than 5 hours/day with the patient, 23 (31,5%) 5 to 10 hours, 2 (2,7%) 11 to 15 hours and 39 (53,5%) more than 15 hours. Cognition: 10 (13,6%) patients presented severe, 26 (35,6%) moderate and 37 (50,8%) mild cognitive impairment. Presented low quality of life 3 (33,3%) family caregivers spending less than 5 hours/day with the patient, 12 (52,1%) of the 5-10 hours group, 1 (50%) of the 11-15 hours group and 24 (61,5%) of the more than 15 hours group. Also presented low quality of life 6 (60%) family caregivers managing severe cognitive impairment, 17 (65,3%) of the moderate group and 16 (43,2%) of the mild group. **Conclusions:** The family caregivers spending more than 15 hours/day with the patient are the most vulnerable to negative impacts on their quality of life, nevertheless the 5 -10 hours and 11-15 hours groups are also with a significant vulnerability. The vulnerability correlated to the MMSE is even more noticeable for the family caregivers managing moderate to severe cognitive impairment.

P3-495

INTRODUCING THE ASSOCIATION BETWEEN CHILDREN AND DEMENTED ELDERLY (ABCDE) PROJECT

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Background: Declining birthrate and a growing population of elderly people is serious problem in Japan. Since aging is one of the most hazardous risk factor developing dementia, prevalence of dementia is growing rapidly. In 2013, we have proposed Association Between Children and Demented Elderly (ABCDE) project. The scope of ABCDE project is to educate adolescents in regard to dementia, thereby early understanding of dementia in adolescents will preserve the relationship between adolescents and people with dementia, in prospect of reducing psychological distress in both generations. **Methods:** Firstly, we conducted a questionnaire survey to caregiver of dementia subjects to clarify the association between people with dementia and their grandchild. Secondly, we performed seminars of dementia against elementary school kid and their parents, and against university students. Thirdly, we planned dementia seminar for kids and to create dementia leaflets for small kids. Finally dementia seminar was took place against school teachers and produced set of dementia quiz and example of education plan. **Results:** Eighty-four subjects, out of 109, had at least one grandchild (77.1%) and quarter of them lived together. The prevalence of grandchildren age 19 and above were 50.2%. Frequency of seeing each other decreased by the age of subject with dementia. While most patients with dementia looked happy while seeing adolescents (94.5%), young people tend to be more non-reactive (26.0%) spending times together (p < 0.05). Dementia leaflets for small kids, how the seminars were carried on will be presented. **Conclusions:** Through ABCDE project, adolescents learn difficulties in elderly as well as cognitive impairment and its care. By understanding dementia, adolescents will reduce anxiety and fear for building relationships with dementia subjects. By increasing the relationship between two generations,

the idea of understanding dementia will spread in the local society and may lead to early detection of dementia in the future.

P3-496

INFORMAL SOCIAL SUPPORT, STRESS, AND DEPRESSIVE SYMPTOMS AMONG SPOUSAL DEMENTIA CAREGIVERS AGED 60 YEARS AND OVER IN THE UNITED STATES

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Background: With the increased number of older adults, young old caregivers (60+) for spouse with dementia are likely to suffer from

Table 1
Descriptive characteristics of spousal caregivers in the HRS 2006 wave

Variables	Spousal caregivers (N= 71) Mean (SD)
Age (years)	72.409 (7.855)
Gender	
Male	58
Female	13
Race	
White	65
African-American	6
Education (Number of Years in School)	10.660 (3.88)
Cognitive Function Limitation in Care Recipient	3.169 (1.082)
Family	
Social Support	8.678 (2.008)
The Number of Children Close Relationship	2.630 (1.629)
The Number of Other Family Member Close Relationship	3.380 (5.714)
Friend	
Social Support	8.386 (2.177)
The Number of Friends Close Relationship	6.380 (14.624)
Community Social Support	
Social Cohesion	21.884 (5.857)
Stress Level	9.851 (2.105)
Depressive Symptoms (CES-D)	17.377 (6.837)

Table 2
Gender and race characteristics of spousal caregivers testing for significant differences in depressive symptoms using *t*-tests

