(RUD-lite), and the DS summated score were examined using univariate and multivariate analysis. **Results:** Data from 213 participants with concurrent DS and CRA evaluations were included in the analysis. Significant correlations between the CRA-Disrupted schedule (r=0.55; p<0.0001), Lack of family support (r=0.32, p<0.0001), Health problems (r=0.28, p<0.0001), Financial problems scores (r=0.23, p<0.001) and the DS sum scores were observed. Disrupted schedule (adj-R Square = 0.35, p< 0.0001) and Lack of family support scores (adj-R square=0.20, p<0.0001) were significantly associated with DS sum after adjusting for care recipient age and gender, caregiver age and gender, care recipient living arrangements, relationship to care recipient and caregiver mental and physical health (SF-36-MCS,-PCS). No significant association was observed between CRA-Self-esteem scores and DS sum. In all multivariate regression models, where CRA subscale was the dependent variable, caregiver SF-36-MCS was a significant predictor. For the Self-esteem subscale, SF-36-MCS was the only significant predictor. Caregiver time was significantly correlated with DS sum (r=0.44; p<0.0001). The association held after adjusting for the same set of factors (adj-R Square=0.20; p<0.0001). **Conclusions:** Caregivers report experiencing increased disruption in daily schedules, greater lack of family support and higher caregiver time as care recipient dependence on others increases. Caregiver self esteem is influenced by caregiver mental health status and not by patient dependence on others.

P1-181   **ASSESSING PRODUCTIVE BEHAVIOUR IN DAILY LIFE OF PATIENTS DIAGNOSED WITH DEMENTIA. CONTRIBUTION OF THE REVISED FUNCTIONAL BEHAVIOUR PROFILE (FBP)**

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Background: Dementia can cause multiple psychological difficulties for patients and their caregivers. Furthermore, the effects of cognitive deficits on the performance of routine daily activities are sometimes difficult to understand. Family caregivers may overestimate or underestimate the residual abilities or emerging deficits. The Functional Behaviour Profile (FBP) (Baum, et al., 1993.) is a functional assessment tool which helps caregivers to identify and describe patient's abilities in three domains of daily living (problem solving, performance on tasks and social interaction). Our pilot study (2007) established the clinical feasibility of a French translation of the FBP. Nevertheless, this tool does not enable caregivers to distinguish between the abilities of their relatives in (1) performances of simple tasks versus complex tasks and (2) performances of familiar versus non-familiar tasks. Finally, the identification of modifications between past and current behaviours remains difficult with the original version of the FBP. **Objectives:** The objectives of this study were : (1) to identify item modifications required to improve caregivers' abilities to describe patient performance. (2) to evaluate the impact of those modifications on the assessment of patient's abilities in daily life. **Methods:** We recruited patients from people attending a memory consultation clinic in Grenoble University Hospital. We interviewed primary caregivers (n=50) accompanying a patient with dementia; they took part in a semi-structured interview in which they completed a revised French translation of the FBP. **Results:** Data from the 50 first interviews will be presented. This revised version of the FBP seems to be better understood by caregivers. It enabled them to distinguish between (1) performances in complex tasks versus simple tasks and (2) performances in familiar versus non-familiar tasks. They could identify the emergence of modifications between past and current abilities. **Conclusions:** The revised FBP French translation helped caregivers to identify productive behaviour of their relatives. This version increase the tool's capacity to assess patient's abilities and performances on activities of daily living. This information can be used to help the communication between the caregiver and the clinician so they can jointly plan strategies to improve and maintain the patient's functional abilities.

P1-182   **SPECIFIC SUPPORT SERVICES NEEDED BY CAREGIVERS OF PATIENTS WITH MILD COGNITIVE IMPAIRMENT**

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Background: Few studies have examined the need for help or support services among family members of patients with mild cognitive impairment (MCI). We have previously shown that caregivers of patients with MCI are experiencing a greater need for support services than do controls (NL), but are similar in need as compared to caregivers of patients with Alzheimer's Disease (AD). It is unclear from previous research what particular services are most often needed by MCI caregivers. Such information would provide an opportunity for early education and better access to resources. **Methods:** Participants were 160 Patient/Caregiver pairs (54 normal age-matched controls 43 MCI;63 AD) seen through the University of Michigan Alzheimer's Disease Research Center. Caregivers completed questionnaires about patients' neuropsychiatric symptoms and their own support service need. Patients were administered a brief battery of neuropsychological tests including a depression inventory. **Results:** Chi-square tests indicated that caregivers of MCI and AD did not differ on individual service need items. Caregivers of MCI and NL differed with regard to need for transportation services (12 % MCI caregivers required transportation services, 0% NL), mental health services (21%;34%), financial counseling (21%;6%), support groups (24%;4%), and help from family and friends (50%;2%; all *p*'s <.02). Cognitive and behavioral impairment among MCI patients related to different service needs. **Conclusions:** Caregivers of individuals with MCI are requiring specific support services, in particular transportation, mental health, financial counseling, and help from family or support groups, as compared to healthy controls. This need is related to the patients' neurobehavioral and psychological status. Better understanding of the complex service needs of families of patients with MCI will help better educate and inform available interventions. Research supported by grant NIH-NIA P50 AG08671 and the Michigan Alzheimer's Disease Research Center.

P1-183   **PSYCHOLOGICAL RESILIENCE AND THE WELL-BEING OF SPOUSAL CAREGIVERS OF PERSONS WITH ALZHEIMER DISEASE**

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Background: Spouses of persons with Alzheimer disease are known to be at elevated risk for stress-induced psychopathology. Greater understanding of phenomena such as psychological resilience might enable clinicians to identify at-risk caregivers. This study examines the potential protective effects of the three facets of psychological resilience (commitment, control, and challenge) relative to the well-being of cohabiting spousal caregivers of persons with Alzheimer disease from British Columbia, Canada. **Methods:** This sample of caregivers was composed of 63 husbands and 67 wives. Study instruments measured caregiver burden, psychological resilience, depressive symptoms, life satisfaction, perceived health and health conditions; breadth and severity of dementia symptoms was later determined during multidisciplinary team meetings. The hypotheses of this study were tested by means of hierarchical regression (Cohen et al. 2003); Caregiver socio-demographic variables (age, socioeconomic status, perceived health, health conditions) and patient illness variables (severity of symptoms, duration of impairment) were entered as initial steps in each regression equation to control for patient and caregiver differences. **Results:** Subsequent to control for patient and caregiver features, psychological resilience accounted for an additional 11% to prediction of caregiver depressive symptoms; however, only control ($\beta = -.20$, p < .05) challenge facets ($\beta = -.23$, p < .01) provided unique contribution. With respect to caregiver burden, resilience factors accounted for an additional 4% of variance though control was the only facet to provide