



Abstract Book

Plenary Abstracts

PL01

Date: Friday 22 April 2016

Session: Advances Towards Prevention, Treatment and Cure

LATEST DIAGNOSIS AND TREATMENT 2016

Serge Gauthier¹

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Abstract:

There are ongoing efforts at harmonizing research diagnostic criteria for Alzheimer's disease (AD) throughout its stages (asymptomatic at risk, MCI, dementia). This will facilitate research on prevention using non-pharmacologic and pharmacologic strategies. There is a concerted effort from governments, regulators, the pharmaceutical industry and investigators to accelerate the pace of therapeutic research through all these stages of AD. Recruiting for therapeutic research will be facilitated by the involvement of persons at risk and patients through "trial ready cohorts". The increasing use of biomarkers measuring the amount of amyloid and tau pathology in the brain may help to choose the right treatment for the right person at the right stage of disease. In the near future combinations of treatments will be tried, and we need to learn from the fields of infectious disease and cancer about trial design, practice guidelines and costs sharing. National plans will help implement current and future diagnostic and treatment strategies world-wide.

Keywords: research



Plenary Abstracts

PL02

Date: Friday 22 April 2016

Session: Advances Towards Prevention, Treatment and Cure

THE WELL-EDUCATED LAB RAT: A VIEW OF CLINICAL RESEARCH FROM INSIDE THE MAZE

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Abstract:

Mary L. Radnofsky, PhD, Dementia Alliance International (DAI) As a former research professor and ethnographer, I know about quantitative and qualitative data-gathering instruments; I've done fieldwork in educational cultures with children, and watched these "rats" in their classroom "mazes." But my reason for becoming the lab rat, myself, in medical research, was altogether unrelated to my profession: I just needed to see a doctor because I was sick.

With a white matter disease, no job, and no health insurance, I found a way to access the best physicians, medical tests, and cutting-edge technology in the country: volunteer for a clinical trial at the National Institutes of Health.

Two years later, I'm still a part-time lab rat. Sometimes it's actually good healthcare, as I get the most concerned specialists, nurses, researchers, and medical students, all focused on understanding me. I also learn much from these top experts about my condition.

But being a lab rat takes emotional and physical tolls; for example, I didn't have the "target" disease in my first clinical trial, so I "lost" that year, in the sense that I couldn't get treatment. I do have a rare disease, though, so I was given many kinds of tests – some fascinating, some painful – both on my mind and body. And I caught a hospital-borne virus that nearly killed me. Heavy toll. But I recovered, so I volunteered for another study. I still believe in the power of science.

I was enrolled for genome mapping, and had exciting results – though inconclusive, so I must wait to "fit in" to yet another study for follow-up tests; thus another year passed. In the meantime, I've been invited back to the first study for more tests; this time, they're going to pay me a few hundred dollars for a pound of flesh.

So I'll go back into the cage with the other lab rats, but don't bother putting an exercise wheel in there. We're already busy enough on a roller coaster of tests, expectations, fear, procedures, hope, paperwork, schedules, bureaucratic mazes, pain, interviews, delays, vouchers, new symptoms, old symptoms, excitement, treatments, confusion – oh, and by the way, we're sick!

But we're still important, funny, loved, needed, wanted, and occasionally, very well-educated lab rats. And we've got something to say about the ways you study us. Thanks for listening.

Keywords: Research Subject, Clinical Trials, Participant-Observer

Plenary Abstracts

PL03

Date: Friday 22 April 2016

Session: Advances Towards Prevention, Treatment and Cure

SPEECH AND DEMENTIA

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Abstract:

The complex temporal and situational set of analog signals of spontaneous vocalisation developed historically in a special cultural setting in order to transfer internal cognitive processes to other humans is considered as speech. The analysis of speech signals as the simplest, less expensive, non-invasive biological markers of dementia is a relatively neglected area of Alzheimer's (AD) research. The lexical, semantic and pragmatic domains of language are summarised and correlated with other neurocognitive parameters of AD in my presentation. Specific pattern of phonologic, syntactic, semantic and pragmatic alterations of speech will be discussed during the natural course of cognitive decline in AD. Novel acoustic biomarkers of mild cognitive impairment (MCI) such as the number and length of silent and filled pauses and hesitation speech tempo have been recently reported by our group based on the manual analysis of speech signals in a complex episodic memory paradigm. These findings lead us to develop an automatic speech recognition signal processing-based software for automatic detection of specific indicators of phonetic level transcripts. Machine learning methods were employed to improve the diagnostic accuracy of our system (F value 85.3) and compared with other recent speech analytical approaches of AD. Our system might be the base for the development of a mobile phone based automated MCI screening application what is currently under development in our research programme.

Keywords: language, MCI, screening



PL04

Date: Friday 22 April 2016

Session: Improving Dementia Care Through Research

PALLIATIVE CARE FOR PEOPLE WITH DEMENTIA AND THEIR FAMILIES

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Abstract:

Palliative care is multidisciplinary, holistic, person-centred care that focuses on quality of life in case of a progressive disease that cannot be cured or that is life-threatening. Although the course of the disease is difficult to predict, there are good reasons for people with dementia and their families to access palliative care. Both the person with dementia and their family may have complex, individual and variable needs as the disease progresses, and for this a palliative approach offers important benefits.

Palliative care is often misunderstood; it is not limited to the withholding of futile aggressive medical interventions, or terminal care for the dying. Important mainstays of palliative care in practice are (1) the providing of comfort through systematic monitoring and (non)pharmacological treatment of burdensome symptoms, and (2) person-centred care, communication and shared decision making. Experts found these domains the most important for both palliative care practice and research in people with dementia. Anticipation of needs and symptoms and preparing families for new roles is important in palliative care, as is spiritual care in addition to physical and psychosocial care. Palliative care may start early in the disease course, but a focus on quality of life in terms of functioning or comfort rather than length of life becomes more and more important and may ultimately become the preferred treatment goal with progression of the dementia.

Hot topics in research at present include the developing and testing of tools that support advance care planning and tools to help identify symptoms in non-verbal people with dementia, and the development of complex palliative care interventions. Promising strategies to improve care for people with dementia and their families link dementia care expertise to expertise in palliative care. This may be achieved by promoting collaboration on the level of organizations, and by educating caregivers who specialize in either of the two areas for a better understanding of why, how and when to apply palliative care in dementia. The presentation will illustrate palliative care in dementia as defined by the European Association for Palliative Care and recent research in palliative care in dementia.

Keywords: Palliative care, End of life

Plenary Abstracts

PL05

Date: Friday 22 April 2016

Session: Improving Dementia Care Through Research

IMPROVING DEMENTIA CARE THROUGH RESEARCH

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Abstract:

The recent World Health Organisation Ministerial Conference on Global Action against Dementia shows that the focus on finding the causes and the cures for the dementias is intensifying. Since a 'cure' for the complex syndrome of dementia is not expected before 2025 there is an urgent need for a huge research investment both on prevention of dementia and also how to improve care for people with dementia and their families.

The 21st century has seen major research advances in psychosocial interventions for dementia and also support for family carers thanks to increased funding, better methodology, and collaboration and knowledge exchange across borders fostered by research networks such as INTERDEM. Studies have shown that cognition, quality of life and daily activities can be improved for people with dementia, carer support can improve mental health, and case management can lead to better care. Despite the demonstrated benefits of a number of psychosocial approaches there remain questions about the best ways to deliver implementation on a wide scale.

Future research studies need to establish how to maintain independence, how to reduce falls, how best to support people at home in crisis, and how to improve care and outcomes for people with dementia in general hospitals. Since prevention is better than cure, there will remain a need for large definitive longitudinal multi-centre international randomised controlled trials of lifestyle based interventions to investigate how far risk factor reduction can prevent or delay dementia.

Keywords: research



PL06

Date: Friday 22 April 2016

Session: Improving Dementia Care Through Research

THE PERSON WITH ALZHEIMER'S DISEASE AS A SEMIOTIC SUBJECT

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Abstract:

People diagnosed with Alzheimer's disease (AD) are all too often viewed primarily in terms of their diagnoses and, more specifically, the deficits that are denoted by the diagnosis itself. Their social identities become limited to "patienthood" rather than "personhood", emphasizing attributes that are anathema to them, for their deficits are more often than not sources of shame and embarrassment to them and to their loved ones. They are, as a result, stigmatized and often times shunned, ostracized, and treated in ways that would not be appropriate if they were not seen primarily as defective. This socially dysfunctional treatment can lead to feelings of depression, anxiety, anger, frustration and to withdrawal from social situations. Often these reactions are then viewed as symptomatic of AD rather than as indicators that the person with AD is a Semiotic Subject—a person who can make meaning and for whom meaning is the driving force in his or her actions and reactions. In this plenary, I will (1) provide a detailed definition of what it means to be a Semiotic Subject, (2) show how what may be seen as pathological symptoms may actually be evidence of the person's ability to make meaning in social situations, (3) show that people with AD can often act in ways that reflect his or her long standing values and dispositions, and (4) show that those very same actions can easily be labeled as being pathological if we do not recognize the diagnosed person's life long proclivities and dispositions—that is, his or her personhood independent of the diagnosis. I will explore what this means for the treatment and care of people diagnosed so that a psychosocial type of therapy may well be far more effective and far less expensive in a variety of ways, than is pharmacologically oriented therapy.

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PL07

Date: Friday 22 April 2016

Session: Dementia and Lifestyle Factors

EXERCISE AND OTHER LIFESTYLE FACTORS: CAN COGNITIVE DECLINE AND DEMENTIA BE PREVENTED?

Henry Brodaty¹

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Abstract:

Epidemiological studies indicate that between 30% and 50% of the population attributable risk of Alzheimer's disease can be accounted for by seven modifiable environmental factors: low physical activity, mid-life obesity, mid-life hypertension, type 2 diabetes, low educational attainment, smoking and depression. While prevention is not yet possible, delay in onset of dementia is feasible.

Recent cohort findings that the prevalence and incidence of dementia may be decreasing in older populations has been postulated to be secondary to better education, nutrition and lifestyle and attention to cardiac risk factors. A Finnish study demonstrated that attending to vascular and lifestyle risk factors reduced the rate of cognitive decline in 60-77 year old individuals. There is accumulating evidence for benefits of physical exercise (which also assists in reducing risk of obesity and type 2 diabetes) and to some extent for computer cognitive training. Even small reductions in environmental risk factors could have major effects in reducing the global prevalence of Alzheimer's disease. In USA, studies are underway focusing on amyloid beta protein toxicity mainly using antibodies to prevent participants manifesting clinical Alzheimer's disease.

We are undertaking a large RCT of an internet based prevention program. The intervention group will receive four three-month modules of physical exercise, computer cognitive training, dietary advice and monitoring and treatment for depression or stress management, followed by booster sessions over the four years of follow-up. The control group will receive regular information. Assessments and interventions will be delivered on the internet and will incorporate advice of blood pressure monitoring, cessation of smoking and safe alcohol intake.

With the lack of success to date for treatment of Alzheimer's and other dementias, more attention is being focused on ways to maintain cognitive health with aging.

