**APPENDIX A1: outcomes of use of care and explanatory variables according to the Andersen’s Behavioral Model of Health Service Use.**

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| **Dependant variables: Use of care in dementia** | **Recourse to secondary care** | Participants considered as having sought for secondary care if they had consulted a specialist (neurologist or geriatrician) for cognitive problem symptoms |
| **Community and health services used** | The number of services among the nine followings: General home help, personal care assistance, nursing assistant care, private nurse care including help for taking medication or bathing or home-based hospital care, physiotherapy, speech therapy, adult day care, short-term respite care, and others |
| **Explanatory variables** | **Predisposing characteristics** | * *The dyad*   + Age, sex, education (for the participant, no formal education vs primary level with diploma, i.e. equivalent to 7 years of schooling, or higher; for the caregivers, no formal education/primary level vs secondary level vs high school or higher) and living condition   + Relationship of the dyad (Spouse, Children, Other members of family, Other) * *The primary family caregiver*   + Satisfaction with community human and health services used by their care recipient. |
| **Enabling resources** | * *Social and family support*   + Daily assistance from a secondary family caregiver   + Frequency of social interactions within or outside the home (daily, two or three times a week, once a week, less than once a week)   + Contribution to decision making * *Community and health resources :*    + rural or urban location   + old-age financial allowance   + Availability of dementia care services in the community area, using a score of dementia care resources * *GP’s characteristics and practices in the field of geriatrics*   + Age, sex   + type of professional practice (single private practice or with colleagues/ Mixed practice: private and/or in hospital)   + utilization of scales in the detection of cognitive impairment when suspected   + the main reasons to explain the under-diagnosis of dementia: lack of time, of interest, not a priority in daily practice, limited effectiveness of drug therapy or other reasons |
| **Need variables** | * *Participant’s health*   + Cognitive deterioration (MMSE)   + Severity of Behavioral and Psychological Symptoms of Dementia (BPSD) using the brief form of the NeuroPsychiatric Inventory (NPI-Q)   + Functional status: the ADL Katz’s scale.   + Number of major medical comorbidities (diabetes, hypertension, hypercholesterolemia, myocardial infarct, angina pectoris, stroke, cancer, dyspnea and Parkinson’s disease)   + Number of years since the “study diagnosis”   + Etiology of dementia   + Quality of life (QoL-AD). * *Primary caregiver’s health*   + Depressive symptoms (CES-D)   + caregiver’s burden (Zarit Burden)   + BPSD emotional impact on caregivers (NPI)   + Quality of life (QoL-AD). * *Caregiving characteristics*   + Length of caregiving (number of months)   + Whether he/she provided care to another person. |