

PHYSICIAN USE OF PATIENT-CENTERED TECHNIQUES DURING DISCLOSURE OF A DEMENTIA DIAGNOSIS

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Clinician use of patient-centered techniques when delivering a dementia diagnosis may influence a variety of outcomes. We analyzed 54 videotapes in which a physician delivered a dementia diagnosis to patients and their companion using an adaptation of the Roter Interaction Analysis System. Clinicians used a wide range of facilitative and rapport building techniques. The mean level of positive rapport building techniques was high relative to emotional rapport building techniques. Among facilitative techniques, the most common were back channeling, checking physician understanding, and checking patient/companion understanding. There was more variability in the use of patient-centered techniques across clinicians compared to within clinicians. Patient-centered techniques were not associated with post-diagnosis patient/companion depression, anxiety, or satisfaction. Clinicians used similar patient-centered techniques regardless of patient dementia severity. Clinician use of facilitative techniques predicted patient participation. Our results suggest that clinician use of patient-centered techniques may affect the process of diagnostic disclosure.

ANALYSIS OF KEY LINGUISTIC FEATURES IN A TRIADIC DEMENTIA DIAGNOSIS CONVERSATION

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Collaborative communication is critical to successful dementia care. This study examined linguistic characteristics of conversations among physicians delivering a dementia diagnosis to patients and companions. Fifty-six triadic conversations were coded using the Linguistic Inquiry and Word Count software. Physicians spent the most time talking during the interactions (mean proportion = 83%) compared to patients (8%) and companions (8%). Patients and companions underestimated the time the physician spent talking and overestimated the time they themselves spent talking, with patients more extreme in their misestimations. Physicians talked a comparable amount of time regardless of patients' dementia severity, but patients talked less and companions more when dementia was more severe. There was wide variability in the frequency with which physicians used the terms "dementia" and "Alzheimer's." Diagnostic language was not associated with psychological distress among patients and companions. Dementia diagnostic conversations appear to reflect an evolving multiparty adaptation to cognitive impairment.

GENETIC SUSCEPTIBILITY TESTING FOR INDIVIDUALS AT RISK FOR ALZHEIMER'S DISEASE: FINDINGS FROM THE REVEAL STUDY

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Advances in research on Alzheimer's disease (AD) have made possible genetic susceptibility testing for asymptomatic individuals. Although such risk assessment is not recommended for use in clinical practice, it has recently become available via direct-to-consumer genetic testing companies, raising a need for empirical data to inform policy and practice decisions. The Risk Evaluation and Education for Alzheimer's Disease (REVEAL) Study is a multi-center, NIH-funded series of three successive clinical trials examining the impact of using APOE genotyping to help inform interested individuals about their chances of developing AD. This session will review findings from the project across domains including 1) psychological impact of testing, 2) health and insurance behavior changes prompted by testing, 3) effects on risk perceptions, and 4) differential impact across various methods of genetic education and counseling (e.g., extended vs. condensed vs. telephone protocols). The implications of study findings for practice and policy will be discussed.

DO PATIENTS AND THEIR FAMILY MEMBERS AGREE ABOUT WHAT MIGHT BE CAUSING MCI?

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Background: Mild cognitive impairment (MCI) is a known risk state for dementia. We examined illness representations among persons recently diagnosed with MCI and their family members. Methods: Forty-three patient and family member dyads were recruited from a university-based memory disorder clinic. As part of the Illness Perception Questionnaire, each ranked the importance of 25 factors as potential causes of the patient's MCI symptoms. Results: Patient and family member dyads exhibited only fair levels of concordance in their rankings of the primary cause of MCI symptoms ($\kappa = .37$). For both patients and family members, heredity was the most frequently cited cause. Nearly half of the relatives but only one third of the patients attributed symptoms to potentially controllable factors (e.g., diet, mental attitude). Conclusions: Within dyad disagreement about the likely causes of MCI symptoms is not uncommon. Interventions to minimize misconceptions about MCI should target both patients and family members.

UNMENTIONED AND UNMENTIONABLE: HOW FAMILIES MAKE SENSE OF A DIAGNOSIS OF DEMENTIA

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Existing studies have focused on the role of professionals in disclosing a diagnosis of dementia. Research suggests that many carers find it difficult to discuss the illness with the person with dementia. Using secondary analysis of interviews with 17 people with dementia and 22 family carers, this paper explores how families make sense of a diagnosis of dementia. The data indicate wide variability, with dementia being accepted as a 'normal' topic of conversation in some families, but being unmentioned and unmentionable in others. Three key themes emerged from the data: the exclusion of the person with dementia from key conversations; the projection of thoughts and feelings onto the person with dementia; and the avoidance of opportunities to explore the diagnosis. The findings highlight the limited opportunities for many people with dementia to share their thoughts and fears. Interventions are needed to support people with dementia and families after disclosure.

SESSION 1480 (POSTER)

SPIRITUALITY AND RELIGIOUSITY

RELIGIOUS CREATIVITY AND THE VITALITY OF COLLECTIVE MEMORY

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Creativity of older adults is often viewed as influencing or empowering the individuals in question. The creative activities could have an effect also on the surrounding community. Collective memory is something communities need for identity building and giving meaning to the past, present and future events. Collective memory is constructed through social processes and is often linked with the shared religious or other meaning system of the group. Some studies suggest that sustaining and mediating the collective memory would be one of the designated tasks of old age. This paper aims to show that by their creative approach to religious texts the older writers support, renew and sustain the collective memory of the community. The examination is based on a qualitative analysis of short religious poems, prayers and aphorisms (N=943) written by Finnish elderly persons in the study groups of Pension Union, the biggest pensioners' organization in Finland, in year 1999. In the texts the writers communicated their personal views and experiences by using religious language deeply rooted to their Finnish and Lutheran cultural heritage. In their texts the older writers combined, quoted and interpreted different kinds of religious texts and construc-