risk populations in which to test potential preventive therapies for Alzheimer's disease (AD). Many practical and ethical issues are involved in decisions about if, when, and how to communicate such biomarker information to cognitively normal individuals. Our multi-site, interdisciplinary group has conducted a series of randomized trials known as the REVEAL Study, examining the psychological and behavioral impact of disclosing *APOE* genotype information to asymptomatic adults with a family history of AD. This presentation describes protocol development for a newly launched REVEAL trial assessing effects of disclosing amyloid neuroimaging results to a diverse sample of at-risk older adults. **Methods:** A four-site randomized trial will enroll 270 adults aged 65-80 (at least 25% African American) with a first-degree relative diagnosed with AD or related dementia. *APOE* genotyping will enrich the study sample for increased likelihood of elevated amyloid PET scan results, but A*POE* results will not be shared with participants. Trial participants will be educated about amyloid neuroimaging and then randomized to receive either immediate or delayed disclosure of scan results. A series of longitudinal surveys and neuropsychological assessments will assess study outcomes of interest. **Results:** Study protocol development has generated: 1) in-depth education materials and counseling aids focused on explaining the process, purpose, and limitations of amyloid neuroimaging; describing the implications of test results for future risk of AD; and providing resources and recommendations for AD risk modification; 2) a battery of validated and newly created measures that assess participants' cognitive functioning, understanding of test results, psychological reactions, health behavior changes, and health utilization; and 3) mechanisms for addressing human subjects protection issues (e.g., external study advisory board, Certificate of Confidentiality, mental health resources in case of catastrophic reactions). **Conclusions:** This project is designed to yield information on the benefits, risks, and limitations of disclosing amyloid neuroimaging results to cognitively normal older adults across diverse cultural backgrounds. Study results will show the effects of amyloid imaging on cognition, social relationships, and behavior: findings that will help inform best practices for disclosure of AD biomarker information in research and clinical contexts.

P4-330 DISTINGUISHING LEGAL CONSEQUENCES IN AT-RISK TESTING FOR ALZHEIMER'S DISEASE: GENETICS VERSUS NON-GENETIC BIOMARKERS

Jalayne J. Arias, *University of California San Francisco, San Francisco, CA, USA. Contact e-mail: jjnarias@gmail.com*