subjects reported emotional and sexual estrangement in terms of sharing thoughts and feelings with others, failure to meet emotional needs, reduced participation in social activities, less hand-holding and kissing, and increased concerns about their partner's ability to engage in sexual activity (p-values 0.001, 0.03, 0.02, 0.008, 0.02, 0.0003, respectively). **Conclusions:** Sexuality and emotional intimacy are an important part of life irrespective of age or cognitive status. While the development of cognitive decline sufficient to meet criteria for MCI or dementia does not affect the emotional or sexual well-being of the person affected, it has negative consequences for the cognitively normal partner's emotional and sexual needs. Consideration of a spousal caregiver's needs should include an assessment of sexuality and emotional intimacy.

P2-031 OBSTRUCTIVE FACTORS OF THE PHYSICAL REHABILITATION IN ELDERLY PATIENTS WITH COGNITIVE DECLINE

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Background: Although preventing the aged from becoming bedridden in sickness is crucial problem, physical rehabilitation tend to be difficult due to their cognitive decline and related symptoms. The aim of our study was to investigate factors affecting physical rehabilitation outcomes of elderly patients with cognitive decline. **Methods:** We conducted a questionnaire survey of five rehabilitation hospitals for the physical rehabilitation of the elderly patients, and received four valid responses. Six prospective factors, which may hamper physical rehabilitation in elderly patients with cognitive decline, were obtained through the questionnaire. We added items about these probable obstacles to the rehabilitation databank conducted by scientific research working group of Japan Foundation for Aging and Health. Demographic data (age and sex) and clinical features (six nominated obstacles and Functional Independence Measure (FIM) at admission and discharge, and rehabilitation treatment duration) were extracted from the databank records of 99 subjects with femoral neck fracture [age: 66-94 yrs (mean age: 83.4 +/- 7.3 yrs), hospitalization days: 14-120 days]. Multiple regression analysis was performed to assess relationships between functional outcome on FIM at discharge and predictive variables. **Results:** Prospective factors acquired by the questionnaire survey were as follows; ''amotivation'', ''attention deficit'', ''night and day reversal'', ''delirium'', ''violent behavior'', and ''rehabilitation refusal''. The most common finding of the six at admission was ''attention deficit'' (43.4%), and the second was ''amotivation'' (39.4%). On the other hand, ''violent behavior'' (8.1%) and ''rehabilitation refusal'' (17.2%) were not so frequent. At discharge, there were significant improvement of these findings except ''violent behavior'' and ''rehabilitation refusal''; however, ''attention deficit'' was still most common findings of the six at discharge (39.4%). Forward-backward multiple regression analysis showed that higher cognitive FIM at admission (r = 0.696, 95% confidence interval (CI) 1.592-2.543, p < 0.001), higher motor FIM at admission (r = 0.320, 95% CI 0.106-0.517, p = 0.003), and lower ''attention deficit'' (r = -0.277, 95% CI -20.668 - -2.674, p = 0.012) were significantly correlated with higher FIM at discharge. **Conclusions:** ''Attention deficit'' was the most common finding both at admission and at discharge, and it related with the poor outcome of the physical rehabilitation of elderly patients.

P2-032 TRANSITIONS INTO DEMENTIA AND ALZHEIMER'S ACROSS TIME: EMERGING RESEARCH OPPORTUNITIES IN THE USE OF LONGITUDINAL SURVEY DATA IN THE PUBLIC DOMAIN

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Background: There is a longstanding interest in understanding individual transitions from unimpaired health to cognitive impairment. It has only been since the late 1980 that national longitudinal surveys have evolved that allow us follow healthy elders into later life and measure some of the risk patters associated with those who are afflicted with forms of dementia including Alzheimer's. A numbers of such studies now offer enough repeat measures that social and biomedical researchers can examine these populations and seek useful indicators of health changes associated with cognitive impairments. We have also seen an exciting increase in the limited number of studies that once looked at childhood health, cognition and socioeconomic status now extending their studies to follow their respondents into later life outcomes. **Methods:** NACDA, the largest repository of secondary data on aging and health in the US, reviewed data collections in the public domain that allow for the examination of transitions among respondents across time from good health to various levels of cognitive impairment including diagnoses of Alzheimer's. We ranked these studies by the level of detail they provided, the number of repeat measures they provided and the ability to analyze long term outcomes among the respondents. **Results:** NACDA identified several very useful studies, including the Health and Retirement Survey (HRS), the National Long Term Care Survey (NLTCS) as well as new studies such as the National Social Life, Health, and Aging Project (NSHAP) among others which offer opportunities for multidisciplinary research. NACDA also identified several emerging studies that may have a major impact on our understanding of early life impacts on later life outcomes such as Alzheimer's. NACDA will use these studies as examples of what could be done to promote multidisciplinary research in cognitive decline and the onset of Alzheimer's in the US population. **Conclusions:** While not large in number, there are enough longitudinal studies that follow respondents as they transition from good health to cognitive impairment to allow researchers to work across social and biomedical disciplines in trying to understand social and environmental impacts on the risks of cognitive decline as part of the aging lifecourse.

P2-033 DISCOURSE FEATURES OF CHINESE-SPEAKING OLDER ADULTS WITH AND WITHOUT DEMENTIA

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Background: Empirical studies on AD discourse have revealed that appropriate language usage in context becomes more impaired and the communicative ability gradually deteriorates over the disease course (Bayles & Tomoeda, 2007; Johnson, Storandt, & Balota, 2003). The oral discourse of AD patients contains more sentence fragments and repetitiousness than the discourse of healthy controls (Bayles, Tomoeda, & Boone, 1985; Bayles, Tomoeda, & Boone, 1985; Tomoeda & Bayles, 1993). Despite the growing research interest in discourse patterns of AD, there are still open questions. So far, few studies have addressed the predictive power of discourse features in severity of dementia. Also, little attention has been drawn to the cognitive mechanism in Chinese-speaking AD patients' discourse. To date, it remains unclear whether they perform in the same way as speakers in the western context. To describe their discourse patterns of impairment and retained abilities will also be of great help in suggesting advice to Chinese family or formal care-takers. **Methods:** This study was to describe discourse patterns produced by 30 normal elderly subjects and 30 Alzheimer disease (AD) patients in a Chinese-speaking society. A total of 60 transcripts of interview style conversations were analyzed. Discourse patterns are examined in light of discourse-building features (i.e. coherence and cohesion), discourse-impairing features (i.e. disruptive topic shifts and empty phrases), and discourse