Keywords: physical activity, healthy ageing



PL08

Date: Friday 22 April 2016

Session: Dementia and Lifestyle Factors

THE POTENTIAL OF NUTRITION, DIETARY PATTERNS AND A MULTI-NUTRIENT INTERVENTION IN ALZHEIMER'S DISEASE: RESULTS FROM THE LipiDiDiet PROGRAMME AND CLINICAL TRIAL IN PRODROMAL AD

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Abstract:

Epidemiological data suggest a significant impact of nutrition, particularly dietary patterns, on cognitive function and the risk of cognitive decline. There have been relatively few intervention trials, and these have focused mostly on single nutrient supplementation and have yielded mixed results. A specific nutrient combination* has demonstrated improved memory performance, excellent compliance and safety in RCTs with drug naïve, mild AD patients. Based on these and other preclinical data, this specific multi-nutrient combination was selected as the nutritional intervention in a 24-month RCT in prodromal AD. Recently announced topline results of the LipiDiDiet trial will be presented at the conference.

*Fortasyn Connect, present in the product Souvenaid

Plenary Abstracts

PL09

Date: Saturday 23 April 2016

Session: The Global Health Agenda

THE WHO COMMITMENT TO DEMENTIA

Tarun Dua¹

¹World Health Organisation, Geneva, SWITZERLAND

Abstract:

The presentation will outline WHO's activities carried out in the area of dementia, the priorities for global action and the need to strengthen the response across countries to improve dementia care. It will also present the ongoing work in the area of global dementia observatory.

Keywords: WHO, Dementia, Plan



PL10

Date: Saturday 23 April 2016

Session: The Global Health Agenda

PANAMERICAN HEALTH ORGANIZATION'S ACTION PLAN ON DEMENTIA: THE DEVELOPMENT OF AN ACTION PLAN ON DEMENTIA AT THE REGIONAL AND LOCAL LEVEL IN LATIN AMERICA

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Abstract:

In the 67th Session of the WHO Committee for the Americas, held in October 1st, 2015, the Pan American Health Organization, has become the first WHO region to adopt a Regional Action Plan on Dementia. This resolution invites countries to develop national dementia plans. An estimated 6.5% to 8.5% of adults over 60 in the Americas have dementia, and if current trends continue the number of people with these conditions is expected to double over the next 20 years. The fastest increase will be in Latin America, going from 3.4 million in 2010 to 7.6 million in 2030, surpassing the projected 7.1 million people with dementias in the United States and Canada. With these rising numbers comes a heavy burden. In 2010, the estimated cost of caring for people with dementias was \$235.8 billion in the Americas, much of that borne by families. Most countries in the region lack long-term care facilities, and most people with dementia are cared for at home, leading to higher burdens among those afflicted, but also their overstrained caregivers. Specific actions are proposed in the plan adopted by health ministers, seeking to improve care for persons with dementias, in order to prevent or delay dependence. The strategy calls for greater investments in long-term care, more research on the needs of people with dementia, and new evidence-based models for improving treatment and care. In Mexico, a concerted action among the National Institutes of Health, led by the National Institute of Geriatric Medicine issued an Action Plan that allowed in the first place to develop research initiatives on dementia in order to better estimate the burden of dementing disorders in the country, and contribute to prevent, manage and care for these conditions. A training program for health-care professionals, has been created and is available to any Spanish speaking professional. A new person centered model of care is under development at the primary care level. A new significant investment aims to strengthen the capacity of the health system to promote healthy lifestyles aiming to prevent health conditions that we know can lead to dementia, such as hypertension, diabetes, smoking and obesity. Supporting this initiative, the Senate has also issued legal reforms to protect the human rights of people with dementias, and take specific action to promote better understanding of these conditions and reduce stigma.

Keywords: Action Plan on Dementia America's, Action Plan on Dementia Mexico

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PL11

Date: Saturday 23 April 2016

Session: The Global Health Agenda

NOTHING ABOUT US WITHOUT ALL OF US

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Abstract:

Speaking for Dementia Alliance International at the first WHO Ministerial Conference on Dementia in March 2015, Kate Swaffer insisted on the right of people living with dementia to have equal access to the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Since then ADI and DAI have worked in close partnership to ensure that this will happen.

This is the first Convention to have been negotiated and co-drafted with the people it is designed to benefit. 17 of the 18 members of the UN CRPD Committee that monitors its implementation are themselves people with a disability. By ratifying the Convention, 159 governments have made a commitment in international law to implement its General Principles and Articles and to be accountable for doing so both to the UN and to their own people.

Until now, the dementia world has not taken advantage of its legal right to use the Convention in order to be fully involved in the development of policy or in holding governments to account for its implementation on the ground. Our aim is to enable national Alzheimer Associations, together with organisations of people with dementia, to make independent submissions to the CRPD Committee when their governments report on their implementation of the Convention. Using the internet to access relevant information and the social media to raise awareness and influence public opinion, the Committee's Conclusions and Recommendations can then be used to advocate for improvements in our countries and communities.

Although we are late arrival at the negotiating table, we have some distinctive strengths

1 ADI and DAI work together as equal and autonomous partners.

2. Because many countries and some regions are now developing new dementia strategies, we can work to ensure that these policies reflect the Principles and Articles of the CRPD.

3 We can benefit from the experience of other NGOs through the International Disability Alliance, regional disability federations and in our own countries. In unity lies strength.

This presentation will provide an introduction to ways in which the Convention can be used by used by people with dementia and their organisations. A readable User's Guide to the CRPD provides more information.

http://www.equalityhumanrights.com/sites/default/files/publication_pdf/uncrpdguide_0.pdf

Keywords: UN Disability Convention, Dementia access, Human Rights



PL12

Date: Saturday 23 April 2016

Session: What are the Global Numbers of People Living with Dementia? (Debate)

THE GLOBAL IMPACT OF DEMENTIA – IMPLICATIONS FOR GLOBAL ACTION

Martin Prince¹, Anders Wimo², Maëlenn Guerchet³, Gemma Claire Ali³, Yu-Tzu Wu³, Matthew Prina³

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²Karolinska Institute, Stockholm, SWEDEN;

³King's College London, UNITED KINGDOM

Abstract:

According to the World Alzheimer Report 2015, there are now 46.8 million people living with dementia, with numbers projected nearly to double every 20 years, increasing to 74.7 million in by 2030 and 131.5 million by 2050. There are over 9.9 million new cases of dementia each year worldwide, implying one new case every 3.2 seconds. The current annual societal and economic cost is US\$ 818 billion, an increase of 35% from our previous (2010) estimate of US\$ 604 Billion. If global dementia care were a country, it would be the 18th largest economy in the world. The new estimates take into account both growing numbers of older people (population ageing), and better evidence on the proportions living with dementia, and the costs incurred. We believe that we underestimated the current and future scale of the epidemic by 12-13% in the 2009 World Alzheimer Report, and that societal costs are growing even more rapidly than the numbers affected.

The report also reviewed evidence for trends over time, finding some evidence, in high income countries, that age-specific incidence may be declining, possibly linked to improvements in education and population health. However, age-specific prevalence may yet remain stable, if there are trends towards living longer with dementia. Under most plausible scenarios, numbers of people with dementia will continue to increase, due to population ageing. Increases in low and middle income countries may even be more pronounced than predicted, given possible increases in age-specific incidence and prevalence in those regions.

We need more research into effective strategies for brain health promotion and dementia prevention. We must enhance national monitoring, through population-based studies, of trends in incidence and prevalence, as the best way to judge the impact of changes in population health and lifestyles. Governments, around the world, need to plan, realistically, for how to deliver affordable and accessible health and social care, as numbers affected continue to rise. The report highlights the disproportionate impact of the coming epidemic upon middle income countries in the G20. ADI has called for a global initiative assisting LMICs to develop programmes that raise awareness, and improve access to timely diagnosis and care. Intergovernmental action should focus on four key areas; care, risk reduction, treatment and research; to promote equity of coverage and access to basic services, within and between countries.

Keywords: dementia, global, action

Plenary Abstracts

PL13

Date: Sunday 24 April 2016

Session: Bringing Research Together

BRINGING RESEARCH TOGETHER

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Abstract:

The Alzheimer's Association is the world's largest non-profit funder of Alzheimer's and dementia science in the world. The Association is currently funding over \$80 million to nearly 400 scientific projects in 20 countries. In addition to funding, the Association convenes the world's largest dementia scientific conference each year, Alzheimer's Association International Conference (AAIC), with more than 5,000 scientists from over 60 countries gathered. This is the premier forum for scientists to share the latest updates on their research and to network with the global community. In the United States, there have been historic increases in federal funding, made possible in large part by the Alzheimer's Association public policy and advocacy efforts. As a result of these significant funding increases, the Alzheimer's Association is adjusting programmatic offerings to continue emphasis on funding and supporting the next generation of scientists; identifying and offering targeted funding opportunities to emerging scientific areas (i.e. Part the Cloud Challenge to advance clinical trials in neuroinflammation and immunity). With a focus on early career scientists and emerging areas, the Association will look to fund scientific investigations that others cannot or will not invest, seeding innovative ideas and novel approaches to address this global health crisis.

Keywords: Research



PL14

Date: Sunday 24 April 2016

Session: Bringing Research Together

FARMING FOR HEALTH: EXPLORING BENEFITS OF GREEN CARE FARMS FOR PEOPLE WITH DEMENTIA

Simone de Bruin¹, Annerieke Stoop¹, Claudia Molema¹, Lenneke Vaandrager², Peter Hop³, Caroline Baan^{1,4}

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Abstract:

In response to the increasing number of people with dementia, different types of (respite) services have been put in place for people with dementia living at home and their family caregivers, including adult day services (ADS) centers. Traditionally, long-term care and support services, such as ADS centers, had a strong medical-somatic orientation, with an emphasis on the treatment of reversible impairments. Gradually, a shift has taken place to a more psycho-social approach of care, focusing more on the consequences of the illness. This approach entails a move to more person-centered care focusing on well-being, remaining strengths, and the preservation of the individual's sense of identity. As a result of this paradigm shift, innovations in dementia care have taken place including the initiation of new types of small-scale and homelike ADS facilities. An example is the so-called "green care farm (GCF)", a farm that combines agricultural activities with care services for a variety of client groups, including people with dementia. They offer access to several (outdoor) environments including gardens, farm yards, stables, and green houses, and stimulate people with dementia to engage in activities such as caring for animals, sweeping the farm yard, going for outdoor walks, gardening, and preparing meals. Over the years, several studies have taken place to better understand the value of GCFs for people with dementia. During this presentation, the outcomes of these studies will be addressed. These include: 1. the factors related to choosing a GCF instead of a more regular ADS centre, from the perspective of people with dementia and their family caregivers; 2. the characteristics of participants of day services at GCFs and 3. the potential benefits of GCFs. Based on these studies, we conclude that GCFs are a valuable addition to more regular dementia care environments

Keywords: Adult day services, Dementia, Green care farm

Plenary Abstracts

PL15

Date: Sunday 24 April 2016

Session: Bringing Research Together

DRUGS DEVELOPED TO TREAT TYPE 2 DIABETES SHOW PROTECTIVE EFFECTS IN ALZHEIMER'S DISEASE

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Abstract:

Diabetes has been identified as a risk factor for Alzheimer's disease (AD). Insulin signaling in the brains of AD patients has been shown to be impaired. We tested drugs that are already on the market to treat diabetes. Several drugs of the GLP-1 analogue family show very good protective effects in preclinical tests. Key parameters such as memory loss, chronic inflammation in the brain, amyloid load tau phosphorylation levels and synapse loss are improved by these drugs.

