

ods: An expert panel (doctor, nurse and social worker) and a group of dementia caregivers reviewed the SZBI for content validity. The scale, together with a single question to elicit a “yes” or “no” answer on whether the caregiver felt burdened in caregiving overall, was administered to 66 consecutive primary caregivers of persons with dementia attending a geriatric clinic. Internal consistency by Cronbach Alpha was used to assess reliability. Construct validity was determined through t-test and factor analysis. Cutoff for burden was elicited through Receiver Operating Characteristic (ROC) analysis. **Results:** Caregivers were mainly females (74%), aged 30-60 (82%) and children (71%) of the patients. Internal consistency (alpha) of the SZBI was high (0.86). Factor analysis revealed 3 factors, accounting for 69% of the variance. The factors were 1) effect on personal life of caregiver, 2) negative emotions related to caregiving, 3) feeling the need to do more for the patient. Area under the curve for ROC was 0.84 and the cutoff for caregiver burden on the scale was 20. **Conclusions:** The SZBI is reliable and valid for assessing caregiver burden in caregivers of persons with dementia in Singapore.

P4-225 **CAREGIVING STRAIN AND BENEFITS ASSOCIATED WITH PROVIDING ACTIVE HELP AND SUPERVISION TO ELDERLY WITH DEMENTIA**

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Background: Caring for a relative with dementia can be stressful, although research has also demonstrated many benefits of caregiving. Much less is known about distinctions between types of caregiving, such as providing active help vs. supervision for relatives with dementia. **Objective:** To examine time spent providing active help and supervision to elders with dementia and the relationship to caregiver strain and caregiver benefits. **Methods:** Data were collected as part the Aging, Demographics, and Memory Study (ADAMS), in which in-home neurological and neuropsychological evaluations were conducted with a stratified sub-sample of 856 participants in the Health and Retirement Study, a representative population sample in the U.S. A consensus panel reviewed the results of these evaluations and determined whether dementia was present. A knowledgeable informant was asked to complete a questionnaire about their caregiving experience. **Results:** N=169 caregivers of those diagnosed with dementia returned questionnaires (mean age 60 yrs; 52% with at least some college education; 71% women; 56% of caregivers were children, 18% spouses, and 19% other relatives). On average, caregivers spent 92 hours per month providing active help and 150 hours of general supervision. Time spent providing active help was positively related to dementia severity (as measured by the CDR, $p < .05$), though dementia severity was not significantly related to the amount of supervision time. Time spent doing both types of caregiving (active help and supervision) were each positively related to physical and emotional strain reported by caregivers, after controlling for caregiver demographics and patient dementia severity ($p < .05$). Supervision time was also positively related to the benefits that the caregiver reported experiencing, such as feeling useful, feeling closer to their relative, etc. ($p < .05$), although time spent providing active help was unrelated to whether caregivers experienced any benefits. In other words, the relationship between time spent and caregiving strain and benefits differed by type of help provided. In addition, caregiving strain and benefits were not correlated with one another. **Conclusions:** Caring for elders with dementia leads to physical and emotional strain, although caregivers also report benefits. The experience of caring for elders with dementia differs depending on the nature of help provided.

P4-226 **FAMILY PHYSICIANS' TREATMENT PREFERENCES FOR ALZHEIMER'S DISEASE**

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Background: The role of primary physicians in the management of patients with Alzheimer's disease is increasing. **Objective:** The aim of the current study was to examine family physicians' treatment preferences for persons with Alzheimer's disease (AD). **Methods:** A phone survey was conducted with a nationally representative sample of 395 family physicians (representing 60% response rate, 54.2% female, mean age = 48.7; mean number of years in the profession = 20.3) using an experimental vignette methodology varying in the severity of the disease. Information regarding participants' beliefs about the helpfulness of 10 interventions for the person described in the vignette was elicited. **Results:** Engagement in social activities and participation in support groups were the treatment approaches mostly recommended, followed by pharmacological treatment, the use of vitamins and natural remedies. The use of physical restraints and isolation were the least recommended treatments. Preferences about AD treatments were associated to the severity of the disease, to perceptions of dangerousness and to social distance. Additionally, compared to female physicians, male physicians recommended more vitamins, dietary supplements and meditation techniques. **Conclusions:** Advances in the development of effective treatments for AD should be accompanied by research in the area of primary physicians' understanding of these treatments.

P4-227 **DISCLOSURE OF THE DIAGNOSIS OF ALZHEIMER'S DISEASE: INFLUENCE OF EDUCATION AND SOCIOECONOMIC FACTORS**

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Background: The disclosure of the diagnosis to patients with Alzheimer's Disease (AD) depends on cultural, educational and socioeconomic factors prevailing in the community. The educational, social and economical heterogeneity of the population in developing countries can provide a better evaluation of the importance of these factors. **Objective(s):** This study aims to evaluate the population's knowledge about AD and the opinion of family caregivers of AD patients about disclosure of the diagnosis, and to verify the influence of the educational and socioeconomic levels on this opinion. **Methods:** Family caregivers of 38 AD patients were interviewed with a structured questionnaire to evaluate their knowledge about AD and their opinion on diagnostic disclosure. After listening to an informative text about AD the questions were repeated. The same procedure was performed with 38 individuals who did not have AD cases in their families. Both groups were matched to age, gender, educational and socioeconomic levels. **Results:** The caregivers had 0-4 years of schooling (y.s.) (26.3%), 5-8 (18.4%), 8-11 (23.7%) and over 11 y.s. (31.6%). AD was considered a reversible disease by 23.7% of the caregivers and by 57.9% of the control group ($p = 0.005$), while 44.7% of the caregivers and 65.8% of the control group thought that it does not reduce survival ($p = 0.48$). Among the caregivers, 63.2% were pro disclosing the diagnosis to the patients, while this rate increased to 86.8% in the control group ($p = 0.03$). Reading the informative text did not modify these rates ($p = 0.629$). Caregivers with low educational level presented a trend pro disclosing the diagnosis (82.3%) when compared to those with >8 y.s. (47.6%) ($p = 0.06$). The same occurred when low socioeconomic class caregivers (85.7%) were compared to those with high socioeconomic levels (50.0%; $p = 0.06$). In the control group there were no differences or trends ($p > 0.6$). **Conclusions:** Caregivers have a better knowledge about AD and show an increased tendency to keep the patient from the disclosure of the diagnosis when compared to individuals who do not have AD cases in their families. More educated caregivers have a higher tendency to avoid the