P1-433 A COMMUNITY-BASED APPROACH TO ADDRESSING CAREGIVER STRAIN IN INDIGENOUS CAREGIVERS OF PEOPLE WITH DEMENTIA

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Background: This team has previously demonstrated substantial rates of dementia in remote Indigenous communities in the Kimberley region of Western Australia, with reported high levels of carer strain. We aimed to develop a carer strain scale for Indigenous Australians, and to determine the effectiveness of our Strong Carers, Strong Communities project to reduce carer strain through empowering Indigenous caregivers. Methods: These projects were conducted in a primary care setting and academic institution (N=13), where participants were the primary caregiver of a family member recently diagnosed with AD. A semi-structured interview collected group consensus of perspectives about the care givers’ medical team and what challenges existed with specific professions. Thematic content analysis coded main themes and sub themes across all four groups, with field notes collected from both the facilitator and research assistant in each group. Results: Three overarching themes collected were 1.) Lack of information about the diagnosis at assessment, 2.) Complications and con fusions about medication, and 3.) Level of confidence and trust in the medical team. Over half of the caregiver participants never received a clear diagnosis of AD from their physician and wanted to get a second opinion from another provider after the initial diagnosis. Conclusions: Medical providers need to clarify certain medical and educational information to the caregiver and family early in the care for someone with AD. Complications for caregivers not only cause stress and confusion in the initial years, but place their loved one’s health at risk as a result of misinformation about AD or a lack of coordination with their medical team.

P1-435 CAREGIVERS’ CHALLENGES WITH THEIR MEDICAL TEAM FOLLOWING A LOVED ONE’S DIAGNOSIS OF ALZHEIMER’S DISEASE

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Background: AD caregivers are vital in the early care coordination and management of symptoms for their loved ones with AD. Although these individuals are often present at early medical ap pointments, little is known about the constant challenges that care givers experience with their healthcare team in managing aspects of the disease immediately following a diagnosis. Methods: Four focus groups were conducted in a primary care setting and academic institution (N=13), where participants were the primary caregiver of a family member recently diagnosed with AD. A semi structured interview collected group consensus of perspectives about the care givers’ medical team and what challenges existed with specific providers. Thematic content analysis coded main themes and sub themes across all four groups, with field notes collected from both the facilitator and research assistant in each group. Results: Three overarching themes collected were 1.) Lack of informa tion about the diagnosis at assessment, 2.) Complications and con fusions about medication, and 3.) Level of confidence and trust in the medical team. Over half of the caregiver participants never received a clear diagnosis of AD from their physician and wanted to get a second opinion from another provider after the initial diagnosis. Conclusions: Medical providers need to clarify certain medical and educational information to the caregiver and family early in the care for someone with AD. Complications for caregivers not only cause stress and confusion in the initial years, but place their loved one’s health at risk as a result of misinformation about AD or a lack of coordination with their medical team.

P1-436 CARING FOR ASIAN AMERICAN OLDER ADULTS: AN EXPLORATION IN THE SOUTHERN REGION OF THE UNITED STATES

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Background: This poster focuses on older adults in the Southern region of the United States and the aging concerns of this population