Based on the extensive pre-clinical evidence, several clinical trials testing the most effective member of this drug class, liraglutide, are currently under way. As this drug already has approval for the use in humans, it was possible to take it directly into clinical trials in AD patients. In a pilot clinical trial (NCT01469351), this drug has shown robust protection of the disease-related deterioration of brain activity as shown in FDG-PET brain imaging. A phase II clinical trial of liraglutide in AD patients is currently ongoing (NCT01843075). This trial has a double blind and placebo controlled design and includes memory tests, blood and CSF biomarkers, and PET brain imaging assessments of cortical activity and chronic inflammation. This trial has been supported by the Alzheimer Society UK and the Alzheimer Drug Discovery Foundation (USA). Another drug from this group has also shown good neuroprotective effects in a clinical study of Parkinson's patients.

In conclusion, this novel approach of drug reposition shows great promise in developing disease modifying treatments in a short period of time and in a cost effective manner.



ADI Workshops

W001

Date: Saturday 23 April 2016

Session: ADI Workshop - Dementia Friends - and Communities: Past, Present, Future

DEMENTIA FRIENDS: CHANGING THE WAY PEOPLE THINK, ACT AND TALK ABOUT DEMENTIA

Jeremy Hughes¹, Nikki Crowther¹

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Abstract:

Background and Objectives: Alzheimer's Society's Dementia Friends programme is the UK's biggest ever initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition.

Dementia touches the lives of millions of people across the UK. Dementia Friends was launched to tackle the stigma and lack of understanding that means many people with the condition experience loneliness and social exclusion. We need to create more communities and businesses that are dementia friendly so that people affected by dementia feel understood and included.

There are two ways to become a Dementia Friend. The first is to attend an informative and interactive face-to-face Information Session in your community. These Sessions are delivered by our volunteer Dementia Friends Champions. Alternatively, you can become a Dementia Friend online. This involves watching a short video in which you hear from Gina, who is living with dementia. At the end of the video you are encouraged to sign up for your 'Little Book of Friendship', a resource pack which contains more information and tips on how we can support those living with dementia.

Whether you attend a face-to-face Session or watch the online video, Dementia Friends is about learning more about dementia and the small ways you can help. From telling friends about Dementia Friends to visiting someone you know living with dementia, every action counts.

Here's Clive Sutherland's action: 'To be patient with my neighbour who is living with Dementia, remember to introduce myself to her when I see her and remind her that I'm from next door.'

Over one million people in the UK have become Dementia Friends in the first two years of the initiative. This number is made up of those who became Dementia Friends face-to-face, online and through their work at organisations such as Lloyds Banking Group and Marks & Spencer. Since May 2014 all 79,600 Marks & Spencer's staff have become Dementia Friends after watching the organisation videos.

'Employees were proud that M&S were talking about dementia; they wear their badge with pride and feel they are able to support customers more.' Beth Ryder, Employee Wellbeing Manager, Marks & Spencer

As part of Alzheimer's Society's long-term commitment to help more communities and businesses become dementia-friendly, a new target of creating four million Dementia Friends by 2020 has been set.

Keywords: Awareness, Stigma, Initiative

ADI Workshops

W002

Date: Saturday 23 April 2016

Session: ADI Workshop - Human Rights and Dementia - How to Use the Human Rights Agenda

HUMAN RIGHTS FOR PEOPLE WITH DEMENTIA

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Abstract:

Dementia Alliance International (DAI) is the peak body for people with dementia, and the global voice of people with dementia, representing 47 million people globally. In March 2014, DAI co-founder and Chair Ms Kate Swaffer placed the human rights of people with dementia onto the global stage. As an invited plenary speaker at the World Health Organisations (WHO) First Ministerial Conference on Dementia in Geneva, she asked for three key issues to be considered in the proceedings.

Firstly, people with dementia not only want research for a cure, they want research for improved care of people with dementia and their families. People with dementia also want a more ethical pathway of support beyond the Prescribed Disengagement @ currently offered, including authentic brain injury rehabilitation and social and disability support, in the same way a person recovering from a stroke would receive.

Finally DAI advocates that people with dementia are recognised under the United Nations Convention of the Rights of persons with Disabilities, in the same way every other person with any other disability is recognised, and which current legislation already supports.

In closing, I will discuss the collaboration between people diagnosed with dementia, Alzheimer's Disease International and other advocacy organisations towards this recognition, to ensure the human rights of all people with dementia are not only recognised but are acted upon.

Keywords: Human rights, CRPD, Discrimination



OC001

Date: Friday 22 April 2016

Session: New Treatments and Prognosis

GOVERNMENT AND CHARITY PARTNERSHIP BOOSTS PARTICIPATION IN DEMENTIA RESEARCH THROUGH 'JOIN DEMENTIA RESEARCH'

Catherine James¹, Walton Clare¹, Adam Smith²

¹Alzheimer's Society, London, UNITED KINGDOM;

²Join Dementia Research, UNITED KINGDOM

Abstract:

Background and Objectives:

Recruitment of participants into dementia studies is a tremendous challenge that is slowing down research progress and increasing the expense of drug development. The first drug treatment for Alzheimer's disease to come to market took 17 years from the first preclinical studies to when the drug was approved by the FDA. Typically recruitment for an 18 month drug trial takes 18 months or more, doubling the amount of time it takes to test for efficacy.

'Join dementia research' is a UK-wide service that has been developed by the National Institute for Health Research (NIHR), Alzheimer's Society, Alzheimer's Research UK and Alzheimer Scotland to help people with dementia, their carers, or anyone interested in dementia research to be matched to suitable studies. Volunteers can sign up online or by calling one of the charity helplines and providing some health and medication details about themselves or the person they care for. Research groups with ethically approved studies can add their projects to the system by completing the study eligibility requirements that include geographic restrictions. Eligible volunteers are then informed of their suitability for a given study, empowering them to show their interest and proceed for further screening.

One year after national launch of the service, 13,230 people have signed up to take part in dementia research studies, 4,127 have been screened and 2,964 are actively participating in research. Over 50 studies are currently recruiting through 'Join dementia research'. In August 2015, the NIHR published figures showing that almost 22,000 people took part in UK dementia research in the last year, which was a 60 per cent rise on the previous year before 'Join dementia research' was launched.

Although public and media interest in 'Join dementia research' has been high, only 11 per cent of people registered with the service currently have a diagnosis of dementia. To boost these numbers, Alzheimer's Society is conducting a number of pilot studies with Memory Clinics and GP services to promote direct referral to the service as part of the primary care pathway for dementia. Through a simple referral process, people with dementia interested in taking part in research will receive telephone support from a trained adviser to facilitate their registration. Results of these pilot studies will be presented.

Keywords: Recruitment, Register, Referral

Oral Abstracts

OC002

Date: Friday 22 April 2016

Session: New Treatments and Prognosis

THE NOVEL BACE INHIBITOR VERUBECESTAT (MK-8931) DRAMATICALLY LOWERS CSF A β IN PATIENTS WITH ALZHEIMER'S DISEASE

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Abstract:

Background: The amyloid hypothesis proposes that A β peptides cause AD via aggregation to toxic complexes that lead to neurodegeneration. A β is produced via cleavage of Amyloid Precursor Protein by β -secretase (BACE1) followed by gamma-secretase. Consequently, inhibition of BACE1 should reduce A β production and slow progression of AD. Here we report on the effects of the BACE1 inhibitor verubecestat on CSF levels of A β in AD patients and discuss implications for testing the amyloid hypothesis.

Methods: Randomized, double-blind, study in mild-to-moderate AD patients. Patients were administered 12, 40 or 60-mg verubecestat or placebo (n=8/dose; n=6 for placebo) daily for 7 days. CSF A β 40, A β 42 and sAPP β concentrations were determined over 36 hours postdose on Day 7. A mechanistic mathematical model was developed to describe A β 40, A β 42 and sAPP β modulation in brain and distribution to CSF, and to generate dose-response profiles for AD patients.

Results: Verubecestat was well-tolerated by AD patients. Verubecestat resulted in a dose-dependent and sustained reduction in CSF A β levels with mean reduction from baseline of up to 84% for A β 40, 81% for A β 42, and 88% for sAPP β . The model was able to well-represent the response time course of all 3 biomarkers from this study, as well as from earlier studies in healthy subjects, with a single drug action of BACE inhibition in brain which could be related to verubecestat concentrations. The model predicts that a 12mg dose will result in a 60-75% reduction of CSF A β of most (>95%) patients. Furthermore, doses \geq 40mg are predicted to result in 80-90% reduction in CSF A β .

Conclusions: These results show that verubecestat substantially lowers in patients with AD. Modeling indicates that brain levels are CSF A β likely reduced as well. This suggests that verubecestat will provide a definitive test of the amyloid hypothesis of AD. Verubecestat is the first BACE1 inhibitor to progress to late stage clinical trials. The EPOCH trial (clinicaltrials.gov NCT01739348) is testing 18 months of treatment with 12mg and 40mg in mild to moderate AD patients. Because the deposition of amyloid takes place years before AD is diagnosed, it is possible that administration of an anti-amyloid agent will be more effective if given early in the disease process. Consequently, the APECS trial (clinicaltrials.gov NCT01953601) is being conducted to test 2 years of treatment with 12mg and 40mg of verubecestat in subjects with prodromal AD.

Keywords: Alzheimer's disease, Verubecestat, Amyloid



OC003

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Session: New Treatments and Prognosis

ENHANCEMENT OF COGNITIVE FUNCTIONS BY PQQ IN NEUROINFLAMMATORY ALZHEIMER'S DISEASE MOUSE MODEL VIA POTENTIAL INVOLVEMENT OF MITOCHONDRIAL BIOGENESIS

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Abstract:

Introduction: Alzheimer's disease (AD) treatment is a challenge due to the fact that the pathogenesis of the disease is very complicated and not well understood. Several studies show that mitochondrial dysfunction plays an important role in AD. Reduced mitochondria number in hippocampal neurons in brains from AD patients was reported. A recent study emphasized the role of mitochondrial biogenesis (MB) in AD human brains where they showed significant changes in protein levels involved in MB such as PGC1-, NRF-1 & 2 and Tfam. Therefore, enhancing MB may represent a new era for treatment of AD.

Pyrroloquinoline quinone (PQQ) is a cofactor that occurs naturally in plant derived foods. It has been reported that PQQ enhances MB, however, this was proved on hepatocytes treated with PQQ. Other researchers have discussed the possibility of using PQQ in enhancing cognitive functions, however its effect on biogenesis in brain mitochondria was never tested.

The main goal of this study was to evaluate the effect of PQQ for AD treatment. Moreover, its effect on brain MB was examined, as a possible mechanism for its cognitive enhancement effect.

Methods: Neuroinflammatory AD mouse model was developed by injecting LPS i.p (250 µg/kg/day) for 7 consecutive days. This model develops cognitive deficits and amyloid-β plaques. Treatment by PQQ (10 mg/kg/day) started the fourth day of injection. Cognitive functions of the mice were assessed using Novel-Object Recognition Test, Y-maze Test and Morris Water Maze Test (MWMT). Mice were then sacrificed and brain tissue was preserved for further analysis of PGC1- protein.

Results: Neuroinflammatory mouse model demonstrated deterioration of cognitive function when compared to control in all cognitive tests. Treatment with PQQ was able to enhance the working and spatial memory as shown in Novel-Object Recognition Test, Y-maze Test and MWMT. Interestingly, preliminary results indicate the possible involvement of MB proteins (PGC1-) in PQQ mechanism of action.

Conclusion: PQQ enhances cognitive function when administered to AD mouse model which makes it a promising natural drug for the treatment of AD. Moreover, the mechanism of action of PQQ seems to involve enhancement of MB. Further experiments are required to confirm the role of MB in the protective effect of PQQ on memory and cognition.

