

between the 'no change' group and the 'improved' and 'worsened' groups. Effect size (mean NPI-A difference between either 'improved' and 'no change' / SD of overall change) were calculated. Differences were also assessed at 3 months as a sensitivity analysis.

**Results:** Overall, 177 participants were included (median age: 77years, Mini Mental State Examination score: 19.3 (4.8), baseline NPI-A [mean, SD]: 7.9, 2.3), change in NPI-A: -3.7 (3.9). On the CGIC-A, 69 were improved, 82 showed no change, and 26 worsened. The Spearman correlation between NPI-A change and CGIC-A was 0.41 ( $p=1 \times 10^{-8}$ ). The change in NPI-A among participants who improved was -5.3 (4.1) [ $W=1873$ ,  $p=3 \times 10^{-4}$ ], among those who worsened was -1.2 (3.1) ( $W=1426.5$ ,  $p=0.009$ ) compared to those with no change (-3.2 [3.4]). The NPI-A score for minimal clinical improvement was -4.5 (4.6) with a small effect size of -0.32, which was consistent at 3-months (-0.31).

**Conclusion:** A minimal clinically significant improvement over 3 and 6-months corresponded to a mean decline of 4.5 points on the NPI-A; however, there is considerable overlap in the NPI-A between levels of clinical impression of change.

## **P108: Relational aspects in dementia family caregiving: exploring caregivers' self-perceived caring style and its correlates in the caregiving stress and coping process**

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Most research in dementia family caregiving field has been guided by the stress and coping model, which holds a caregiver-centered perspective look at the family caregiving scenario. This individualistic approach of mainstream caregiving research does not allow to explain the relational aspects and variables related to the interaction between caregivers and the person with dementia (PWD), which have been underexplored until today. However, more systemic and dyad-centered approaches are needed to enrich our understanding of this chronic stress scenario. How caregivers perceive their way of caring for the PWD may exert a central role in the stress and coping model, and it may be potentially related to characteristics of the PWD (problematic behaviors and functional capacity), and caregivers' distress and coping variables. This study aimed to develop and test a valid and reliable instrument to measure caregivers' self-perceived caring style and explore these potential associations.

This communication will present preliminary evidence from family dementia caregivers who volunteered to participate and were interviewed to assess sociodemographic data, stressors, psychological outcomes (anxiety and depression) and the following interaction-related variables: self-perceived caregiving interaction style, expressed emotion and quality of the relationship in the dyad (past and present). A sample of 100 participants is expected, as the project is currently going on.

The Caregivers' Self-Perceived Caring Style Scale (SPCSS) has been developed to measure 6 potential aspects of caregivers' way of caring for the PWD: calmness, tenderness/lovingness, acceptance/validation, control/structure, overprotection, hostility, and communication facilitation. Preliminary reliability and validity analyses support good

psychometric properties of the scale, as well as significant correlations between the different styles of caring and characteristics of the PWD, caregivers' gender and kinship with the PWD, depression and anxiety symptoms, quality of the dyad relationship and expressed emotion. Implications for caregiving research and for the development of effective interventions to alleviate caregivers' distress will be discussed.

### **P109: The role of family caregivers' emotional complexity in their relationship with the person with dementia and their emotional well-being and distress.**

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**Objective:** Research in informal dementia caregiving has focused on the negative outcomes it implies as a chronic stress situation, even though positive feelings derived from the caregiving experience are also reported. This co-occurrence of positive and negative experiences is a form of emotional complexity that has barely been explored in caregivers although it could be relevant for understanding caregivers' vulnerability to distress. To explore this emotional complexity, profiles of caregivers according to their levels of positive and negative affect were created and compared with regard to their reported anxiety, ambivalence feelings, experiential avoidance, quality of the actual relationship, thoughts of institutionalizing the person with dementia (PWD), and social support.

**Methods:** 363 primary family caregivers were distributed in groups based on their reported depressive feelings and positive emotions related to caregiving and the PWD. Four groups were identified: (1) flat (low negative affect, low positive affect), (2) negative (high negative affect, low positive affect), (3) positive (low negative affect, high positive affect), (4) mixed (high negative affect, high positive affect). ANOVAS were performed to explore differences between groups.

**Results:** Caregivers in the positive and mixed profiles reported better actual relationships with the PWD and higher experiential avoidance. Caregivers with both negative and mixed profile showed higher anxiety than the other profiles, and the negative profile also reported higher thoughts about institutionalizing the care-recipient and more ambivalence. Caregivers in the positive group reported the highest social support.

**Conclusion:** The obtained findings converge in the idea that caregivers' positive emotions towards the PWD are closely related to the quality of the relationship, and may be involved in a delayed decision to institutionalize her/him. The presence of negative affect (depressive feelings) is associated with anxiety symptoms, even when positive emotions are reported, supporting the high prevalence of anxiety-depressive comorbidity in this population. Finally, the negative profile (low positive and high negative affect) is the one that reports more ambivalence. Taken together, these findings suggest that caregiving for PWD should be considered an emotionally complex situation with positive affect derived from the caregiving being key in understanding caregivers' well-being and distress.

### **P110: Development and validation of the Relationship Quality Scales in Caregiving (RQSC): preliminary results.**

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