Diabetes and hypertension are risk factors for Alzheimer’s disease and vascular dementia. Improved control of these prevalent conditions could prevent or delay dementia onset, but treatment adherence is difficult for patients, especially for those who are already experiencing cognitive deficits. Our goal was to improve diabetes and hypertension control among VA patients with mild cognitive deficits or mild dementia, via implementation of a 6-month, nurse-led care management intervention.

**Methods:** We used VA databases to recruit VA patients with both diabetes and hypertension, who had poor control of one or both conditions (A1c > 7 or systolic blood pressure > 140). Participants were then screened for cognitive deficits using the Mini-Cog, Montreal Cognitive Assessment (MoCA), or a telephone screen. Those with cognitive deficits were offered enrollment into the study. Referrals were also accepted from VA primary care providers and neuropsychologists. Participants were randomly assigned to usual care or to the care management intervention. Cognitive performance and control of diabetes and hypertension were evaluated at baseline and at 6-months post-enrollment. **Results:** 34 VA patients enrolled in the study. 28 completed the 6-month cognitive assessment. Of these, 27 (96%) were male, 19 (70%) were White, 7 (26%) were African-American, 1 was Native American. Mean baseline MMSE was 26.7 ± 2.25; mean Geriatric Depression Scale at baseline was 15 ± 7.8. At 6-month follow-up, GDS scores were lower in the intervention group (p = 0.034). Change scores (baseline - 6months) were computed for cognitive and medical variables. Change scores for delayed recall of short stories showed marginal improvement for intervention but not control participants (p = 0.057); diastolic blood pressures decreased among intervention participants more than control participants (p = 0.043). **Conclusions:** VA patients with multiple chronic conditions and cognitive deficits showed improvement in mood, cognitive performance and blood pressure control after a 6-month care management intervention. Care management may be an important approach to improving outcomes for these high-risk patients.

**O3-05-04** DOES AN INTERDISCIPLINARY NETWORK IMPROVE DEMENTIA CARE? RESULTS FROM THE IDEMUCK-STUDY

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**Background:** The most persons with dementia (PwD) live at home and are treated in primary care. However, the ambulatory health care system in Germany contains a lot of “interface problems” and is not laid out for the future challenges. Innovative concepts like regional networks in dementia care exist but need to be tested for efficacy to encourage implementation. The goal of the study is the scientific evaluation of an already existing dementia network. **Methods:** Prospective cluster-randomized trial of 235 elderly with dementia and their caregivers to receive network treatment (n=117) and usual care (n=118) in a predominantly rural region. Eligible patients above the age of 55 were identified by screening (DemTect ≤ 8 points). The allocation to intervention or control group based on the network status of the screening GP and was validated by the study centers. Intervention patients received care according to defined treatment paths and guidelines attended to early diagnosis and course of disease. To estimate the efficacy of intervention standardized assessments were conducted at baseline and six to twelve month later. Main outcome measures were the utilization of medical treatment, dementia-specific medication, quality of life of the patients and the caregiver burden and health-related quality of life. **Results:** Network patients were more likely to receive antidiemntive drugs (50.5 % vs. 35.8 %; p=0.035). Intervention patients had more contact to neurologist or psychiatrist (18.6 % vs. 2.8 %; p<0.001). The utilization of other support services remained low. No group differences were found on patients’ quality of life, nor treatment effects neither treatment by time effects. Intervention caregivers reported no significant improvements in health related quality of life measured by sf-36 and EQ-5D. **Conclusions:** The management of dementia patients in an interdisciplinatory network provides measurable advantages with respect to the provision of dementia-specific medication and the utilization of medical treatment i.e., referral rates to specialists.

**O3-05-05** PROACTIVE DEMENTIA CARE: YEAR 2 EXPERIENCE

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**Background:** Early diagnosis enables caregivers to plan for inevitable known consequences of Alzheimer’s disease and to mitigate these through improved education and planning. We have developed proactive dementia care (PDC) - a program integrating health education and social work interventions into the management plan at time of diagnosis. The goal of PDC is to empower patients and family members with a unified plan tailored for their needs to maximize quality of life. **Methods:** We are conducting an ethics committee-approved randomized clinical trial, comparing the effectiveness of PDC and standard dementia specialist care (SDSC) in achieving important caregiver, patient, and health system outcomes: Attend support