

rection among these factors, respectively. **Results:** There are six factors about caregiver burdens, including psychosocial burden, biological burden, negative thinking, people relationship, the dependence of patients, the ignominy burden. Moreover, there produced affective, tool, and information support factors, respectively, from the demand and satisfaction aspect. The reliability of each factor has greater than 0.6. Pearson Product Moment analysis revealed that psychosocial, biological burden factors were significant correlation with information and tool support factors, respectively. Furthermore, the dependence of dementia patient factor is marked significantly related with affective support factor. However, the negative thinking burden factor is significant negative correlation with information support. **Conclusions:** Armed with the results of above mentioned, the need of supports, in terms of information, tool, affective, for the caregiver burden of dementia family members is strong and not satisfied. Thus, to bridge the gap of the demand and satisfaction between dementia family members and multiple aspects supports is urgent.

P3-472 **PILOT STUDY OF ART THERAPY WITH FAMILY CAREGIVERS OF PATIENTS WITH ALZHEIMER'S DISEASE**

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Background: Art Therapy is a human service profession. It offers opportunities to explore the problems and the personal potentialities by means of verbal and non-verbal expression and develop physical, cognitive, and emotional resources as well as the learning abilities through therapeutic experiences with several kinds of artistic languages. The use of Art Therapy suggests that the creative process can be a means of patients to reconcile emotional problems and facilitate the autoperception and the personal development. The act of caring of a relative with Alzheimer's disease often leads to a caregiver's overload, impacting on his mental and physical health. Consequently, several ways to intervene in the quality of life of the caregivers have been studied, using psychoeducational groups, short Psychotherapy, Art Therapy, and others. **Objectives:** To use Art therapy resources of gestaltic view in order to minimize and prevent caregivers' overload of patients with Alzheimer's disease and improve their quality of life. **Methods:** 10 caregivers of patients with Alzheimer's disease have been selected and they will be divided into two groups of 5 people and each group is going to do Art therapy for six-month term, weekly, two-hour sessions. Also, the sessions are going to start with proposals of experiences related to the phases of life, emotional and corporal sensations, reflections on the role of the caregiver, following the plastic expression, with the purpose of self-knowledge, expansion of consciousness, search for identity and changes that help the life of the caregiver. Zarit overload scale and the quality of life scale will be applied in the beginning and at the end of the sessions of Art therapy. **Results:** It is in progress. **Conclusions:** The study is a project and it has not been started officially, therefore, with the evidences in the international literature we are expecting that our study of Art therapy also provide an improvement in the quality of life of the caregivers. And after the reflection from the plastic expression of each caregiver, we wish Art Therapy spread and were more used in Brazil as an effective and preventive help for the relatives of the caregivers.

P3-473 **SERVICE NEED AMONG INDIVIDUALS WITH MILD COGNITIVE IMPAIRMENT AND ALZHEIMER'S DISEASE**

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Background: Although there is extensive literature on caregiver burden and support services among individuals with Alzheimer's disease (AD), little is known about those who care for or adjust to individuals with less severe cognitive impairment, such those with mild cognitive impairment

(MCI). The level of service need and utilization was assessed in a group of caregivers for individuals diagnosed with AD and with MCI, and they were compared to normal age-matched controls. **Methods:** A total of 41 normal controls, 22 MCI and 32 AD participants were administered a battery of neuropsychological tests (part of the University of Michigan Memory and Aging Project), and they each identified an informant who completed questionnaires on level of service needed related to their care of the patient. **Results:** The majority (70.3%) of the informants were spouses of the participants and 71.3% of the informants had almost daily contact with the participants. In the group as a whole, lower performance on measures of orientation, attention, problem-solving, and memory were negatively associated with service need (medical, social, mental health, etc). Results of an analysis of variance (ANOVA) examined the difference between service utilization between the three groups. Total service need and need for social and mental health services were significantly different between the three groups ($p < .000$) with informants in the MCI and AD groups reporting more need for outside services as compared to the normal control group. However, there was no significant difference between the MCI and the AD groups. Also, there was no significant difference between any of the groups for needed medical services ($p = .954$). **Conclusions:** These findings suggest that caregivers of individuals with MCI are already experiencing a need for increased services, in particular social and mental health services, and this need is at a similar level as those informants of patients diagnosed with AD, even though they have less severe cognitive impairments.

P3-474 **PERCEIVED SOCIAL SUPPORT, PSYCHOSOMATIC COMPLAINTS AND BURDEN: THE RELATIONSHIP WITH NEGATIVE AFFECT IN ALZHEIMER CAREGIVERS**

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Background: A large body of research documents the psychological impact of caregiving. Caregivers had been showed to have higher ratings of negative affect, including measures of depression and anxiety, and psychological distress (Pinquart and Sorensen, 2003). The time caregivers spent to caregiving also has impact on their social interaction, in the sense that they reduce the social contacts (Bergman-Evans, 1994). **Methods:** The aim of this investigation was to analyze the relation between negative affect and social support, burden and psychosomatic complaints in Alzheimer's patients caregivers. The sample consisted of 129 community-dwelling Alzheimer's patients caregivers. The inclusion criteria took into account was, to identify themselves as primary caregivers, family kinship with the care recipient and not to be remunerated by the offered care. The Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977) was administered for assessing negative affect and psychosomatic complaints in caregivers. Perceived social support using the Psychosocial Support Questionnaire (Reig, Ribera, Miquel, 1991) was assessed. Memory and Behavioral Check List (MBCL) (Zarit & Zarit, 1982) was administered to measure burden. **Results:** First of all factor analysis was carried out in order to set up the factors analyzed by the scale. This analysis yielded five factors, which are the following: Negative affect, positive affect, psychosomatic complaints, interpersonal relations and self-esteem. Secondly, the relation between negative affect and perceived social support, psychosomatic complaints and burden were investigated. A positive relation ($p < .05$) was found between negative affect, burden and psychosomatic complaints. It means that caregivers with more negative affect showed more psychosomatic complaints and more burden. Conversely, a negative significant relation ($p < .05$) was observed between negative affect and perceived social support. This means that caregivers with less perceived social support showed more negative affect. **Conclusions:** Negative affect and its relationship with psychosomatic complaints, perceived social support and burden should be taken into account when assessing Alzheimer's caregivers and of course when developing intervention programmes focused on enhancing caregivers well being.