of non-dementia caregivers while both care receiver’s helpfulness to caregiver and caregiver’s self-care were insignificant in lowering the caregiving burden of dementia caregivers. Out of the control variables, for both dementia and non-dementia caregivers, the number of daily caregiving hours was the most important factor affecting their caregiving burden. In addition, caregiver’s physical health status among dementia caregivers and caregiver’s economic status among non-dementia caregivers was statistically significant factor affecting their caregiving burden. **Conclusions:** There were significant differences in the level and related factors of caregiving burden between dementia and non-dementia caregivers in Korea. Based on the results, implications for social welfare interventions to address caregiving burden in Korea were presented differently between dementia and non-dementia caregivers.

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**Burden in Caregivers of Alzheimer’s Disease Patients with and without Diabetes**

Jeremie Lebre1, Haya Ascher-Svanum2, Yun-Fei Chen2, Catherine C. Reed1, Kristin Khale-Wrobleski2, Ann Marie Hake1, Joel Raskin1, Ebrahim Naderali1, Dura P. Schuster2, Robert J. Heine2, David M. Kendall1, Lilly Deutschland GmbH, Bad Homburg, Germany; Eli Lilly and Company, Indianapolis, IN, USA; Eli Lilly and Company Limited, Windlesham, United Kingdom; Eli Lilly and Company, Toronto, ON, Canada; Eli Lilly and Company, Basingstoke, United Kingdom. Contact e-mail: chen_yun-fei@lilly.com

**Background:** Caregiver burden is associated with the functional status of the Alzheimer’s disease (AD) patient and may be related to chronic comorbid medical conditions, such as diabetes. **Methods:** This post-hoc exploratory analysis assessed whether caregiver burden is affected by the presence of diabetes in AD patients, and whether caregivers with diabetes experience greater burden than caregivers without diabetes. **Results:** Caregivers with diabetes (n=127) did not differ from caregivers without diabetes (n=1367) regarding burden/time, but those with diabetes had more outpatient visits (OR: 1.91; p=0.01). Caregiver time spent on iADL and supervision was significantly higher for carers of AD patients with versus without diabetes in this study, while HCRU was unaffected by patient diabetes status. **Conclusions:** Although the link to increased caregiver burden was not clear, longitudinal results should be investigated to monitor the cumulative impact of diabetes and AD on patients and caregivers.

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**Interdisciplinary Portrait of Dementia: The Reality of Barcelona, Spain**

Pilar Canabate, Elvira Martin, Mariola Moreno, Silvia Preckler, Gemma Ortega, Isabel Hernandez, Maitué Rosende-Roca, Liliana Vargas, Ana Mauleon, Octavio Rodríguez, Asunción Lafuente, Monserrat Alegret, Ana Espinosa, Agustín Ruiz, Merce Boada, Lluis Tarraga, Fundacio ACE. B.A.T.R.C, Barcelona, Spain. Contact e-mail: mboada@fundacioace.com

**Background:** Fundació ACE, a private non-profit foundation agreed with the Catalan Health Department, works as a Public Health Institution, focusing their activity on ageing, cognitive impairment and dementia. Fundació ACE began the Memory Clinic in 1996 with the goal of addressing the increasing demand for diagnosis, treatment and education for those individuals with dementia, by offering personal attention to the patients and their families. They evolved an organizational structure that allows it to meet the needs of patients, families, professionals, and researchers, and to respond to changes in these needs over time. **Methods:** We analyzed data from the medical and social records of 5,882 families who were assessed between 2006-2012 by the Fundació ACE’s clinical and social work staff. **Results:** Of the 5,882 families evaluated, 3,253 (55.3%) were families having a relative diagnosed with dementia (F-DEM); 180 families (13.6%) did not anticipate any problem until a formal diagnosis was received and were unaware of the deficit. In 543 of the cases (16.7%) the GP asked spontaneously specialist referral. The social characteristics of patients with dementia were: age 80±7; genre: 2.335 females (71.8), and 738 (22%) living alone. Their functional status was a GDS 5-6 (42%). The 58.30% of Catalan caregivers were women (32.6 wives; 25.7 daughters); 657 F-DEM caregivers (37.7%) realized of their role as 85% greatly or somewhat improved. Overall call frequency from 2009 to 2014 decreased 35% in total (range 52-80% decrease for 4 years and increased 9-250% for 2 years). **Conclusions:** Our study confirms the “feminization of dementia” and collects the demands and needs of this collectivity as patient and caregiver to provide specific resources according to their social status. The biomedical and social definition of dementia and associated symptoms do not match the perception of the population. The perception people have of dementia delays access to diagnostic and induce risk situations both for the person with dementia, the caregivers as well as the immediate social and professional environment. Dementia awareness must be promoted to induce changes in the image and perceptions people have about the disease.

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**Characteristics, Caregiver Evaluations, and Telephone Call Volume of a Frontotemporal Dementia Caregiver Educational and Support Program**

Laura A. Allen, Charlene M. Martin, Bradley Boeve, Angela Lunde, Jack Thomas, David T. Jones, Jonathan Graff Radford, Daniel A. Drubach, Glenn E. Smith, Keith Josephs, Mayo Clinic, Rochester, MN, USA. Contact e-mail: allen.laura@mayo.edu

**Background:** Caregiver distress in behavioral variant frontotemporal dementia (FTD) is considerable. Individually-developed, multi-component interventions that include education and support services might decrease this distress, improve quality of life, and enable caregivers to provide at-home care for longer periods. **Methods:** We assessed the value of an education and supportive session on FTD for patients and caregivers, and its contribution to coping and knowledge of the disorder. **Results:** The call frequency as a presumed indirect measure of caregiver distress was measured for the 12-month period prior to and 12 months subsequent to the FTD caregiver education and support program. **Conclusions:** More than 70% of attendees viewed the sessions as highly beneficial, and more than 90% acknowledged greatly or somewhat improved knowledge and understanding of the disorder. Attendees rated coping in the patient role as 88 % greatly or somewhat improved, and coping in the role of a caregiver as 85% greatly or somewhat improved. Overall call frequency from 2009 to 2014 decreased 35% in total (range 52-80% decrease for 4 years and increased 9-250% for 2 years). **Conclusions:** Findings suggest that patients and caregivers view educational sessions as highly desirable and informative, and that the programs specifically designed for FTD patients and families empower caregivers and may modestly decrease caregiver distress.