

PREVALENCE OF DEMENTIA AMONG THE ELDERLY IN LATIN AMERICA AND THE CARIBBEAN: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Over the last decades, life expectancy in Latin America and the Caribbean showed a rapid increase, which led to a significant increase in the number of people with dementia. Moreover, 9% of the population in this part of the world are aged 65 or older, and by 2050 this percentage is projected to at least double. For this reason, it is essential to estimate the prevalence of dementia in LAC countries with the aim to determine suitable actions to enhance the quality of life of those affected. **Methods:** Database searches for articles were conducted September 2020 throughout Pubmed, Web of knowledge, Scopus, Lilacs, and SciELO. The inclusion criteria comprised population- or community-based studies, published in English, Spanish, or Portuguese, reporting data on the prevalence of dementia collected in LAC countries. The complete data search retrieved 1719 non-duplicates. **Results:** A total of 58 studies met the high-quality inclusion criteria, published 1991-2020, including participants in the following countries: Brazil, Mexico, Argentina, Colombia, Peru, Cuba, Dominican Republic, Venezuela, Ecuador, Trinidad and Tobago, and Jamaica. The most common form of dementia studied was Alzheimer's disease with prevalence ranging from 5.9% to 23.4%. Estimates differed by age, gender, and education, with oldest, women, and lower-educated adults living in rural areas presenting higher dementia prevalence. **Conclusion:** This is the first study giving a comprehensive overview of dementia prevalence in LAC countries, which is relevant to estimate care needs and economic costs related to dementia treatment and care.

TRANSFORMING AGING: INCREASED ACCESS TO CARE MINIMIZES RURAL AND URBAN DIFFERENCES IN COGNITIVE CHANGE

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Rural-urban disparities in cognitive health outcomes, such as greater prevalence of cognitive decline among rural-dwelling older adults, have been linked to inequity in access to care. However, few studies have demonstrated whether longitudinal increased access to care may mitigate such disparities. This paper presents data from ongoing systematically collected behavioral health data on new and returning patients at an interdisciplinary geriatrics clinic at the University of Alabama Medical Center. The aim of this study was to determine baseline predictors of cognitive change across three annual visits ($n = 42$, mean age of 75.63 years ($SD = 9.15$)). Adjusting for baseline cognitive status, baseline subjective health literacy, and baseline depression and

anxiety, results from a univariate ANCOVA showed that age at first visit ($B = -.024$, 95% CI $[-.041, -.008]$, $t(35) = -2.990$, $p = .005$) and rural-urban status ($B = .555$, 95% CI $[-.123, .988]$, $t(35) = 2.608$, $p = .013$) predicted cognitive change at timepoint three (T3). Specifically, individuals from rural areas were less likely to experience cognitive decline and scored .555 points better than individuals from urban areas on cognitive screeners at T3 compared with baseline cognitive status. These results suggest that increased access to and utilization of care may ameliorate traditional disparate rates of cognitive decline between rural- and urban-dwelling older adults. Moreover, behavioral health screenings in primary geriatrics clinic care may help identify patient cognitive needs and facilitate integrated care through combined medical, pharmacological, and behavioral interventions to promote positive cognitive health outcomes.

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COVID-19 and Mental Health

COVID-19 PANDEMIC-RELATED DISTRESS AND SELF-EFFICACY TO MANAGE DEMENTIA CARE AMONG FAMILY CAREGIVERS

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The COVID-19 pandemic posed numerous challenges to persons with dementia (PWD) and their caregivers. To better understand these challenges, we conducted a mixed methods study analyzing data from interviews with family caregivers participating in an ongoing intervention study. Telephone interviews were conducted with 58 family caregivers of PWD diagnosed within the past two years. Participants reported self-efficacy (SE) using a 5-item scale (e.g. handle problems with memory, keep PWD at home) and rated pandemic-related distress on a 1-10 scale. They also qualitatively described effects of the pandemic on care recipients and themselves. Qualitative data were coded and organized by concepts from the Stress Process Model. Distress level ranged from 1-9 and was negatively associated with SE to manage dementia care ($r = -.316$, $p = 0.036$). Caregivers described distress related to primary stressors such as loss of services (respite care, assistance with daily tasks) and resistance to mask wearing by PWD due to behavioral symptoms. Secondary stressors included managing work or supervising children's schoolwork at home while providing care. Caregivers most often expressed distress related to inability to access coping resources such as family or friends, and worried that PWD were not able to rely on their support systems. At all reported levels of distress, inability to interact with members of support networks (e.g., family, friends, service providers) was identified as most distressing. This was compounded by lower self-efficacy to manage dementia care. Efforts to decrease pandemic impacts must consider strategies to safely keep PWD and caregivers connected with family, friends, and service providers.