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Background: Studies on cognitive impairment and dementia focusing on low-educated and oldest individuals are still scarce in developing countries. **Objective:** To investigate variables associated with cognitive impairment no dementia (CIND) and dementia in a low-educated elderly (75+ years) cohort. **Methods:** Population-based study conducted in Caeté, Brazil. A randomly selected sample (51.1% of the population aged 75+ years) was submitted to a general questionnaire, clinical, cognitive, psychiatric and functional evaluations. Diagnoses of CIND and dementia were based on specific criteria. Univariate and multivariate analysis explored associations between demographics, personal history, clinical data and CIND and dementia diagnoses. **Results:** 639 participants (64% women, aged 81.4±5.2 years, 2.7±2.6 years of schooling) were evaluated. CIND and dementia were diagnosed in 161 (25.2%) and 174 subjects (27.2%), respectively. Advanced age, low socioeconomic level, depression and history of thyroid dysfunction were positively associated with CIND. Advanced age, female gender, illiteracy, current smoking and history of stroke were positively associated with dementia; high body mass index and alcohol consumption were inversely associated. **Conclusion:** Different demographic and clinical variables were associated with CIND and dementia in this low-educated elderly cohort.

FACTORS ASSOCIATED TO DEPRESSION AMONG CARERS OF PEOPLE WITH MILD AND MODERATE DEMENTIA

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Background: Depression among carers of people with dementia (PWD) is a remarkable subject due to its high prevalence. **Objective:** We hypothesize that factors related to caregivers' depression might differ according to severity of disease. This study aims to investigate factors related to depression among caregivers of people with mild and moderate dementia. **Methods:** Dyads (n=88) responded to Quality of Life in Alzheimer's disease scale, Zarit Burden Interview, Beck Depression Inventory, Beck Anxiety Inventory, Mini Mental State Examination, Functional Activities Questionnaire, Neuropsychiatric Inventory, Clinical Dementia Rating Scale, Assessment Scale of Psychosocial Impact of the Diagnosis of Dementia and Cornell Scale for Depression in Dementia. **Results:** Regression showed that mild dementia caregivers' depression was related to NPI domains aberrant motor activity (p<0.001) and anxiety (p<0.001); and caregiver self-reported QoL domains friends (p<0.001) and humor (p<0.05). The final model of the factors related to mild caregivers' depression explained 86.7% of the observed variance (p<0.001). Moderate caregivers' depression was related to caregivers' anxiety (p<0.001) and caregiver self-reported QoL as a whole (p<0.001). The final model of the factors related to moderate caregivers' depression explained 68.3% of the observed variance (p<0.001). **Conclusion:** We suggested that mild dementia caregivers' depression is associated with difficulties in managing the disease and adapting to PWD behavior alterations, while as the disease progresses, carers' depression may be affected by a decrease in caregivers' QoL as a whole.

APPETITE ALTERATIONS: A SUBCORTICAL AGD SYMPTOM?

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Background: Argyrophilic grain disease (AGD), a sporadic 4R taupathy, is a progressive neurodegenerative disorder. Although very prevalente, little is know about its clinical features. Few studies have described association between AGD and neuropsychiatric symptoms (NPS)s and/or personality changes. **Objective:** We aimed to investigate the association of NPSs and AGD. **Methods:** Data from a non-convenience post-mortem cohort evaluating individuals aged 60 years or more were used. Neuropsychiatric symptoms were evaluated by applying the Neuropsychiatric Inventory (NPI) to a knowledgeable informant. Multivariate logistic regression models were used to assess the association between AGD and NPS, adjusted for possible confounders. **Results:** Clinical and neuropathologic evaluations were available for 310 individuals (98 AGD individuals). AGD was associated with NPSs (OR=1.96, 95% CI 1.03-3.72, p=0.04) in the multivariate logistic model and only appetite disorders were related to AGD (OR=2.71, 95% CI 1.34-5.48, p=0.006). **Conclusion:** AGD seems to be associated particularly to appetite changes. The neuroanatomical basis for the changes in appetite remained unclear, but the ventromedial and lateral hypothalamic are believed to play a critical role. Interestingly, the lateral tuberal nuclei is vulnerable to AGD changes and our results may point to a possible clinical symptom that can be used to identify AGD prior to autopsy.