Keywords: Alzheimer's Disease, Mitochondrial Biogenesis, PQQ

Oral Abstracts

OC004

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Session: New Treatments and Prognosis

ETHICAL ISSUES IN THE USE OF NEW DIAGNOSTIC BIOMARKERS AND FUTURE COMBINATION DRUG THERAPIES FOR AD

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Abstract:

There are growing concerns about the risk of misuse of biomarkers such as amyloid PET scans in persons who have no or minimal cognitive complaints, outside of a research setting. A misperception on their part that amyloid positivity is equivalent to suffering from Alzheimer's disease could lead to catastrophic reactions. In addition, early diagnosis of AD could lead to loss of employment and insurability, and social stigmatization. On the positive side, such biomarkers could lead to the proper selection of subjects for drugs acting on specific components of the Alzheimer pathology. Positive results may be forthcoming on such drugs, and combination therapies of anti-amyloid and anti-tau drugs may be possible within a year, leading to a potential breakthrough in disease modification. The costs of such therapies are already being considered, looking at models used in AIDS/HIV, tuberculosis and breast cancer. Start and stop rules for such therapies will to be clearly laid out and socially acceptable.

Keywords: Diagnosis, Treatment, Ethics



Oral Abstracts

OC005

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Session: New Treatments and Prognosis

CAN PERSISTENCE WITH CHOLINESTERASE INHIBITORS LOWER MORTALITY AMONG PERSONS WITH DEMENTIA?

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Abstract:

Objective: While some studies found no relationship between dementia medications and survival, the effects of dementia medications on longevity remain controversial. This study aims to assess the effects of persistent use of cholinesterase Inhibitors (ChEI) on the mortality of persons with dementia using a population-based cohort study in Taiwan.

Methods: Sample selected in this study came from 8,614 persons with dementia (mean age 74.3 years; SD = 7.9 years) who had at least 2 ChEI prescription fills (between 2002 and 2006) and were continuously enrolled in Taiwan's National Health Insurance program for up to 36 months. ChEI users were followed until 2010 and discontinuation was defined by a gap of 90 days without ChEI. Mortality incidence was analyzed using Kaplan–Meier curves and hazard ratios were estimated with the duration of therapy as the key predictor variable.

Results: Nearly 40% of patients discontinued ChEI treatment after 12 month and 18% more discontinued after 24 month. The average annual death rate after 3 years of follow-up was 9.18% for the least persistent group (duration < 1 year), 10.33% for the less persistent group (1 ≤ duration < 2 years), and 7.15% for the most persistent group (duration ≥ 2 years). Compared to the least persistence group, the HRs among the less persistent group were 1.117 (95% CI: 0.996-1.253) and thus not significantly different. But the most persistent group had a lower mortality (HR: 0.756, 95% CI: 0.686-0.833) than the least persistence group. Those with higher adherence (MPR ≥ 0.9) were also found with a lower mortality (HR: 0.906, 95% CI: 0.823-0.996) than the lower adherence group.

Conclusion: Persistent use of ChEI treatments more than 2 years has beneficial effects for dementia survivors in lowering their mortality rates.

Keywords: dementia, mortality, persistence

Oral Abstracts

OC006

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Session: New Treatments and Prognosis

EXPLORING STRESS AS EXPERIENCED BY PEOPLE WITH DEMENTIA: A CONTRIBUTION TO UNDERSTANDING THE POTENTIAL FOR RECOVERY

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Abstract:

This paper will describe key findings from an interpretative phenomenological analysis of stress as experienced by people with dementia. Despite considerable progress in our understanding of the experience of dementia, the literature on stress has been dominated by accounts of the experience of carers. This study aimed to give voice to people with dementia as active participants in the research, validating the significance of their subjective experience to the body of knowledge on stress. Data was generated through focus groups involving people with dementia from across Scotland. The interpretation of their first-hand accounts provides an insight to stress and coping in dementia and suggests an adaptive journey is possible. Analysis identified the following themes, expressed in the participants' own words:

'Something's torn - your life's torn'
'Families can bring stress'
'The stress of living with dementia'
'A whole new set of rules'
'It's our lives and we're going to get it under control ourselves'

The paper explores issues emerging from the participants' descriptions, including their views on risk taking; self-perception; reciprocity in relationships, the reality of daily living with dementia and aspects considered to be poorly explained by professionals. The accounts of people with dementia in this study challenge perceptions of a fixed pathway of decline and progressive vulnerability to stress. Participants' descriptions indicate a process of grieving often misunderstood in the shadow of their diagnosis but also the potential to recover aspects self-worth, purpose and meaning in their lives.

The presentation will indicate what support is perceived as helpful and enabling and approaches which undermine confidence and may threaten the potential for recovery. This paper has relevance for people with dementia, their families and carers and all those interested in their health, well-being and support. Attention to reducing stress experienced by people with dementia has important implications for personal happiness, optimal functional ability and the opportunity to live well with the diagnosis.

Keywords: Research, Stress, Recovery



OC007

Date: Friday 22 April 2016

Session: Law, Ethics and the Rights of People with Dementia

TOWARDS FULL REALIZATION AND PROTECTION OF ALL HUMAN RIGHTS OF PERSONS WITH DEMENTIA

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Abstract:

According to article 2 of the Universal Declaration of Human Rights everyone is entitled to all the rights and freedoms in this declaration without any distinction, status or condition. Different categories of persons were not experiencing equal realization of all the human rights such as children, women, migrant workers and their families, indigenous people and minorities. To guarantee the protection of human rights of these different human beings International Conventions, Declarations, General Comments with explanations and recommendations were adopted. Persons with a disability were and until now are experiencing hindrances in the realization of all their human rights. These persons were the last category for which an International Convention was adopted to protect their rights.

This presentation is based upon a critical review of existing human rights legislation, as to what extent the rights of persons with dementia and of older persons with dementia in particular are being protected. The recently adopted “UN Convention on the Rights of Persons with Disabilities” and the “Inter American Convention on Protecting the Human Rights of Older Persons” adopted in June 15, 2015 will be looked at based upon the experience of the unequal human rights realization of persons with dementia and of older persons with dementia in particular.

The “Strategy and Action Plan for Older Persons with Dementia” adopted by the Pan American Health Organization for the American region on October 1, 2015, has as its first priority area: the promotion of respect for human rights of persons with dementia. It is therefore necessary to reflect upon a human rights based care at home as well as in institutions, and about human rights based dementia friendly societies. We must think about how to guarantee full realization of all human rights for persons with dementia. Recommendations presented can be considered as input for national policies, strategies and actions to be implemented, to realize respect and protection of all human rights of persons with dementia. This contribution might accelerate the full realization of all the human rights of persons with dementia within the 5-year Pan American Dementia Strategy and Action Plan, but also on a global scale through a proposed Global Dementia Strategy and Action Plan.

Keywords: full realization, human rights, persons with dementia

Oral Abstracts

OC008

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Session: Law, Ethics and the Rights of People with Dementia

'QUALITY IS PERSONAL': NEGOTIATING CHOICE AND RISK IN COMMUNITY-BASED DEMENTIA CARE

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Abstract:

With a growing population of people with dementia living at home, practitioners working in the community are faced with the challenge of delivering services that provide control and reflect the choices of this high risk population. The balance between providing older people with the opportunity to be active partners in their care and ensuring that they are not at risk is a difficult one, however it is imperative that we understand the issues that are important to each older person and act accordingly. Despite this, there are currently no gold standard guidelines to assist community health professionals in providing services that address client choices while mitigating risk. This presentation will detail the findings from a study that explored the issue of safety and risk in dementia care, and the creation of a tool that allows health professionals, clients and carers to negotiate the risk to the client. Interviews were used to explore the perceptions of 'healthy' older people, older people with dementia, carers, health professionals and representatives of a community health service organisation. Using case studies from the data, this presentation will report on the development and acceptability of a tool and whether it allows health professionals, clients and carers to negotiate risk while ensuring that clients are active partners in their care..

Keywords: Choice, Risk, quality care



Oral Abstracts

OC009

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Session: Law, Ethics and the Rights of People with Dementia

Prescribed engagement towards an ethical pathway of support

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Abstract:

Subsequently to being diagnosed with younger onset dementia aged 49, I was advised to give up work, tertiary study and my pre diagnosis life, and instead to put my end of life affairs in order and investigate aged care options. My husband, aged 50, was told he would soon have to give up work to become a full-time care partner. Instead, we chose to ignore this Prescribed Disengagement®, and I reinvested in life by 'prescribing continuing with my pre diagnosis engagement' for as long as possible.

I quickly termed this Prescribed Disengagement™; it is unrealistic that one day I was studying a tertiary degree, working full-time, volunteering, raising two teenage boys and running a household with my husband and the next day, told to give it all up and to 'live' for the time left. This is not only unpalatable, but also unethical, and in this presentation I will define the medical model of care currently being prescribed to people with dementia, and contrast it to a social rehabilitative pathway of disability support that I prescribed to myself, which ultimately was supported by some of my health care providers. Brain injury style rehabilitation is included in this pathway of support, and has been so successful it is now part of a Masters of Physiotherapy course at the Flinders University.

This presentation will define and discuss in detail this rehabilitative, enabling, social and disability pathway of support in detail, using prior evidence, as well as emerging and anecdotal evidence to support it. This pathway of support is dementia friendly, in that it has focused on what I can still do, and provided me with support for the emerging and changing disabilities caused by the symptoms of dementia, allowing me to not only live beyond dementia independently with the support of my husband, but also to complete three university degrees.

It is ethical, and proactive, and a more positive and ethical way to support people to fight for their lives, instead of assume the pseudo death the current medical model of care supports. If governments are concerned with the economic burden dementia is to become, and research for a cure is still so far away, this must be considered as an alternative way forward, and which will enhance the quality of life and well being of people with dementia and our families. Alzheimer's Disease International has a Global Charter: I can live well with dementia. This pathway of support shows how it is even possible.

Keywords: Prescribed Disengagement®, Models of care, Rehabilitation

Oral Abstracts

OC010

Date: Friday 22 April 2016

Session: Law, Ethics and the Rights of People with Dementia

THE LEVEL OF AWARENESS OF INTERNATIONAL HUMAN RIGHTS UNDERPINNING RIGHTS-BASED ADVOCACY FOR DEMENTIA

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Abstract:

Background: An assumption invariably made is that the general public, including people living with dementia and carers, have a good understanding of the fundamental human rights which underpin policy.

To make use of the rights in rights based advocacy, you need to know what these rights are, as they are enforceable. The Mental Health Foundation published in 2015 their much awaited and influential report 'Dementia, rights and the social model of disability'.

Most significantly, the European Convention for Human Rights (ECHR) and the UN Convention for Rights for People with Disabilities (UNCRPD) apply in Europe and the world respectively.

Dementia is a disability under international law.

Objectives: There are relatively few studies of the level of awareness of international rights.

This study aimed to remedy that.

Methods: A 'Survey Monkey' survey took place in the first week of November 2015. Invitations to participate were tweeted regularly. There was no restriction geographically on participation.

Results: The electronic questionnaire contained 11 questions. A maximum of 54, and minimum of 51, responses were elicited for any one question. 19% stated that they were disabled. The vast majority (83%) perceived dementia to be a disability (answering 4 or 5 on a scale of 0 (not at all) to 5 (very much)).

A substantial proportion of respondents did not know whether right to a personal budget (47%) or a right to a medical diagnosis (39%) were rights under ECHR.

