P1-251 HOSPITALIZATION AND INCIDENT MCI AND ALZHEIMER'S DEMENTIA IN COMMUNITY-DWELLING OLDER ADULTS

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Background: Hospitalization has been associated with cognitive impairment in older persons but it is not clear whether hospitalization is a risk factor for Alzheimer's disease (AD) dementia. We tested the hypothesis that hospitalization is associated with risk of developing mild cognitive impairment (MCI) and AD dementia in older adults. **Methods:** Annual cognitive assessments were linked to Medicare claims records for older persons enrolled in the Rush Memory and Aging Project with no cognitive impairment at baseline, providing information on hospitalization and cognitive change for up to 11 years. Diagnosis of AD dementia followed NINCDS/ADRDA criteria; diagnosis of MCI was rendered if impaired but did not meet criteria for dementia. The association of hospitalization and incident AD dementia and MCI were tested in Cox proportional hazards models adjusted for age sex and education. Hospitalization was treated as time-varying such that person-years for hospitalized participants were separated into non-hospital (up to hospitalization) and post-hospital (after hospitalization) person-years. **Results:** Among 984 participants with at least 2 annual assessments followed for a mean of 5.8 (SD=3.3) years, 612 (62%) were hospitalized at least once, 370 (51%) developed MCI and 244 (25%) developed AD dementia. The initial hospitalization lasted for a mean of 4.1 days (SD=3.3) with a mean Charlson Comorbidity Index of 0.9 (SD=1.0); it was preceded by a mean of 2.4 years of observation (SD=2.0) and followed by a mean of 3.9 years (SD=3.1). Hospitalization was associated with an increased risk for MCI (hazard ratio [HR]=1.56, 95% confidence interval [CI]=1.18, 2.06) and AD dementia (HR=1.89, CI=1.30, 2.75). **Conclusions:** Hospitalizations were associated with incidence of MCI and dementia in community-dwelling older adults. More work is necessary to determine the mechanisms underlying this relationship and specific hospitalization procedures that could be most harmful.

P1-252 HOW DO NEUROPSYCHIATRIC SYMPTOMS IN PERSONS WITH DEMENTIA AFFECT CAREGIVER PHYSICAL AND MENTAL HEALTH OVER TIME? THE CACHE COUNTY DEMENTIA PROGRESSION STUDY

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Background: Providing care to persons with dementia (PWD) is associated with feelings of reward, but also burden. Caregivers describe dementia care-recipient neuropsychiatric symptoms (NPS) as being particularly stressful. Since informal caregiving represents a major source of dementia care, strategies maintaining caregiver health are valuable. We examined the association between NPS in dementia and caregiver health over time in a population-based sample of unpaid dementia caregivers. **Methods:** Three hundred-six PWD (71% Alzheimer's type, 56% female) and their unpaid caregivers were visited semiannually for a maximum of 9.5 years. NPS severity in persons with dementia was assessed using the 12-domain Neuropsychiatric Inventory (NPI) and treated as the following time-varying predictors: (1) total NPI score (totNPI) and (2) NPS cluster scores: affective, psychotic, agitation/aggression and apathy. Indicators of caregiver physical and mental health were measured by number of caregiver non-psychotropic medications (CGNPM), number of caregiver psychotropic medications (CGPM), number of caregiver health conditions (CGHC), Beck Anxiety Inventory (BAI), and Beck Depression Inventory (BDI). **Results:** Caregivers were 76% female with baseline mean (SD) age 67.53 (14.12) years. At baseline, mean (SD) number of CGNPM, CGPM and CGHC were 2.5 (2.4), 0.29 (0.60) and 1.6 (1.4), respectively. Mean (SD) of BDI was 7.8 (8.6); BAI was 5.1 (5.5). In linear mixed effects models controlling for patient and caregiver factors, greater CGHC and CGNPM were associated with NPI-agitation/aggression (beta=0.027, p=0.05; beta=0.083, p=0.009, respectively), although over time, higher NPI-agitation/aggression predicted lower CGNPM (beta=-0.025,p=0.020). Caregiver anxiety was predicted by higher NPI-affective scores (beta=0.101, p=0.045). Caregiver depression was predicted by totNPI (beta=0.084, p=0.000) and NPI-affective scores (beta=0.143, p=0.009). NPI-psychotic (beta=0.097, p=0.031) and NPI-agitation/aggression (beta=0.157, p=0.003) were associated with higher caregiver depression scores over time; specifically increases of 0.10 and 0.16 BDI points-per-year. Significant associations of agitation/aggression with CGNPM, NPI-affective scores with anxiety, and totNPI and NPI-affective scores with depression remained after controlling for dementia severity. CGPM were not associated with NPS. **Conclusions:** NPS are associated with negative caregiver psychiatric and health outcomes over time, particularly, affective, psychotic and agitation/aggression are associated with more severe depressive symptoms in caregivers. Disease management strategies reducing total NPS may benefit care-recipients and their caregivers.

P1-253 IN- AND OUTPATIENT CARE FOR OLDER MIGRANTS IN BADEN-WÜRTTEMBERG: RESULTS OF THE STUDY "VERSORGUNGSSITUATION ÄLTERER MENSCHEN MIT MIGRATIONSHINTERGRUND IN DER PFLEGE" (VÄMP)

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Background: Currently, approximately 1.5 million people with a migration background aged 65 and above reside in Germany (Statistisches Bundesamt, Mikrozensus 2010). In the state of Baden-Württemberg, holding one of the highest proportions of migrants, the issue of providing proper care to older migrants is of particular importance. It was the aim of our study was to closely examine the number and current situation of people with and without migration background receiving nursing care in Baden-Württemberg. **Methods:** Questionnaires were distributed among all associates and leaders of in- and outpatient care facilities for the elderly in Baden-Württemberg. Particular care was taken to address and identify all facilities; 66% of the 2.724 nursing homes