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Objective: The purpose of this study was to describe key issues that emerged during the group component of a clinical trial with family caregivers of persons with dementia, compare differences between the caregiver skill building (CSB) treatment and an information support only (ISO) control intervention, and identify skills needed by family members.

Design: Descriptive qualitative methods were used.

Materials and Methods: Written group summaries from a 5-week group intervention conducted with 33 cohorts of family caregivers (N=272) were analyzed using QSR NUD*IST-4. Content analysis was used to identify major themes, categories, and subcategories.

Results: Data were grouped into three major themes: Care Receiver (CR), Caregiver (CG), and Group Process (GRP) Issues. Differences between the CSB and ISO groups were found in the following areas. Concerning CR Issues, CSB participants more frequently addressed difficult behaviors and emotional responses than ISO participants (63% to 47%, respectively); and ISO Participants more frequently addressed instrumental and personal activities of daily living than CSB participants (22% and 14%, respectively). Concerning GRP issues, ISO participants exhibited more group member behaviors that support skill development than CSB participants (70% and 36%, respectively); CSB groups exhibited more group leader behaviors that support skill development than ISO participants (37% and 22%, respectively); and CSB groups more frequently addressed the process of skill development than ISO participants (27% and 8%, respectively). Ironically, there were no differences between the two groups for CG Issues in five major categories: dealing with change, managing competing responsibilities and stressors, providing a broad spectrum of care, finding and using resources, and experiencing emotional and physical responses to care.

Conclusions: Findings concerning CR and GRP Issues suggest that group leaders maintained treatment integrity. Findings concerning CG Issues suggest that there may be "universal" CG Issues that will spontaneously emerge and need to be addressed, regardless of the type of intervention, in future clinical trials. Information concerning caregiving skills suggests that skilled CGs more readily acknowledge and accept their multi-faceted roles; are more creative in integrating and balancing ongoing life and caregiving situations; and are more flexible, assertive, and proactive in their attitudes toward life and caregiving.

S085-002 Do Caregiver Management Strategies Influence Patient Behavior in Dementia?

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Objective: Little is known about the effectiveness of caregiver management strategies on patient functioning. However, identification of specific caregiver strategies may provide useful information on the manifestation of behavioral problems in dementia. The Maastricht study of behavior in dementia (abbreviated as MAASBED) focuses on the course and risk factors of behavioral and psychological symptoms of dementia (BPSD). MAASBED consists of two parts: part 1 focuses on predictors of BPSD in the patient, and part 2 examines the relationship between BPSD and caregiver characteristics. This paper presents results on the relationship between caregiver management strategies and patient behavioral problems.

Design: A two-year follow-up study was performed including 199 patients with dementia as well as 119 informal caregivers. Results are presented of the 1-year follow-up of 99 dementia patients and their informal caregivers.

Materials and Methods: Qualitative methods were used to examine differences in caregiver management strategies. Behavioral disturbances in the patient were measured with the NeuroPsychiatric Inventory (NPI). Repeated measures analysis was used to investigate the relationship between caregiver management strategies and BPSD.

Results: We were able to identify three caregiver management strategies. Reproducibility of the results was checked by an independent observer (κ=0.62). The most important key theme in differentiating between caregiver strategies was the acceptance or non-acceptance of the caregiving situation and dementia related problems. Caregiver strategies characterized by non-acceptance were typified as 'Non-adapters'. Non-adapters approach the patient with impatience, irritation or anger. Caregivers characterized by acceptance were further subdivided in two groups typified as 'Nurturers' and 'Supporters'. Nurturers do not longer regard the patient as equal. They are primarily worried and trying to protect the patient or focused on personal care tasks. Supporters try to adapt to the patient's level of functioning and promote existing abilities in the patient. MANOVA results across these 3 groups showed that non-adapters reported significantly more behavioral problems in the patient (p<0.05), in particular hyperactivity (p<0.007), than supporters. Post-hoc comparisons revealed signifi-
santly higher levels of hyperactivity in non-adopters at 6 months (p=0.008) and at 12 months (p=0.046) follow up. There were no significant differences in BPSD between patients of nurturing caregivers versus supporters and non-adopters.