A high proportion (81%) recognised the right to privacy and family life as a human right under ECHR. Of four instruments surveyed (human rights act, mental capacity act, UNCRPD and equality act), the respondents felt that all four instruments had approximately equal 'importance'. A sizeable proportion did not know the availability of the two separate rights to accessibility or to justice under the UNCRPD(54%, 54%).

48% did not know that a right to live independently and in the community exists under the UNCRPD. 47% did not know that a right to work and employment exists under the UNCRPD.

Of the five PANEL principles (participation, accountability, non-discrimination and equality, empowerment and legality of rights), non-discrimination and equality was viewed as the most important (34%); and accountability the least (4%).

Conclusions: The significance, conceding limitations, of these results for international policy will be discussed fully.

Keywords: rights, advocacy, disability



OC011

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Session: Law, Ethics and the Rights of People with Dementia

How people with dementia achieved their dream to roam freely in remote, rural Scottish Highlands

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Abstract:

To show how the debate around 'tagging' people with dementia to 'allow' them to be 'safe to wander' has raised the importance of legal and ethical issues and how people with dementia do not want to feel 'tagged, but rather want 'freedom to roam'.

How risk aversion is a contributing factor to people with dementia not being able to roam as they wish and how a key issue that Dementia Friendly Communities CIC grappled with was, who has the legal and ethical right to decide when a person with dementia may wear a GPS tracker.

How, despite the fact that laws on incapacity may differ between various countries, the fundamental principles of the European Convention on Human Rights (ECHR) remain the same which means the legal and ethical issues around freedom to roam safely rest only on human rights' points of view. How this has informed the Scottish Mental Welfare Commission.

How using a GPS tracker should be used when the person with dementia is at real risk of being lost or is at risk of harm and in danger, and NOT simply to check up on them, that anything done should be in the best interests of the person with dementia and be the least restrictive of their rights and freedoms.

How any person with dementia should be entitled to live their life freely and how this can be done by balancing their wish to go where they choose and associate with whom they choose with the risk of harm – including the many risks arising from becoming lost – from doing so.

Keywords: GPS, Technology, Ethics

Oral Abstracts

OC012

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Session: Law, Ethics and the Rights of People with Dementia

A comparative study on the driving regulations regarding dementia between countries

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Abstract:

In 2013, Korean license holders aged ≥65 was 1.87 million, indicating that one out of three elderly individuals may be driving. The number of traffic accidents and deaths by older drivers are increasing with the average annual growth rates of 13.7% and 10.1%, respectively. Since declines in various cognitive functions such as judgment, visuospatial abilities or psychomotor speed may increase risk of traffic accidents in the elderly, drivers with dementia (DWD) may be at higher risk than normal old individuals. We investigated and compared the regulations and license renewal policies on driving of older drivers (OD) and DWD in 7 Western (UK, France, Germany, Italy, USA, Canada, Australia) and 3 Eastern countries (South Korea, Japan and China) through a literature review and Web searches. It focused on legal basis, age-based restriction, periodicity, mandatory medical assessment for renewal and revoking license of OD and DWD. Most countries had an assessment for evaluating the fitness to drive for OD in renewing driver's license based on the laws and regulations, and mandated physicians and/or drivers to report a diagnosis of dementia to the competent authority. The fitness to drive of DWD was decided based on the result of medical cognitive assessment by physicians in seven countries, whereas merely depends on the diagnosis of dementia in Japan and China. All surveyed countries have revoked DL of DWD in advanced stage. In developing and implementing regulatory policies on DWD, following issues should be considered. First, the policies should be framed on the legal basis. Second, the policies should be tailored to the progressive nature of dementia. To do this, standardized guidelines for medical evaluation on the fitness to drive should be provided to physicians. Third, incentives that may make DWD decide voluntarily to stop driving should be provided along with the regulatory actions on DWD.

Keywords: Older Drivers, Dementia, License Renewal



OC013

Date: Friday 22 April 2016

Session: Awareness and Stigma 1

THE KIDS4DEMENTIA EDUCATION PROGRAM AND ITS EFFECTIVENESS IN IMPROVING CHILDREN'S ATTITUDES TOWARDS PEOPLE WITH DEMENTIA

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Abstract:

Objectives: Improving attitudes towards dementia among the next generation is essential for developing inclusive dementia-friendly communities. The aim of this presentation is to describe Kids4dementia, an education program for children on dementia; and report on its feasibility and effectiveness in improving children's understanding of dementia.

Methods: The classroom-based dementia education program presents 10-12 year olds with the engaging animated story of Ollie a 10-year old boy, Ruby his 12-year-old sister, and their grandfather - who they have noticed start to act a little different to usual. The seven short modules - including film of consumers speaking candidly about the condition - cover topics such as: "How does it feel to have dementia?", and "What can I do?". Each module is accompanied by an activity, such as an interactive brain, discussion, role-play, or drawing. The randomised waitlist-controlled pilot will assign one school to complete the Kids4dementia program over one term (12 weeks), and one school to waitlist control. All children (N = 544) will complete the purposefully developed "Kids' Insight Into Dementia Survey" (KIIDS) at the beginning and end of the 12 weeks. The waitlist school will engage in no dementia-related curricular for the first 12 weeks, and will receive Kids4dementia the following term.

Results: Multi-level modelling (controlling for degree of familiarity with people with dementia) will determine whether the intervention group showed greater improvement in knowledge and attitudes towards people with dementia than the waitlist group. Preliminary results will be available March 2016. Teacher/student program feedback, and key themes identified within children's activity sheets will also be presented.

Conclusions/Perspectives: This is the world's first randomised-controlled study of an accessible, school curriculum-aligned, evidence-based educational dementia program for children. Findings will inform program feasibility, effectiveness and refinement; and form the basis of a future nationwide randomised-controlled trial.

Keywords: dementia education, children , awareness

Oral Abstracts

OC014

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Session: Awareness and Stigma 1

FORGETFULNESS AND OLD AGE – WITCHCRAFT ACCUSATION AND STIGMATIZATION OF PEOPLE WITH DEMENTIA

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Abstract:

Worldwide the population of the elderly is increasing and age related-diseases becoming more prominent in many societies. Dementia in particular is one of the most feared illnesses, but it also lacks awareness. Especially in developing countries missing awareness and ignorance often results in stigmatization of people with dementia. Against this background this study aims to identify awareness challenges of dementia diseases in Sub-Sahara Africa, referring to examples in Namibia and Ghana.

The study consisted of a descriptive and explorative design in a cross-sectional survey. Qualitative data were collected during a field observation combined with recordings and quantitative data generated by a survey (n=1.700). The questionnaire has been adapted to current knowledge and understanding of dementia, witchcraft and old people behaviour. The research was conducted in Namibia and Ghana.

The results revealed that people age to a mean age of 81.4 years (Namibia: 75.935; Ghana: 82.02). Additionally family members are affected by typical symptoms of memory loss and loss of daily self-care activities (20.6 %; n=330). Surprisingly these family members were much younger with a mean age of 62.04 years. Furthermore a lot of younger people suffer from dementia symptoms while many of them were affected by HIV/AIDS. Moreover, about 18 % of the respondents were aware of the disease dementia and only 20% have ever heard about it. Respondents with a higher education had greater knowledge about dementia (Chi-Quadrat p<0.001; Phi/Cramer V=0.355). An alarming finding was that respondents identified signs and symptoms of dementia like speaking nonsense, memory loss and aggressiveness as behaviour of accused witches and wizards. Still, over 45 % of the respondents (n=772) do believe in witchcraft as a spiritual power and about 60 % (n=957) are afraid of potential harm by witchcraft.

Due to missing knowledge about mental disorders in Sub-Sahara Africa many people are still stigmatized and accused of witchcraft. Consequently these people are excluded from society. Awareness for dementia needs to be raised especially in Sub-Sahara Africa. Although low life expectancies caused by diseases like HIV/AIDS, Malaria and Cholera are dominant; people in Sub-Sahara Africa do reach old age and have dementia. HIV/AIDS and other disease related types of dementia have to be segregated from that. More research about the awareness and prevalence of dementia are absolutely mandatory.

Keywords: Dementia Awareness, Stigmatisation, Sub-Sahara Africa



OC015

Date: Friday 22 April 2016

Session: Awareness and Stigma 1

FEEL DEMENTIA, AN ART-BASED RESEARCH ON THE PRECONDITIONS FOR THE SOCIAL INCLUSION OF PEOPLE LIVING WITH DEMENTIA

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Abstract:

The project "Feel Dementia" addresses dementia from outside the box, by exploring the preconditions for the social inclusion of people living with dementia from an art-and-design view. New art-and-design-based approaches and strategies for dealing with dementia and its social consequences were generated. The project's aim was to influence public awareness about dementia and enabling people living with dementia to take part in social life for as long as possible.

Even in the early stage, people with a diagnosis of dementia already have problems with orientation in time and space. In our societies there is a widespread lack of awareness about the individual problems of people with dementia participating in public life and misunderstandings about their abilities. Fearing rejection and embarrassment, caused by uncertainty and the lack of public understanding, many people with early-stage dementia already avoid the public sphere.

The project's methodical focus was to provide the experience of disorientation, confusion, uncertainty and shame. In public interventions, people on busy spaces in Vienna were given the opportunity to influence their senses both aurally and visually, using two artistic objects. The sensations produced by the artistic objects were contextualized with the socio-political conditions, which people with dementia and other people who are not able to meet the requirements of our urban high-performance societies, are faced with in everyday life. Reactions related to the interventions were documented and processed with artistic means, leading to a book-like art and design tool, which allows the users to experience uncommon and inconvenient ways of perception with the means of graphic design, book-binding and audio design. The tool is suitable for supporting information and communication activities regarding dementia and living with dementia.

The experiences and findings of the project validated the assumption that effectively addressing the theme of dementia needs more than a focus on the medical and caregiving level - especially regarding the situation of people with dementia in social life.

It is definitely worth addressing difficult and complex topics like dementia by providing various sensory experiences, thus giving random passers-by an idea of the multi-layered fields of a certain situation from an unusual perspective.

Keywords: Dementia, Social Inclusion, Art and Design

Oral Abstracts

OC016

Date: Friday 22 April 2016

Session: Awareness and Stigma 1

STIGMA OF DEMENTIA IN THREE EUROPEAN COUNTRIES - THE MeetingDem PROJECT

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Abstract:

Introduction: People with dementia can feel stigmatized because of their symptoms common in dementia like changes in behaviour and competence, which may result in feelings of shame, social isolation and depressive symptoms. Currently, there is not enough scientific data about the level of experienced stigma in dementia and factors associated with it, especially in Europe and in non-English speaking countries. Another issue is that in most research on stigma mainly family members are interviewed and not people with dementia themselves. In this project, stigma is studied as part of the JPND-MeetingDem project, which main goals are to adaptively implement and evaluate the Meeting Centre Support Programme (MCSP) for people with dementia and their carers in three EU countries: Italy (I), Poland (P) and the United Kingdom (UK). Within this project also the level of stigma that people with dementia experience is investigated and how MCSP impacts this.

Methods: The level of experienced stigma among all Meeting Centres' participants with dementia (n=55) in the three countries (I, PL, UK) was measured by The Stigma Impact Scale (SIS; Burgener & Berger, 2008). Additionally, data on background characteristics (age, marital status, level of education), stage of the disease and social support (The Duke Social Support Index; SSI, 1993) were collected. All participants were examined in the first month of attendance to the Meeting Centres (MC).

