Quantitative: A combined exploratory and confirmatory factor analysis was performed to test for dimensionality. The explained common variance (ECV), calculated as the percent of observed variance was estimated. Estimates of internal consistency such as ordinal alpha and McDonald's omega were computed in R and Mplus.

Results: Data were collected from 50 staff informants on behalf of 302 residents, 25 with lucidity events. The majority (74%) of those interviewed were certified nursing assistants. Most (58%) of the sample of residents were White and 21% Black or African American. One fourth (25%) were Hispanic or Latino. Most (80% to 90%) of those with lucidity events were reported to have memory deficits and at least 70% required maximal assistance in performing basic tasks such as dressing. Most events (60%) were of short duration (10 minutes or less), and included showing facial expressions (83%) and making eye contact (88%). One half spoke multiple sentences. About half were reported to hold a conversation, and speak coherently to convey needs; 40% were able to remember and mention the name of relatives. Staff reactions were of surprise (60%) shock (52%) and happiness (50%).

Data for item modification derived from the focus groups and cognitive interviews resulted in the final lucidity measure. Internal consistency estimates were high, with most ranging from 0.76 to 0.98. The ECVs were high for most scales, indicative of essential unidimensionality.

Discussion: The dimensionality and reliability analyses results were strong, and supportive of unidimensional scales with high internal consistency. The feasibility of conducting assessments of lucidity events was established.

FC30: The relationships between neuroticism, social connection and cognition

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Background: Social connection is associated with better health, including reduced risk of dementia. Personality traits are also linked to cognitive outcomes; neuroticism is associated with increased risk of dementia. Personality traits and social connection are also associated with each other. Taken together, evidence suggests the potential impacts of neuroticism and social connection on cognitive outcomes may be linked. However, very few studies have simultaneously examined the relationships between personality, social connection and health.

Research objective: We tested the association between neuroticism and cognitive measures while exploring the potential mediating roles of aspects of social connection (loneliness and social isolation).

Method: We conducted a cross-sectional study with a secondary analysis of the Canadian Longitudinal Study on Aging (CLSA) Comprehensive Cohort, a sample of Canadians aged 45 to 85 years at baseline. We used only self-reported data collected at the first follow-up, between 2015 and 2018 (n= 27,765). We used structural equation modelling to assess the association between neuroticism (exposure) and six cognitive measures (Rey Auditory Verbal Learning Test immediate recall and delayed recall, Animal Fluency Test, Mental Alternation Test, Controlled Oral Word Association Test and Stroop Test interference ratio), with direct and indirect effects (through social isolation and loneliness). We included age, education and hearing in the models and stratified all analyses by sex, females (n= 14,133) and males (n=13,632).
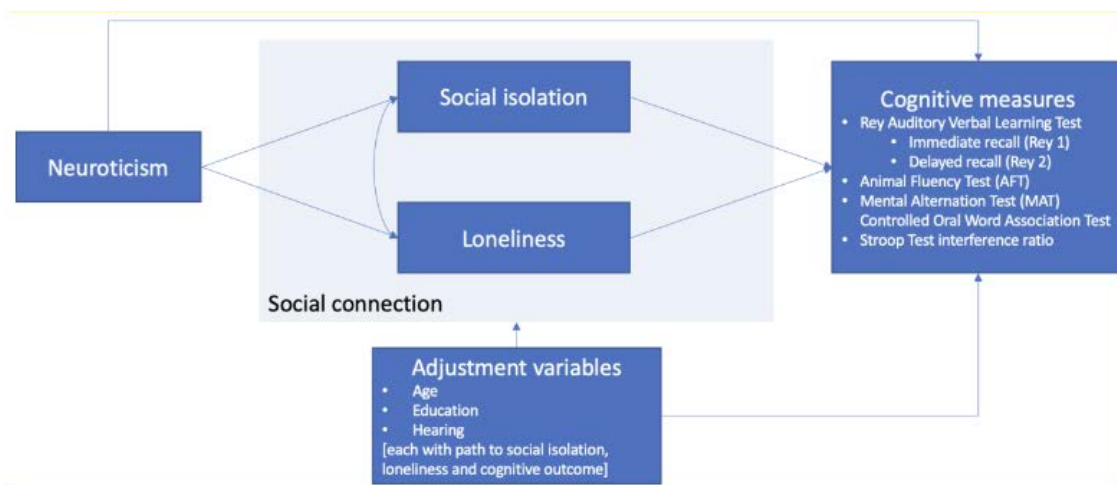
Preliminary results of the ongoing study: We found positive, statistically significant associations between neuroticism and social isolation ($p<0.05$) and loneliness ($p<0.05$), for both males and females. We also found inverse, statistically significant associations between neuroticism and all cognitive measures ($p<0.05$), except the Stroop Test interference ratio. In these models, there was consistent evidence of indirect effects (through social isolation and loneliness) and, in some cases, evidence of direct effects. We found sex differences in the model results.

Conclusion: Our findings suggest that the association between neuroticism and cognitive outcomes may be mediated by aspects of social connection and differ by sex. Understanding if and how modifiable risk factors mediate the association between personality and cognitive outcomes would help develop and target intervention strategies that improve social connection and brain health.

FC31: Profiles of dementia caregivers according to psychosocial variables. Importance of kinship.

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Objectives: Caring for a family member with dementia may have important negative psychological consequences on caregivers. The present study aims to analyze the existence of different profiles in family caregivers of people with dementia according to the levels manifested in different psychosocial variables, which are grouped into psychosocial variables (dysfunctional thoughts, familism, experiential avoidance) and resources (leisure and social support). In addition, it aims to study whether there are differences among those profiles in the levels of distress (depressive, anxious and guilt symptomatology) depending on the relationship of kinship with the cared-for person.

Methods: 288 family caregivers of people with dementia divided into four kinship groups (wives, husbands, sons and daughters) participated. Face-to-face interviews were conducted assessing sociodemographic variables, familism (family obligations), dysfunctional thoughts, experiential avoidance, leisure activities, perceived social support and depressive, anxious and guilt symptomatology. A hierarchical cluster analysis was performed using Ward's method and contingency tables were run between the clusters obtained and the variable of kinship and distress variables.

Results: Five clusters were obtained: *Low psychosocial vulnerability-High resources* (mostly daughters), *Low psychosocial vulnerability-Low resources* (mostly daughters), *Mixed* (mostly sons), *High psychosocial vulnerability-High resources* (mostly husbands) and *High psychosocial vulnerability-Low resources* (mostly wives). Although with nuances, the clusters associated with lower distress are the Low psychosocial vulnerability-High resources profile and the High psychosocial vulnerability-High resources profile, and with higher distress the Low psychosocial vulnerability-Low resources profile and the Mixed profile.

Conclusions: High levels of dysfunctional thoughts, familism and experiential avoidance are not always associated with greater psychological distress. In fact, profile 2 (Low psychosocial vulnerability-Low resources), in which most caregiving daughters are distributed, seems to be particularly vulnerable to presenting higher levels of emotional. Therefore, the identification of profiles of potential protection and vulnerability to psychological distress in family caregivers could help to increase the effectiveness of interventions aimed at this population.