Variables	Gender		
	Male	Female	*t*-test (df)
Score	16.386 (0.850)	22.083 (2.042)	-2.747 (67)**
Variables	Race/Ethnic		
	White	African-American	*t*-test (df)
Score	17.797 (0.861)	12 (1.265)	1.859 (67)

*p <.05, **p <.01, ***P <.001, SD = Standard Deviation

depressive symptoms due to physical and emotional burdens, financial strains, and spending much time on taking care of spouse with dementia. This study identifies how social support and stress affect spousal caregivers' depressive symptoms. **Methods:** This study used data from the 2006 wave of the Health and Retirement Study. Spousal caregivers (60+), who implemented a proxy interview, answered chronic stress, quality of social support, and depressive symptoms (N = 71). **Results:** This research demonstrated that chronic stressor of spousal caregivers significantly influenced their expressed depressive symptoms. Spousal caregivers who received positive social support from family members experienced the

Table 3
Correlation matrix (Pearson *R*) of continuous variables

Variables	Age	EDU	CFL	FSS1	#CCR	#OFCR	FSS2	#FCR	SC	SC
Age	1									
Education (EDU)	.092	1								
Cognitive Function Limitation (CFL)	.375**	.061	1							
Family Social Support (FSS1)	.208	.093	−.027	1						
# of Children Close Relationship (#CCR)	−.001	−.213	.082	.191	1					
# of Other Family Member Close Relationship (#OFCR) Friend Social Support (FSS2)	.044	.065	.162	.288*	.151	1				
	−.095	.092	−.220	.418**	−.067	.101	1			
# of Friends Close Relationship (#FCR)	.195	.038	.137	.311*	.000	747**	.351**	1		
Social Cohesion (SC)	−.146	−.105	−.243*	−.057	−.012	.006	.163	−.008	1	
Stress	.056	−.205	.011	−.108	.089	.030	−.317*	.020	−.219	1

*p < .05, **p < .01., ***p < .001

Table 4
Regression predicting spousal caregivers' depressive symptoms (CES-D score)

	Model 1 (N= 52)		Model 2 (N= 50)		Model 3 (N= 65)	
	B	SE	*B*	SE	*B*	SE
Background/Context						
Age	−0.069	0.095	−0.063	0.114	−0.043	0.094
Gender (R = Male)	5.532*	2.308	1.922	2.482	3.679*	1.781
Race (R = White)	−6.143*	2.516	−5.249	3.698	−6.289*	2.836
Education	−0.107	0.211	0.181	0.260	−0.015	0.194
Stress	1.084**	0.312	1.290*	0.400	1.457***	0.333
Cognitive Function						
Cognitive Function Limitation in Care Recipient	2.648**	0.720	2.258*	0.922	2.692***	0.722
Social Support Level						
Family Level						
Social Support	−0.753*	0.361				
# of Children Close Relationship	−0.850	0.533				
# of Other Family member Close Relationship	0.066	0.117				
Friends Level						
Social Support			−0.724	0.459		
# of Friends Close Relationship			0.002	0.064		
Community level						
Social Cohesion					0.041	0.121
Constant	13.087	8.245	9.479	11.955	−0.530	9.540
F value		6.516***		4.253**		7.442***
R^2		.583		.454		.478

R = Reference Group
*p < .05
**p < .01
***p < .001

lowest degree of depressive symptoms (B = -0.753, SE = .367, p < .05). On the other hand, social support from friends and community cohesion does not have as significant an effect on the depressive symptoms of spousal caregivers. **Conclusions:** These findings suggest that spousal caregiver's positive social support from family members is the most important for ameliorating their depressive symptoms, and thus, community welfare centers need to develop a supportive family program to gain positive relationship with other family members.

