the most troubling consequences of this health state. Ageing (27.6%), but also mental stress (relatives: 25.0%), and supernal destiny or spirits (elderly: 33.0%) were the main dementia causes kept. The mean stigmatizing attitudes score of relatives reached 13.5 ± 7.2 (out of 45). 60.6% of relatives answered favorably to give social support to demented people. Modern medicine was the referral help source (69.4%), even if traditional or supernatural resources were still chosen by 18.3% of individuals. **Conclusions:** In Central Africa, dementia is not really seen as a disease like western countries' criteria define it. Problems are rather perceived as being "in the nature of things", a thinking that derives from a Bantu peoples' genuine structured understanding of the world. Traditional and religious value system is deeply established in mentalities. Nevertheless, it may also imply endangering attitudes towards demented elders. Health professionals working in non-western countries could be formed and informed to proceed and behave in the most fitting way, taking into account these socio-cultural parameters.

O2-01-04

THE MEANING OF ACTIVITY FOR PEOPLE WITH DEMENTIA: EXAMINING THE PERSPECTIVES OF DEMENTIA PATIENTS AND THEIR FAMILIES

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Background: While it is assumed that persons with dementia benefit from being involved in meaningful activity, research examining this claim is limited. In particular, how individuals with dementia perceive this involvement is poorly understood, and how their families respond to their involvement has received little attention. This qualitative study examines what constitutes meaningful activity from the point of view of persons with dementia, and explores how they perceive its significance in their lives while considering the unique perspectives of their families. Methods: Participants were 20 community-dwelling persons with clinical dementia diagnosis (10 males and 10 females, ranging in age from 46 to 89) and 33 of their family members (7 males and 26 females, ranging in age from 6 to 79). Participants ranged in socioeconomic status, were from the west coast of Canada, and were predominantly Caucasian, though several were from ethnic minority groups including East-Indian, Native Indian and Chinese. Participants engaged in a series of in-depth semi-structured audio-recorded interviews over one year. During each interview participants were asked questions of personal significance relating to their participation in activities, their strategies for coping with and encouraging activity, and any other concerns or desires. Results: Through analysis of the dementia patient and caregiver interview transcripts, common and contrasting themes were identified across both groups such as a perceived awareness of their condition and memory loss, a desire to continue or return to preferred activities, a need to stay informed, and an eagerness to contribute meaningfully through helping others. Furthermore, examining the perspectives of both dementia patients and their caregivers highlights the complex, albeit fragile, nature of family and community care networks. Conclusions: First-person accounts provide valuable insight into the struggles and frustrations, as well as the pleasures and enjoyments, experienced by community-dwelling individuals with dementia and their families. The participants' varying socioeconomic status suggests differing population groups share similar views surrounding dementia, and consider comparable activities to be meaningful. Understanding the meaning of activity from the perspectives of persons with dementia and their families may have important implications when designing community initiatives to encourage activity involvement and provide support.

O2-01-05

THE PSYCHOLOGICAL IMPACT OF LEARNING ABOUT APOE-CARDIOVASCULAR DISEASE ASSOCIATIONS DURING GENETIC RISK ASSESSMENT FOR ALZHEIMER'S DISEASE: FINDINGS FROM THE REVEAL STUDY

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Background: The $\epsilon 4$ allele of Apolipoprotein E (APOE) is a known risk factor for Alzheimer's disease (AD). Prior studies suggest that APOE genotyping to learn AD risk poses negligible psychological risks when provided with genetic counseling. APOE $\epsilon 4$ is also a risk factor for cardiovascular disease (CVD). The psychological impact of learning this additional risk information during an AD risk assessment is unknown. Methods: 257 participants seeking AD risk assessments were enrolled across four study sites (mean age 58; 55% female; 16% African American; 71% with affected first degree relatives) and randomized into one of two arms. Control arm participants received their APOE genotypes and an AD risk estimate (mean: 29%; range: 6%-70%) based on gender, ethnicity, family history, and APOE genotype. 'Pleiotropy' arm participants were also told that APOE ε4 carriers were at increased risk for CVD. Anxiety, depression, and test-specific distress were assessed six weeks after risk disclosure using the Beck Anxiety Index (BAI), Center for Epidemiological Studies Depression Scale (CESD), and Impact of Events Scale (IES), respectively, where higher scores indicate greater unease. Multiple linear regression was used to determine whether psychological impact differed in study arms after controlling for APOE status, lifetime AD risk estimate, demographic factors, and pretest anxiety. Results: Mean psychological scores (BAI = 3.4, CESD = 5.4, IES = 2.5) were substantially below clinical cutoffs for concern for each randomization group. Regression analyses found no significant differences between the pleiotropy arm and control arm on the BAI (Δ = -.06, p = .90), CESD ($\Delta=$ -.52, p= .51), or IES ($\Delta=$ -.25, p= .77). Conclusions: Participants who learned about the APOE-CVD association during an AD genetic risk assessment were not harmed psychologically by the incidental information. Results suggest that the pleiotropic effects of a gene can be safely disclosed during genetic risk assessment for a specific disease. Future research to understand the impact of pleiotropic information will be vital given the growing number of markers being identified that are associated with risk for multiple conditions.

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THE ABILITY OF PEOPLE WITH DEMENTIA TO RELIABLY RECALL RECENT EMOTIONAL LIFE EVENTS

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Background: When a person with dementia recounts an abusive event, such as being hit, they are often not believed due to their dementia. Research indicates that significant emotional experiences may be salient to people with dementia. This is the first systematic research to identify characteristics of people with dementia who are able to reliably report a recent memory with strong emotional context. Methods: A cross-sectional study of people with mild or moderate dementia (n = 95) and an age matched control group (n = 50) was conducted. Memories of recent autobiographical events with either positive or negative emotional content were elicited during a structured interview recorded for later analysis. Accurate memory for these events was independently verified by a non-demented informant, usually a family member. In addition, both members of the dyad were interviewed independently to assess other characteristics of the older adult participant such as depressive symptoms, functional and cognitive abilities and confabulation behavior. Researchers also assessed people with dementia for disease stage and neuropsychiatric symptoms. Two researchers conducted assessments during a home visit. Results: About half of the older adult participants with dementia were able to reliably report emotional events in their lives. Compared to people with dementia with less reliable emotional memory, these individuals were more likely to be able to report three or more details about the event and to recall the same event again after a short time delay. They were also likely to be in an earlier disease stage, to report negative (as well as positive) events in their lives and to be able to recall an event without cues. Conclusions: The findings have important implications for health care providers as well as those who investigate and prosecute elder mistreatment cases. The results show that people with dementia who