distressing than cognitive impairment leading to increased burden of care and admissions to residential care. Knowledge gaps exist regarding how family careers living with persons with dementia experience behavioural and psychological symptoms in a community setting. Aim: To describe spouses' experiences of living with partners who have neuropsychiatric symptoms related to dementia. **Method:** Semi-structured interviews were carried out with 14 spouses of partners with dementia. The interviews included the completion of the NPI (Neuropsychiatric Inventory, Cummings, 1994). Interview data was analysed using content analysis. **Results:** The neuropsychiatric symptoms identified were within three of four possible symptom categories; Behaviour, Psychosis and Mood. From the narrative data three main themes emerged; Coping, Domestic violence and vulnerability and Social isolation. **Conclusions:** A large proportion of persons with dementia reside in the community, a greater awareness, within the emergency response services about the welfare and safety of these persons and their families is required. Support offered to persons with dementia and their families should be more person-centered meeting their individual needs.

Table: 2
Neuropsychiatric Inventory symptoms identified by partners to 14 persons with dementia

NPI Symptom	Prevelence	Frequency	Severity	Distress for family
Delusions	8/14	3-4	1-2	2-5
Hallucinations	9/14	3-4	1-3	3-5
Agitation/Aggression	9/14	3-4	1-3	2-5
Depression/Dysphoria	9/14	1-3	1-3	2-5
Anxiety	9/14	1-3	1-2	2-5
Elation/Euphoria	0/14	-	-	-
Apathy/Indifference	11/14	1-4	1-3	0-5
Disinhibition	7/14	1-3	1-3	1-5
Irritability/Lability	12/14	1-4	1-3	1-5
Aberrant motor behaviour	6/14	2-4	2-3	0-4
Sleep & Nighttime behaviour	6/14	3-3	1-3	0-5
Appetite & Eating disorders	8/14	2-4	1-3	1-5

Table: 3
Qualitative data analysis

CATEGORIES	SUBTHEMES	THEME
Standard support offered not relevant to needs	Support	Coping
Support suggestions for unmet needs		
Being prepared for sudden unpredictable events	Constructive coping strategies	
Being positive		
Distracting from situation		
Changed person	Changes in persona related to dementia	
It's the disease that dominates		
Immediate assistance	Hostile behaviour	Domestic violence & vulnerability
Threatening self and others		
Unpredictable behaviour	Challenging symptoms	Social isolation
Anti-social symptoms		
Time for self		
Feeling trapped		

P3-345 WHAT IS THE POINT OF A RESEARCH READY CARE HOME NETWORK?

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Background: The Enabling Research in Care Homes Programme (ENRICH) has successfully gathered and published guidance and information from the research and nursing home communities www.enrich.nihr.ac.uk. The process and value of doing this, is something we are keen to share with our countries. The overall aim of this programme has been to address the issues of nursing / care home residents being under represented in research, and researchers overlooking this difficult and challenged area of care. We have published information on how to navigate the governance systems, which differ from healthcare, and practical advice and case studies on how to set-up and deliver a study in a nursing / care home. The programme has supported almost all care home studies funded and being delivered across the UK, and the site has over 1,400 unique visitors within the past 3 months. In doing this, we identified further difficulties in engaging with the care home communities, where staff turn over is high, English is not the first language, and trust of researchers and the time involved has made them reluctant to engage. With this challenge we have established a 'research ready care home network', this has over 1,000 care homes, and is has been a proactive way of approaching care homes to get input to studies, and to support delivery of studies when ready to recruit. This has reduced recruitment time, and reduced the risk of studies failing to deliver due to underestimating the time taken to identify and engage with nursing / care homes and residents with dementia.

P3-346 ASSESSMENT OF THE NEEDS OF ALZHEIMER'S DISEASE CAREGIVERS IN THE AFRICAN AMERICAN COMMUNITY

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Background: African Americans are twice more likely to be diagnosed with Alzheimer's than other ethnic groups; therefore, African American, family caregivers will face a greater burden in Alzheimer's care management, health access and health outcomes. Research has also shown that African American spouses (as caregivers) and female caregivers are at higher risk of experiencing task difficulty, depressive symptoms and negative life changes as a result of providing care. This data emphasizes the need to understand the experiences, needs and perceptions of African American informal caregivers of people with Alzheimer's. The goal of this descriptive study was to assess the needs of caregivers, their perceived burdens and the role that gender may play in caregiving in a community dwelling cohort of African American caregivers. **Methods:** We conducted a needs assessment with a convenience sample of more than 400 African American caregivers that attended an annual caregivers education conference sponsored by a community outreach center in the Southeast region of the United States. We designed and administered a 27 question survey that assessed caregivers' workload, self-reported health, their need for resources, as well as self-reported troublesome behaviors. **Results:** We received 167 completed surveys 138 of which were from informal or family caregivers. Our findings indicate that nearly one-half of caregivers reported working full-time while simultaneously providing 10 to more than 40 hours of care per week for a loved one. Male caregivers reported needing more help with finances and finding either adult day care, nursing homes or nurse aides while female caregivers reported needing resources on how to have family discussions, how to find adult day care and finances. Both females and males reported that combativeness was the most problematic behavior exhibited by their loved one. More than 70% reported feeling well most days and expressed interest in receiving more caregiver training. **Conclusions:** In general, African Americans are thought to be resilient caregivers. Unfortunately, stress from caregiving, in many cases, leads to poor health outcomes for caregivers. This data provides information to design interventions that are tailored to the needs of the caregivers and their affected family members.