P3-497   **FACTORS INFLUENCING QUALITY OF LIFE IN FAMILY CARERS OF PEOPLE WITH DEMENTIA**

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Background: Family carers are a vital determinant of Quality of Life (QOL) and positive outcomes for people with dementia, however there is little empirical evidence about QOL in this group of carers. The purpose of this qualitative study was to identify factors that influence QOL in family carers of people with dementia. **Methods:** In-depth individual interviews were undertaken with family carers of people with dementia and staff working in dementia services. Initial findings were revised following two focus groups, one with family carers and one with staff. Data analysis utilised ground theory techniques and was also underpinned by a collaborative approach with a study-specific advisory group of family carers. **Results:** 41 individual interviews were completed with 32 family carer and 9 staff participants, along with 2 focus groups with family carers (n=6) and staff (n=5). From the analysis, we identified 12 themes that influenced the assessment by family carers of their quality of life. These were organised into three overarching categories; Person with dementia, Carer Appraisal and the External World. Overall, family carer assessment of their relationship with the person with dementia, and their appraisal of the caring situation and the extent to which external influences were perceived to be helpful or unhelpful were critical to their QOL. Five of the factors identified; personal freedom, finding meaning, evaluation of support, acceptance and family/social networks may act either as mediators or secondary stressors in the assessment of QOL by family carers of people with dementia. **Conclusions:** Carers may experience similar objective demands, but as differing secondary stressors or mediators may apply, outcomes for QOL will vary. These results capture the upsides to caregiving, and potentially extends the range of possible clinical interventions, allowing for specific mediators to be enhanced, as well as the amelioration of secondary stressors. These findings make a novel contribution to existing knowledge, and demonstrate that the QOL of carers of people with dementia includes domains which are not routinely considered in generic assessment of QOL in carers.

P3-498   **RESILIENCE IN FAMILY CARERS: COMPONENTS UNDERLYING RESILIENCE AND THE ROLE OF DEMENTIA CAFES**

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Background: Caring for a family member with dementia can threaten one's resilience. Social support seems to be integral to resilience and a protective factor in carer distress, Dementia Cafés have been promoted as a means to increase social support. A growing UK network of Cafes exist, but little is known about who attends them and what benefits Cafes may generate. **Methods:** Cross-sectional survey of family carers in Norfolk, England (July–September 2016), using standardised measures of resilience, personal wellbeing, social support and stress. First, multi-variate linear regressions were performed to identify factors related to the carers' resilience. Next, carers were split into those attending Dementia Cafes vs non-attendees, and group comparisons (independent t-tests) were made. **Results:** Carers (n=80) were aged 30–80+ years, 74% female, and 75% lived with the person with dementia. Mean resilience scores revealed low resilient coping (M=12.8;SD=4.2) overall. Analyses shows personal wellbeing and social support were positive predictors of resilience: for each 2.2 point increase in wellbeing, resilience increased by 1.7 points (β=0.314;CI=0.12-1.06;p=0.014); 1.0 increase in social support meant resilience increased by 0.9 points (β=0.229;CI=0.13-1.64;p=0.022). Stress, on the other hand, had a negative relationship with resilience: for each 11 point increase in stress, resilience was reduced by 1.7 points (β=-.285;CI=-0.19 to-0.02;p=0.013). No associations between resilience and hours caring or length of history of dementia were found. Resilience was higher in those attending cafes (Attendees M=14.0;non-attendees M=10.4 CI=-5.6 to -1.5;p=0.001). Attendees also had greater personal wellbeing (M=6.6;Non attendees M=4.6;CI= -3.0 to-0.90; p=0.001) and reported lower levels of stress (Attendees:M=15.9;Non-Attendees:M= 23.1;CI=1.93 to 12.7;p=0.009). No significant differences in social support scores between the groups was identified (Attendees:M= 2.2;Non-Attendees:M=1.8;CI=-0.94 to 0.1;p=0.117). **Conclusions:** Significant associations between resilience, wellbeing, social support and stress were identified. While carers attending cafes report higher resilience, it is not clear whether this is due to Café attendance. Investigation of the barriers and facilitators of social support may clarify why Dementia Cafes may not be increasing social support.

P3-499   **STEPS TO H.O.P.E.: BUILDING HEALTH, OPTIMISM, PURPOSE, AND ENDURANCE IN PALLIATIVE CARE FOR FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA**

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Background: Currently over 5 million Americans are living with Alzheimer's disease and related dementias. Family caregivers may experience loss and grief, leading to ambiguity in their caregiving role. Palliative care interventions are necessary to help family members cope with the progressive and unsurmountable grief experiences with these terminal conditions. It is