Results: The first Meeting Centres in Italy, Poland and the UK started in May 2015 and September 2015 respectively. The results from the baseline measurements on experienced stigma and backgrounds characteristics of MC's participants in the three countries will be presented during the conference. The hypothesis is that the level of stigma people with dementia experience differs between countries and that there is a negative association between the level of experienced stigma and received social support..

Conclusions: The experience of stigma may differ between countries for many reasons. Besides social support, other factors such as background characteristics, stage of the disease, perception of symptoms among the society and general awareness of dementia may play a role.

Keywords: stigma of dementia, European countries, social support



OC017

Date: Friday 22 April 2016

Session: Awareness and Stigma 1

“KEEP UP” WITH LIFE –CARDS - INNOVATIVE WAY TO DISCUSS ABOUT LIFE WITH PEOPLE WITH EARLY ONSET DEMENTIA

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Abstract:

Dementia is not just a disease of elderly people. It can also touch people of working age. Diagnosis of dementia is often depressing and paralyzing. A person with dementia may feel like falling into a “black hole”. In this case, there is a risk of becoming a patient with a passive role. There is no appropriate support for working age people with early onset dementia. These people and their family members need an individual and right-timed support. Unfortunately they are often being left alone.

It’s important to meet people with early onset dementia the right way because their situations differ from older people with dementia. The stigma that comes with the diagnosis is strong and it affects the possibility to live a meaningful and unique life. It’s essential that younger people with dementia have possibilities to discuss about their disease and life. Discussing is not easy. That’s why help is needed. Professionals might need help too, to talk about the life altering things that come with the disease as they are. For this reason “Keep up” with Life –cards have been developed.

These cards are based on experiences and opinions of people with dementia, their caregivers and professionals. “Keep up” with Life-cards are meant for people with early onset dementia and their family members right after being diagnosed. Professionals can use cards to help conversation when meeting people with early onset dementia and their family members. There are 52 cards in a pack which is divided in 13 different subjects for example fears, prejudices, attitudes, stigma and daily life. By these themes also very difficult subjects can be more easily talked about.

“One picture can tell more than thousand words”. The illustration of cards have a great significance because they emphasize and demonstrate the themes. On the other sides of the cards there are complementary texts and questions, through which themes can be reflected by oneself, with close relatives or with others in a peer group.

Keywords: early onset dementia, innovative, tool for interaction

Oral Abstracts

OC018

Date: Friday 22 April 2016

Session: Awareness and Stigma 1

DEMENTIA AND SENSORY CHALLENGES

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Abstract:

The project aim, was to highlight and raise awareness of the issue of dementia and sensory challenges because people with dementia could not find information or practical help about these issues.

This grassroots, passionate inspired project involved interviewing 24 people of all ages and different types of dementia in the UK and Europe. These were transcribed and recorded resulting in a booklet Dementia and Sensory Challenges, with a DVD.

We hope our honest lived experience will raise awareness that dementia is more than memory, that it will inform and inspire professionals to use their expertise to assist us in our sensory challenges. This will enable us to remain a part of our family circle, stay connected and remain members of our community and spiritual family. During transcribing common themes were identified.

These are the 4 A's

Awareness

Acceptance

Adaption

Avoidance

We believe this booklet will give hope and empower people with dementia and their families, to be all they can be in spite of having a diagnosis of dementia and sensory challenges.

Professionals can read and learn from our lived experiences and hopefully they can use this information and combine it with their expertise. To assist us to prevent falling, help us to learn to accept and adapt to our hallucinations and brain blindness, the noise sensitivity that is making it harder for us to remain included in society.

This booklet will be useful to hand out during dementia friendly training sessions, it's free it can be downloaded. Information about dementia and sensory challenges are hard to find, this booklet gives a brief glimpse into our lives so that you can hear it from our perspective.

We the people with dementia are not giving you a hard time we are having a hard time but by working together we can learn to enjoy life, raise awareness, give hope and reduce stigma.

This project is instigated by Agnes Houston a person with dementia for the last nine years, funded by the Life Changes Trust and facilitated by Donna Houston and Dementia Friendly Communities (Sutherland).

Keywords: Stigma, Sensory, Knowledge



OC019

Date: Friday 22 April 2016

Session: Non-Pharmacological Interventions

IMPROVING THE QUALITY OF LIFE IN NURSING HOME PATIENTS: AN EFFECTIVENESS-IMPLEMENTATION RANDOMIZED CLINICAL HYBRID TRIAL (2013-2017). THE COSMOS STUDY

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Abstract:

Background: Nursing home (NH) patients have complex health problems, disabilities and social needs. COSMOS (COmmunication, Systematic pain assessment and treatment, Medication review, Occupational therapy, Safety) is a practical intervention aiming to test and implement evidence based practice. Advance Care Planning (ACP) by preparing communication with NH patients and relatives is a fundamental part of the COSMOS trial.

Aim: Determine whether ACP improves communication process, ethical decision making and documentation, and reduce hospital admission and costs.

Methods: COSMOS includes a 2-month pilot-study in nine Norwegian NHs (N=128) and a 4-month multicenter, cluster randomized effectiveness-implementation clinical hybrid trial with follow-up at month 9, involving 567 patients from 67 NH units (one unit defined as one cluster). NHs are randomized to COSMOS intervention including a 3-day ACP education program with written guidelines, patient centered discussions and role play for staff, or current best practice (control group). Outcome measures: QoL (QUALIDEM, QUALID, EQ-5D), cost-utility analyses (RUD-FOCA), hospital admission and mortality.

Results: Pilot study data demonstrate an increase in communication, decision making and documentation, and satisfaction among NH staff and relatives in the intervention compared to control groups. Impact of ACP on QoL, hospital admission, and nomination of legal guardians will be presented.

Discussion: Considerable responsibility in care and treatment in NHs depends on commitment and capability of the system. Despite complex challenges, NH patients are often treated by staff with low skills, lack of education, and turnover.

Conclusion: Implementation of ACP related research knowledge may improve QoL in NH patients and people with dementia.

Keywords: Quality of Life, Nursing Home, Implementation Science

Oral Abstracts

OC020

Date: Friday 22 April 2016

Session: Non-Pharmacological Interventions

NEW RESOURCES FOR MANAGING BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

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Abstract:

In 2011 the Australian Government Department of Social Services (DSS) funded the Dementia Collaborative Research Centre (DCRC-ABC) to develop Behaviour Management, A Guide to Good Practice, Managing Behavioural and Psychological Symptoms of Dementia (BPSD) to provide guidance for clinicians working in the Australian Government funded Dementia Behaviour Management Advisory Services (DBMAS) program throughout Australia. DBMAS provide assistance to those caring for persons with dementia, who present with BPSD. Additional considerations for Aboriginal and Torres Strait Islander peoples and those from Culturally and Linguistically Diverse (CALD) backgrounds were incorporated into the Guide. The Guide is available in printed form and freely online. To support the dissemination and implementation of the BPSD Guide, ten in-service training and evaluation packages were developed to assist appropriately skilled clinicians to deliver training in the workplace.

DCRC-ABC subsequently developed a summary version of the BPSD Guide for distribution to service providers throughout Australia. A Clinicians' Field Guide to Good Practice, Managing BPSD is a 'travel size' document which provides a quick reference for clinicians in the field. The content was further adapted to develop A Guide for Family Carers, Dealing with Behaviours in People with Dementia in family friendly language.

As the need for electronic versions of these resources became evident, the BPSD Guide App for clinicians and the Care4Dementia App for family carers and frontline care staff were created. Practical strategies and interventions are provided in a concise, easily accessible format. Both Apps are available for free download to iPad, iPhone and Android devices. We evaluated the effectiveness of the BPSD Guide App to make evidence based recommendations more accessible for use in clinical practice. Analysis of electronic user data, user demographics and qualitative data from focus groups conducted with clinicians throughout Australia indicated that the App has the capacity to support clinicians in their role of assisting those who present with BPSD.

A set of eleven BPSD posters for remote Aboriginal communities is currently under development as part of a collaborative project between DCRC-ABC and Northern Territory DBMAS. The posters have been designed for use by Aboriginal health workers and other clinicians to support the management of BPSD in these communities..

Keywords: behavioural and psychological symptoms of dementia, Management, Apps



OC021

Date: Friday 22 April 2016

Session: Non-Pharmacological Interventions

WHAT DOES “HEALTHY LIFE” MEAN TO CLIENTS WITH DEMENTIA?

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Abstract:

People of different stages of cognitive impairment do not have the capacity to maintain a healthy life due to their deficits in memory, executive functioning and reasoning. It is not easy either for caregivers to understand the basic requirement for the “provision of healthy lifestyle” for their care recipients. It is advocated by WHO (2015) on World Report on Ageing and Health that it is the human rights, regardless of their age, gender and health conditions, to lead a healthy life. The project is thus aimed to develop tailored made intervention for meeting nutritional needs, required range of activity and sensory stimulation of clients of early/moderate stage of dementia. The objectives are 1) to apply a health programme which is mainly focused on home diet and physical activity to people with Dementia; 2), to determine the significance differences on physical and cognitive well beings of clients with Dementia at post intervention; 3) To evaluate the effectiveness of the programme to the clients with Dementia.

Research Design: This is a pre-and post-intervention evaluation study.

Sampling method: Selection Criteria Clients must already be diagnosed with Dementia; living with family caregivers with free of barrier for walking; and no sign of swallowing problem and Able to listen to simple commands. A written consent from the family members was obtained.

Use of Questionnaire: Assessment Pack includes personal particulars of the clients and the family caregivers and physical Assessment on gait, balancing and walking Mini Nutritional Assessment on daily intake of protein, carbohydrates and fat.

The Health Programme: clients are taught how to carry out aerobic exercises, daily walks and brain gym exercises. Individual subject will be monitored of their weekly diet and daily exercises. A diary is used for daily intake of the diet and physical activity. A project assistance will collect the data from the family caregiver. The time interval between the second and third assessment is between 2-3 months.

Results: Descriptive analysis will be conducted to look at the socio-demographic characteristics of the study population. A comparison of means difference of speed and performance time, body weight and BMI between pre-and post-intervention will be performed.

Conclusions: The development of health programme intends to educate the family caregivers of the needs for providing a healthy lifestyle to their care recipients.

Keywords: Dementia, Human Rights, Healthy Life, Physical exercises, nutritional value

Oral Abstracts

OC022

Date: Friday 22 April 2016

Session: Non-Pharmacological Interventions

10-60-6 DEMENTIA CARE PROGRAMME

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Abstract:

Changing cultures towards person centred approaches in dementia care has seen significant progress within the past few years but do person centred approaches alone make for a good care home experience?

A pilot programme has been developed to bring together the latest thoughts and ideas in dementia care along with 3 levels of dementia care training to help care homes to consolidate best practice to enhance the well-being of residents living with dementia.

The model is underpinned by the seven domains of well-being (Powers 2014) and is currently being implemented within 12 care homes across the United Kingdom with a view to complete and evaluate in April 2016.

All twelve homes will receive advice and support to implement the 76 standards from a Dementia Care Specialist throughout the pilot programme, along with training in Levels 1-3 of the newly developed dementia care training. In addition, each home will be trialling a specific activity intervention that has been shown to have some positive effect on well-being for example, Music Therapy, Namaste, Jiminy Wicket, Oomph and Daily Sparkle being amongst the interventions that have been chosen and adopted.