Conclusion: The hypothesis that caregiver management strategies are associated with BPSD was supported. Caregivers who used a non-adapting strategy reported more behavioral problems in the patient, in particular hyperactivity. These findings suggest that caregiver strategies to cope with dementia-related problems with the patient are important in predicting patient behavior.

S085-003 Measurement of Care Burden on Family Caregiver: Using a New Assessment for Burden on Caregiver (ABC-16)

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Objective: The aim of this study is to obtain the fundamental data of the care burden on the in-home family with giving care for patients mainly with physical rehabilitation and those chiefly with psychiatric rehabilitation using a new self-administered assessment for burden on caregiver (ABC-16) and the reliability and the validity of the ABC-16.

Design: The assessment for burden on caregiver (ABC-16) consisted of 16 items and is designed to cover 4 dimensions including caregiver’s burden, burden on social life, financial burden, and burden on health.

Materials and Methods: The subjects were 51 family caregivers (male 16: female 35, mean age 63 years) who deal with the in-home care for chiefly patients with physical impairment, including palsy, aphasia, and dementia in the first survey (P-group) and 31 family caregivers (male 5: female 26, mean age 58 years) who deal with the in-home care for mainly patients with mental disorders, including schizophrenia, mental retardation, and dementia in the second survey (M-group). Factors which we surveyed were analyzed statistically.

Results:
1. Internal consistency and correlation coefficient among each domain: The internal consistency was α= 0.821 for P-group, and α= 0.918 for M-group. Each domain showed significant mutual correlation.
2. Frequency of 4 dimensions: Frequency of 4 dimensions ranged between 76.5% for financial burden in P-Group and 94.1% for burden on social life in P-group. There was no significant different frequency between in P-group and in M-group.
3. The mean and standard deviation (SD): The mean and standard deviation was 4.02 (2.24) in P-Group versus 4.53 (2.61) in M-Group for caregiver’s burden, 4.23 (2.57) in P-Group versus 3.68 (2.26) in M-Group for burden on social life, 2.94 (2.56) in P-Group versus 2.90 (2.63) in M-Group for financial burden, 3.49 (2.18) in P-Group versus 3.23 (2.56) in M-Group for burden on health, and 14.98 (7.52) in P-Group versus 14.13 (8.52) in term of the total score, which were nearly similar between the two.
4. Correlation with other factors by a multi-regression analysis: The ABC-16 was correlated care during night and the QOL of caregivers both in P-Group (care during night: β=0.485, P=0.001, QOL of caregivers: β=0.254, P=0.034, R2=0.462) and in M-Group (Care During Night: β=0.470, P=0.003, QOL of caregivers: β=0.409, P=0.014, R2=0.352).

Conclusion: It should be indicated that the care burden on in-home family caregivers has no distinct discrepancy between patients with physical rehabilitation and those with psychiatric rehabilitation using the ABC-16. The ABC-16, which we developed, is a very excellent tool for assessing the care burden.

S085-004 Alzheimer’s Patients Informal Carers’ Difficulties at Home, at Entry into Institution, and in an Institution

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Objective: To point out the difficulties surrounding the family caregiver of a demented patient according to his/her family place and his/her age, in three following patient’s situations: home, institution entry, and institution.

Design: Caring for a demented patient triggers numerous difficulties for the family caregiver in different fields: psychological or physical fatigue, for instance, that is conducive to changes in family. These difficulties are approached through the carer or ancient carer complaints when trying to cope with the patient. They could vary according to where the patient is located.

Materials and Methods: Self-administered questionnaires of 42 questions on the patient and caregiver, including a list of complaints, given to the main caregiver. Medical questionnaire on the patient filled in by the attending physician, usually a specialist or freelance or salaried doctor. Population of patients and population of carers are classed according to their family ranks or ages. Three following situations were checked: home, institution entry, and institution. The clusters analysis was used to gather the carers’ complaints facing difficulties with the demented patient.

Results: Population analysis made of 686 sets of carers-patients. Ages of demented patients ranked 79.3 +