P3-347 AWAKE BRUXISM IN PUERTO RICAN ALZHEIMER'S PATIENTS: AN OVERLOOKED COMPLICATION

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Introduction: Bruxism is a condition in which a person grinds or clenches their teeth. It can be divided into diurnal (awake) bruxism and nocturnal bruxism, which is a sleep related disorder. Awake bruxism is more commonly associated with teeth clenching, while sleep bruxism is associated with teeth grinding. Awake bruxism presenting with teeth grinding can be seen in neurological disorders, such as cognitive disorders, Parkinson's disease, stroke, among others, but it is not commonly described in the literature. Case Reports: Case 1: 74-year-old man with Alzheimer's dementia (AD) diagnosed approximately 2 years ago in mild stage, who presents with severe teeth grinding while awake. Wife states bruxism occurs during the majority of the day, without episodes at sleep. On exam he presented with severe teeth wearing and partial dental loss. Patient without history of prior use of neuroleptics, alcohol, or drugs. He is being treated with donepezil 10mg daily and memantine 10mg twice a day. Symptoms have not changed in the past 2 years. Case 2: 86-year-old woman with AD diagnosed more than five years ago, on advanced stage, who presents with progressive teeth grinding while awake. Patient currently on galantamine ER 8mg daily, memantine 10mg twice a day, and risperidone 1mg daily, but she continues with unchanged severity of symptoms. Her symptoms are distressing to her daughter due to loud teeth grinding noises. Discussion: Approximately 4% of AD patients can present with awake bruxism, most commonly seen in advanced disease, but as presented with Case 1, it can also be a symptom present early in the disease. This symptom is often overlooked by physicians, for which awareness needs to be created since it can be difficult and debilitating for caregivers as well as patients, and place them at risk of dental infections and teeth loss. Treatment of awake bruxism is not clear, since the pathophysiology of this condition is not yet well understood. More information and awareness needs to be created in order to recognize this symptom early to avoid worsening of oral condition, also improving patient's quality of life.

P3-348 BRINGING ART TO LIFE (BATL) PRELIMINARY STUDENT LEARNING OUTCOMES: EXPERIENTIAL LEARNING, DIDACTIC LEARNING, AND GENERAL PRINCIPLES

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Background: The benefits of intergenerational service learning are well documented (Breytspraak, Arnold, & Hogan, 2008; Butler & Baghi, 2008); however, there has been little investigation of such programs in the context of art therapy and working with dementia populations (Yamashita, Kinney, & Lokon, 2011). Intergenerational service learning programs, such as *BATL*, are designed, in part, to address ageist attitudes by bolstering empathetic intergenerational relationships, creating a comprehensive, realistic view of aging, and fostering positive attitudes towards older adults with dementia. This project examined learning outcomes for undergraduate students enrolled in an experiential University of Alabama Honors College course (*BATL*), a didactic psychology of aging course, and introductory psychology courses. These courses varied in exposure to working with, and learning information about, older adults with dementia and learning general psychological principles. **Methods:** Students completed electronic surveys measuring attitudes toward older adults and individuals with dementia and interest in community service. Moreover, students completed measures of mindfulness, empathy, psychological flexibility and future time perspective. These surveys were completed before and after the intervention took place. Repeated measures analyses of covariance were performed to examine differences between groups while controlling for baseline values. **Results:** At the end of the semester, students enrolled in the experiential course demonstrated improved attitudes toward individuals with dementia, Wilks' lambda = .977, $F(1, 270) = 6.476$, $p = .011$, $\eta_p^2 = 0.23$ ($M = 14.37$, $SD = .40$) relative to students in psychology of aging ($M = 13.081$, $SD = .224$) or introductory psychology courses ($M = 11.89$, $SD = .10$). Future time perspective was more open-ended for students in the experiential learning course, Wilks' Lambda = .828, $F(1, 268) = 55.852$, $p = .000$, $\eta_p^2 = .172$ ($M = 58.76$, $SD = 1.59$), than for students in psychology of aging ($M = 54.776$, $SD = .89$) and introductory psychology ($M = 44.327$, $SD = .396$). Empathy, mindfulness, and psychological flexibility did not differ in change across time. **Conclusions:** These results suggest experiential learning opportunities are critical to infusing enthusiasm for intergenerational collaborations, possibly influencing students' future career trajectories and motivating desire to work with frail older adults.