

community-dwelling individuals between 60 to 75 years old with increased risk of dementia (LIBRA dementia risk score). Fifteen participants took part in twice-a-week sessions of the REMINDER program, during twelve weeks. Data on the acceptability, satisfaction and adherence to the REMINDER program was collected, and an association between pre and post intervention motivation and knowledge about dementia risk was examined. For the preliminary efficacy testing we considered as primary outcome a performance-based functionality measure (UPSA) and secondary outcomes will include global cognition, emotional status, and lifestyle habits, tested prior and after the intervention.

Results: Rates of satisfaction throughout the REMINDER program sessions were high (75%, mean) as well as the adherences that was superior to the main dementia risk reduction programs referred in literature. (83%). Post-intervention efficacy testing is ongoing, however, levels of knowledge about dementia risk increased 12% compared with pre-intervention (34% pre-intervention, to 46% post intervention; $p=.045$)

Discussion: Preliminary data on feasibility and efficacy of the REMINDER program suggests this program is an engaging and motivating tool for dementia risk reduction, justifying the future implementation of a large-scale RCT. We expect that, with a larger efficacy study we can demonstrate the REMINDER program effects in behavior change and in the adoption of protective lifestyles for dementia prevention, and that the comprehensive outcome assessment proves to be effective and, therefore, replicable in further studies.

P116: Cessation of caregiving due to institutionalization: Dementia family caregivers' profile. A 3 year longitudinal study

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Objective: Caregiving of a relative with dementia is considered a chronic stressful situation that generates physical and psychological strain and that may have negative effects on caregivers' health. Many caregivers make the decision to enter their relatives in a nursing-home, however, there are few studies that analyze psychosocial (e.g., guilt) and biomarkers of cardiovascular risk (C-reactive protein, CRP) variables that are related to this decision during the caregiving process stress. The aim of this study was to analyze caregivers' differences between caregivers who finish the role of caring of their relatives with dementia and those who continue their caregiving role throughout the process of caring in a 3-year period.

Methods: The sample consisted of 294 family caregivers of people with dementia and was divided in two groups; a) caregivers who institutionalized their relatives during a 3-year period (12.7%); and caregivers who maintained their role as caregivers (87.3%).

Results: Preliminary results show that caregivers who institutionalized their relatives with dementia in some time point of the caregiving process presented at baseline more frequency of behavioral problems ($t = -2.95$; $p < .01$), more feelings of guilt ($t = -3.52$; $p < .01$) and compassion ($t = -3.79$; $p < .01$), reported less frequency of dysfunctional thoughts about caregiving ($t = 1.99$; $p < .05$) and presented higher levels of CRP ($t = 2.72$; $p < .01$), compared to caregivers who maintained their role as caregivers. In addition, caregivers who institutionalized their relative were younger ($t = 2.13$; $p < .05$) and reported more weekly hours ($t = -3.46$; $p < .01$) and more days

($t = -3.01$; $p < .01$) of home help compared to those caregivers who maintained their role. No significant effects were found for caregivers' gender ($p = .38$), daily hours caring ($t = 1.54$; $p = .13$) nor time caring ($t = -1.1$; $p = .27$).

Discussion: The results of this study present several clinical implications. Knowing variables that are related to the decision of institutionalization could prevent it as well as it can be useful to accompany caregivers by providing support throughout the entire process.

P117: The role of hyperarousal for understanding the association among sleep problems and emotional symptoms in family caregivers of people with dementia. A network analysis approach.

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Objective: Caregiving for a family member with dementia is a highly stressful situation that may last up to several years, and has been associated with symptoms of depression, anxiety, and sleep problems. These disorders frequently co-occur, with previous studies suggesting a bidirectional relationship between sleep and psychiatric disorders (i.e., anxiety and depression). Several models have highlighted the role of hyperarousal for understanding sleep disorders; however, there is little evidence about how sleep problems, depression and anxiety are linked together. Network analysis (NA) could help exploring the mechanisms underlying the associations between anxiety, depression, and sleep disturbances.

Methods: Participants were 368 family caregivers of a person with dementia. The depression-anxiety-sleep symptoms network was composed of 26 items. All the analyses were done using R (version 4.1.1).

Results: Symptoms of *tension*, *shakiness*, *restlessness*, *nervousness*, and *anxiety* were strongly connected with the symptom *feeling depressed*. Symptoms of insomnia were connected to *trouble focusing*, which was linked to *feeling that everything is an effort* and *apathy*. The strongest nodes in the network were *shakiness*, *tension*, *restlessness*, *nervousness*, and *restless sleep*. *Tension* was the node with the most predictive power, while *restless sleep* was the node with the highest betweenness. Central stability coefficient showed adequate indices.

Conclusion: Hyperarousal symptoms (e.g., *tension*, *restlessness*) were the most strongly connected symptoms and showed close connection with symptoms of depression. The strength of these nodes suggests a prominent role of hyperarousal to maintaining, or even fueling, anxiety and depressive symptoms. Besides, our results invite the hypothesis that sleep problems may trigger symptoms specific to depression via fatigue or energy loss. Even though this study is limited by its cross-sectional design, it is the first to examine the network structure of the associations between symptoms of depression, anxiety, and sleep problems in a sample of informal caregivers, and to explore the role of hyperarousal in this network. Future studies should explore the temporal association between symptoms and the network dynamics, including response to the potential treatments.