Additionally, the team have developed an observational tool utilising the seven domains of well-being and whilst still in its early stages of pilot (and requiring validation), is proving to be useful in helping both to identify further training need but also to provide positive feedback to staff.

This presentation will share some key qualitative findings that have been obtained during the pilot programme as quantitative information will not be available until June 2016.

Ref: Power G A (2014) – Dementia Beyond Disease: enhancing well-being. Health Professions Press, Baltimore.

Keywords: Culture Change, Person Centred Care, Non Pharmacological Interventions



OC023

Date: Friday 22 April 2016

Session: Non-Pharmacological Interventions

ROBOTIC SEALS – MORE THAN A CUTE AND CUDDLY TOY

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⁴Qatar University, Medicine, QATAR

Abstract:

Background: Apathy, agitation, loneliness and depression are common consequences of dementia and can make life distressing for the person with dementia. These signs and symptoms can also make it challenging for care staff to meet the care needs of the person with dementia and to engage the individual in meaningful activities.

Objective: To reduce agitation and psychotropic medication, improve mood states, and engagement, as well as improve physical activity and sleep duration.

Methods: A cluster-randomised controlled trial with three treatment groups: a robotic animal (PARO), a non-robotic animal (Plush-Toy) or usual care (control). Older people (n=410) with a diagnosis of dementia and living in long-term care participated in the trial. The intervention consisted of three individual 15 minute non-facilitated sessions with PARO or Plush-Toy per week for a period of 10-weeks. This allowed both short term (5 –weeks) and long-term follow-up (10-weeks), and long-term sustainability following withdrawal of intervention (15-weeks).

Results: Interim analysis found the majority of participants were female (n=314), with a diagnosis of Alzheimer's disease (n=148), a mean age of 84.9 and a mean CMAI-SF (30.13/70). PARO group experienced significantly higher pleasure than control and Plush Toy in Intervention weeks. Both verbal and visual engagement was also significantly higher in PARO condition. No significance difference found in step count or sleep.

Discussion: The majority of participants enjoyed the opportunity to spend time with PARO. This presentation outlines what we have learnt to date about the impact of PARO through the secondary outcomes of interest – sleep duration and activity (step count -Sensewear).

¹ Moyle W, Beattie E, Draper B, Shum D, Thalib L, Jones C, O'Dwyer S, Mervin C. (2015). Effect of an interactive therapeutic robotic animal on engagement, mood states, agitation and psychotropic drug use in people with dementia: a cluster-randomised controlled trial protocol. *BMJ Open*, 5: e009097 doi: 10.1136/bmjopen-2015-009097

Keywords: Social Robots, Quality of Life, Non-Pharmacological Intervention

Oral Abstracts

OC024

Date: Friday 22 April 2016

Session: Non-Pharmacological Interventions

EFFECTS FROM ROBOT-ASSISTED GROUP ACTIVITY IN NURSING HOMES – A CLUSTER-RANDOMIZED CONTROLLED TRIAL

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Abstract:

Background: Non-pharmacological interventions are considered appropriate treatment towards agitation and depression in addition to enhance quality of life (QoL) in NH residents with dementia. Effects are reported in intervention studies with emotional robots. This study examines effects and change in behaviors in NH participants with dementia after intervention with group activity with the seal robot Paro.

Methods: Cluster-randomized controlled trial (10 Norwegian NH units) totally 60 residents with dementia, 30 participated in robot-assisted (Paro) group activity, 30 min. twice a week during 12 weeks, 30 in control (treatment as usual). Behaviors in Paro-activity were video recorded twice and analyzed by ethogram. Change in agitation (BARS), depression (CSDD) and QoL (QUALID) were measured at baseline (T0), after intervention (T1) and at follow-up (3 months after)(T2). Stratified analysis on dementia severity were performed on QUALID and behaviors during activity. Mixed models, t-tests, kji-square tests and one-way ANOVA were used to test effects and change in behaviors.

Results: Participants with mild/moderate dementia observed Paro significantly more ($p=0.019$), while participants with severe dementia observed other things more ($p=0.042$). Decrease in communication with Paro ($p=0.014$) and increase in mood ($p=0.011$) from week 2 to 10.

Effects on change in agitation and depression, symptoms of intervention group declined with opposite development in control group from T0 to T2. Effect estimate on agitation was -5.51 CI (0.06-10.97), $p = 0.048$, and -3.88 CI (0.43-7.33), $p = 0.028$ on depression. Effects on change in QoL showed intervention group with severe dementia to be almost stable while the control group with severe dementia worsened in QoL from T0 to T2. Effect estimate on QoL was 7.92 CI (2.16-13.69), $p = 0.008$. There were no differences in participants with mild/moderate dementia.

Conclusions: This study found long-term effects on depression and agitation for participants with dementia after Paro-activity in nursing homes. We also found effect on improved QoL for Paro-participants with severe dementia. Analysis of change in behaviors from activity showed an overall tendency of a decrease in direct Paro activities replaced by increased social interactions in the group settings. Paro seem to be a mediator to increase conversation, and might be a suitable non-pharmacological tool in clinical practice, especially for people with severe dementia.

Keywords: dementia, Paro, group-activity



OC025

Date: Friday 22 April 2016

Session: Early Interventions and Treatments

EXERGAMING; AN INNOVATIVE JOYFUL WAY OF EXERCISING FOR PEOPLE WITH DEMENTIA

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Abstract:

Introduction: Physical activities are recommended, as it contributes to health, functionality, condition and well-being. Also, for people with dementia, there is mounting evidence of the benefits of physical activities. Exercise is identified as having the potential to delay the onset of dementia and reduce its progression. However, many people with dementia are highly inactive. They often experience barriers to engaging in physical activities such as reduction of initiative, a lack of motivation, and orientation problems, making it difficult to independently participate in exercise activities outside the home.

Exergaming is an innovative way of exercising that has strong potential for people with dementia to perform physical activities in a joyful way. With exergaming, the gaming exercises are controlled by physical movements of the player. We performed a systematic literature review to assess the benefits of exergaming interventions for people with dementia. Based on the study results a research into the (cost)effectiveness of exergaming was designed.

Methods: The systematic literature study was performed in Pubmed (until June 2015). Inclusion criteria were: intervention studies among persons with dementia, living at home or in institutions, focused at physical exercise in combination with electronic game elements. An additional search was performed in relevant new journals that are not included in Pubmed.

Results: The Pubmed search resulted in 30 publications of which three met the inclusion criteria. Positive effects were found of exergaming on strength and coordination (trend) (Wittelsberger 2013) and balance, gait and functional mobility (Padala 2012). In the study of McEwen (2014) no significant effects were found, but the exergaming activities seemed feasible and enjoyable for people with dementia. The additional search revealed another study with positive effects on cognitive function (Colombo 2012). Further methodological sound scientific studies were recommended.

Conclusion/perspectives: Exergaming is a relatively new, feasible, enjoyable and promising intervention with potential positive effects on physical and cognitive functioning in people with dementia. So far, little research has been done into exergaming among people with dementia. The design of a new randomised controlled trial to study the cost-effectiveness of exergaming in people with dementia attending day care facilities will be presented.

Keywords: physical activities, intervention, ICT

Oral Abstracts

OC026

Date: Friday 22 April 2016

Session: Early Interventions and Treatments

CHANGES IN THE NEUROCOGNITIVE PROFILE OF HELP-SEEKERS IN A DEMENTIA EARLY DETECTION PROGRAM: 2006 TO 2013

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Abstract:

Background: A community-based, territory-wide dementia early detection program has been provided by the Hong Kong Alzheimer's Disease Association (HKADA) from 2006 onward. The program accepts open referrals that the person with suspected dementia can receive an assessment with 1 to 2 weeks after a referral is registered. It is unclear whether the neurocognitive profile of help-seekers assessed in the early years is different from those assessed in the recent years.

Methods: From 2006 to 2013 (8 years), 1788 people without pre-existing clinical diagnosis of dementia sought help from the early detection program provided by the HKADA. All help-seekers received a comprehensive battery of neurocognitive and psychological assessment, which included the Cantonese Mini-Mental State Examination (MMSE), Clock Drawing Test (CDT), Digit Span, and Fuld Object Memory Evaluation (FOME). Time since first notice of symptoms was ascertained by the person and/or an informant. Clinical Dementia Rating (CDR) was used to measure the severity of dementia symptoms.

Results: The mean age of help-seekers did not significantly change over the 8 years, but the median time between first notice symptoms and assessment showed a decreasing trend: 24, 30, 24, 20, 12, 6, 12, and 12 months in 2006 – 2013, respectively (Kruskal-Wallis test, chi-square=158.7, d.f.=7, P<0.001). Adjusted for age and gender, MMSE score of help-seekers increased by 0.39 point in each succeeding calendar year (95% CI 0.26 to 0.53; P<0.001). The increasing trend was also observed in CDT drawing (coef.=0.16; 95% CI 0.09 to 0.23; P<0.001), FOME encoding (coef.=0.97; 95% CI 0.66 to 1.27; P<0.001), FOME immediate recall (coef.=0.93; 95% CI 0.62 to 1.24; P<0.001), FOME delayed recall (coef.=0.23; 95% CI 0.15 to 0.30; P<0.001), and Digit Span forward (coef.=0.12; 95% CI 0.08 to 0.16; P<0.001). The likelihood of mild or more severe symptoms of dementia (CDR \geq 1) decreased by 8% (95% CI 2% to 13%) in each succeeding calendar year.

Conclusion: Help-seekers in recent years tended to show less severe dementia symptoms and better cognitive functioning, potentially attributable to the increasing awareness of dementia in the community. Further public education is needed to strengthen the public recognition of dementia symptoms.

Keywords: Dementia, Early detection, Neurocognitive functioning



OC027

Date: Friday 22 April 2016

Session: Early Interventions and Treatments

MEMORY CLINIC IN A DEMENTIA DAY CARE CENTER: DESCRIPTION AND PRELIMINARY DATA

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Abstract:

Introduction: Alzheimer's disease (AD) is a progressive neurodegenerative disease that has been described as a rapidly growing epidemic of modern societies. In Greece, Day Care Centers of the Athens Association of Alzheimer's Disease and Related Disorders (AAADR) provides a wide range of activities to people with dementia and their families including Memory Clinics. The aim is to improve dementia diagnosis, to provide timely access to comprehensive assessments and to aid prevention. A population-based, multidisciplinary study, Hellenic Longitudinal Investigation of Aging and Diet (HELIAD), is a part of the Memory Clinic activities.

Methods: Since November 2012, 1279 individuals were examined in the Memory Clinic of the AAADR Day Care Center in Maroussi (36,8% male and 63,2% female with mean age $73,35 \pm 10,37$ and mean educational level of $11,16 \pm 4,75$ years). During the same period, 500 community-dwelling individuals participated in the longitudinal study through random sampling (35,3% male and 64,7% female with mean age $70,96 \pm 5,32$ and mean educational level of $12,45 \pm 1,25$ years). Neurologists and psychologists examined each person. Demographics, medical history, reason for taking the examination e.tc. were recorded for each participant during the clinical evaluation. The neuropsychological assessments evaluate 5 cognitive domains: attention/speed, memory, language, executive and visuospatial function.

