**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.
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| **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
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| **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.
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