Results: In total, 1779 individuals completed the clinical and neuropsychological evaluation. As for the Memory Clinic, 18,8% of the examined people were diagnosed with Alzheimer's disease, 1,6% with Lewy body dementia/Parkinson's disease dementia, 0,6% with Vascular dementia, 0,5% with Frontotemporal dementia, 15,2% with Mild Cognitive Impairment, 7,6% with Anxiety Disorder, 6,5% with Mood disorder/depression and 22,5% with normal cognition. The average score in the Mini Mental State Examination (MMSE) was $23,07 \pm 7,97$ for the Memory Clinic and $27,61 \pm 3,69$ for the individuals participating in the HELIAD. Correlations relating to demographics, neuropsychological tests, medical history e.tc. concerning the full sample will be presented in the conference.

Conclusions: We expect that analysis of our Memory Clinic data will increase our knowledge regarding early diagnosis and prevention. In addition, HELIAD study will provide important data regarding the prevalence, incidence and risk factors of dementia and several other neuropsychiatric diseases in Greece.

Keywords: Memory Clinic, clinical & neuropsychological evaluation, HELIAD

Oral Abstracts

OC028

Date: Friday 22 April 2016

Session: Early Interventions and Treatments

DEMENTIA, PSEUDODEMENTIA, PSEUDOPSEUDODEMENTIA, PSEUDODEPRESSION

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Abstract:

In 1961, Kiloh published an influential paper on pseudodementia, psychiatric conditions mimicking dementia. Clinical guides for distinguishing true dementia from pseudodementia were published with interest in the field peaking in the 1980s and 1990s.

Controversially when investigators followed up of people with pseudodementia, some studies found that many progressed over a few years to true dementia, in other words they were not true pseudodementia but pseudopseudodementia, but another study confirmed that people with pseudodementia did not go onto develop dementia. Subsequently the number of publications rapidly fell to only one paper per year recently.

This review of the literature will summarise the evidence for the concepts of pseudodementia and pseudopseudodementia, clinical differentiation of the conditions from true dementia and provide an explanation for the differences in findings.

Two symptoms common in people with dementia are depression and apathy. Syndromes of depression and apathy are overlapping but distinct. Apathy is often misdiagnosed as depression, which may be considered to be pseudodepression. I will offer clinical guidelines for distinguishing between the two syndromes.

Keywords: Diagnosis, Depression, Clinical



OC029

Date: Friday 22 April 2016

Session: Early Interventions and Treatments

DRUG TREATMENT OF PATIENTS WITH ALZHEIMER'S DISEASE IN THREE EUROPEAN COUNTRIES OVER 18 MONTHS IN AN OBSERVATIONAL STUDY (GERAS)

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⁵Eli Lilly, FRANCE;

⁶Eli Lilly Italia S. p. A., ITALY

Abstract:

Background and objective: Real-world longitudinal data are useful to assess drug treatment use in chronic diseases. The objective of this analysis is to describe Alzheimer's disease (AD) drug treatment over 18 months in an observational study carried out in three countries.

Methods: GERAS is an 18-month prospective, multicentre, non-interventional cohort study in France (n=419), Germany (n=550) and the UK (n=526). AD dementia was defined as mild, moderate or moderately severe/severe (MS/S) based on MMSE score at baseline. Use of acetylcholinesterase inhibitors (AChEIs; i.e. donepezil, rivastigmine and galantamine) and memantine was collected at baseline and at 6-monthly visits.

Results: At baseline 11% of patients in France, 16% in Germany and 15% in the UK were not taking any AD treatment, with no consistent pattern across severity groups within each country. Of those taking an AD treatment, UK patients had the highest baseline AChEI-only use (81% overall versus 57% in France and 58% in Germany) but minimal use of memantine only or in combination, even in patients with the greatest severity. Memantine-only treatment at baseline was greater at all severity levels in Germany (14% mild, 19% moderate and 22% MS/S versus 6%, 6% and 19% in France, and 0.5%, 3% and 3% in the UK, respectively); in France, the combination of AChEI and memantine was more widespread at baseline (22% overall in France versus 9% in Germany and 2% in the UK). The majority of patients remained on the same treatment over the 18-month study period (78% in France, 85% in Germany and 80% in the UK). Of those who did change AD treatment, the most common changes in all three countries tended to be starting an AChEI from no treatment and adding memantine to an AChEI, although there were different patterns across severity groups in each country.

Conclusion: There are some differences in the treatment of patients with AD between countries but high rates of AChEI use and increasing memantine use at the advanced stages are largely consistent with clinical guidelines. The use of memantine in mild AD patients was observed, although is not approved in any country.

Keywords: Alzheimer's disease, Drug treatment, Real world evidence

Oral Abstracts

OC030

Date: Friday 22 April 2016

Session: Health Economics and Dementia Policy

THE WORLDWIDE COSTS OF DEMENTIA 2015 AND COMPARISONS WITH 2010

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Abstract:

Introduction: In 2010 Alzheimer's Disease international presented estimates of the global cost of illness (COI) of dementia. Now numbers of people with dementia has increased and more recent studies have been presented. This is an update of the global estimates.

Methods: A societal, prevalence-based global COI-study.

Results: The estimated worldwide costs of dementia were estimated at US\$818 bn in 2015, an increase by 35% since 2010. 86% of the costs occur in high income countries. Costs of informal care and the direct costs of social care still contribute similar proportions of total costs, while the costs in the medical sector are much lower. The threshold of US\$ 1 trillion will be crossed in 2018.

Discussion: Worldwide costs of dementia are enormous and still inequitably distributed. The increase in costs arises from increases in numbers of people with dementia, and in increases in per person costs.

Keywords: Dementia, Cost of illness, Worldwide



OC031

Date: Friday 22 April 2016

Session: Health Economics and Dementia Policy

QUALITATIVE ANALYSIS AND COST BENEFIT MODELLING OF DEMENTIA SERVICES

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Abstract:

Background and Objectives of the study: In 2015 Alzheimer's Society has commissioned two pieces of evaluative policy research focusing on the provision of dementia diagnosis and post diagnosis support. These reports look specifically at the provision of diagnosis and post diagnosis support, and at a cost benefit analysis model of Alzheimer's Society services, and both will contribute to further demonstrating the key benefits of these services.

ESRO research on dementia diagnosis and post diagnosis support.

The report outlines findings from extensive qualitative research conducted by ESRO, exploring diagnosis and support systems across the UK, looking at experiences of people with dementia, and at areas in the country exhibiting best practice in diagnosis or post-diagnosis support. It identifies suggestions that could be implemented at a local level, from ideas that emerge directly from localities studied in the course of the research. The report also considers the vision for a 'good life' with dementia and ensuring that life doesn't end when dementia begins. It looks at how we can challenge the current postcode lottery of care and work towards more consistency of care for people with dementia across the country. Vision, ownership, integration and communication are identified as fundamental components needed to make the vision a reality.

New Economics Foundation cost benefit analysis of Alzheimer's Society services

NEF have undertaken a cost-benefit analysis of several Alzheimer's Society services for people with dementia. The research looks at the benefits of a one-to-one support service, with intervention at different stages of someone's journey, looking at more signposting and information provision-based intervention immediately after diagnosis, and intervention at a later stage with a greater focus around emotional support. The report also looks at the benefits of a hospital liaison service, which helps to bridge an important gap in current support provision for patients admitted into hospital with dementia and their carers, to improve the quality of a person with dementia's experience before, during and after a hospital stay. The work will identify the benefits to both quality of life (including health) for people with dementia and carers, and potential savings for public bodies via avoided service use and expenditures, for example emergency hospital admissions and GP appointments.

Keywords: Services, Diagnosis, Support

Oral Abstracts

OC032

Date: Friday 22 April 2016

Session: Health Economics and Dementia Policy

COST OF COMMUNITY CARE IN FOR DEMENTIA AND COGNITIVE IMPAIRMENT IN HONG KONG CHINESE: SOCIAL AND INFORMAL CARE TIME ANALYSIS

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Abstract:

Background: Social care and informal care constitutes the largest amount of economic cost in the care of dementia. Using data from a comprehensive health and functioning assessment tool for community-dwelling elders in Hong Kong and staff time measurement, this study aims to investigate the cost of care for dementia in terms of care time, to inform rational social care resources allocation to support persons with dementia and their caregivers in the community.

Method: The sample consists of 298 frail elders using community care service users aged 60 years or above in Hong Kong. Participants were interviewed using the interRAI Home Care 9.1 assessment form between May and August 2014. Data on the types and volume (in time) of formal social care and informal care used over 4 weeks were collected. Cognitive impairment was divided into seven levels according to the interRAI Cognitive Performance Scale. Availability of a dementia diagnosis was also recorded.

Results: The sample had a mean age of 81 years. Total daily care time and the corresponding annual care cost increases from 2.5 ± 2.8 hours and HK\$51,728 (US\$6,632) among cognitively intact participants to 8.9 ± 3.1 hours and HK\$187,145 (US\$23,993) among those who are very severely impaired. One-third (35%) have a diagnosis of dementia, 14% have moderate cognitive impairment without a dementia diagnosis, and the remaining half (51%) having mild to no cognitive impairment. The three diagnostic groups used on average 5.8, 6.5, and 2.4 hours of social and informal care per day, respectively. Participants diagnosed with dementia used more formal care provided by supportive care workers than the other two groups ($F(5,288)=22.5$, $p=0.00$; adjusted $R^2=0.27$). The use of professional formal care services was comparable among the three groups.

Discussion: Care time and costs increased more than three times with increasing levels of cognitive impairment. Frail elders with moderate cognitive impairment with or without a dementia diagnosis used comparable informal care, which is significantly higher than frail elders with mild or no cognitive impairment. Formal non-professional care may be more available to those with a diagnosis. Resources allocation to support community care of frail elders should take into account the substantial informal care cost for cognitive impairment regardless of dementia diagnosis.

Keywords: Cost of care, Community care, Hong Kong



OC033

Date: Friday 22 April 2016

Session: Health Economics and Dementia Policy

2015 REPORT ON THE MILESTONES FOR ESTABLISHING THE KOREAN THIRD NATIONAL DEMENTIA PLAN

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Abstract:

With increasing numbers of people with dementia (PWD) across the globe, the Global Action Against Dementia (GAAD) is on the way around G7 countries with the support of World Health Organization (WHO). In 2014, Organization for Economic Cooperation and Development (OECD) proposed ten key objectives that should be covered by national dementia plans. Many countries including Korea have developed national plans to deal with dementia epidemic. Korean government announced the first National Dementia Plan (NDP) in 2008, the second one in 2012, and the supplementary plan titled "Dementia Confrontational Strategy in Life" in 2014. Until the 2nd NDP, the plan emphasized on the outcome-focused approach rather than the person-centered. By the Dementia Management Act, the NDP should be established every five years. Therefore, in December 2015, the third NDP that will be in effect from 2016 to 2020 was announced based on a systematic comparative analysis on the national dementia plans of G7 countries and a comprehensive evaluation on the 185 key performance indicators (KPI) of the second NDP. In particular, the third NDP was organized 73 specific strategies under four main aims (community centered dementia prevention and management, providing convenient and safe diagnosis, treatment, and care for PWD, reducing caregiving burden for families of PWD, and expanding infrastructures through research, statistics, and technology) according to the Korean Dementia Coping Pathway (KDCoP). We believe the new person-centered NDP will contribute to making Korea dementia friendly so that PWD can live without discomfort.

Keywords: national dementia plan, Korean dementia coping pathway, KDCoP

Oral Abstracts

OC034

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Session: Health Economics and Dementia Policy

CURRENT STATUS REGARDING DEMENTIA IN GREECE - TOWARDS THE IMPLEMENTATION OF THE GREEK DEMENTIA STRATEGY

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Abstract:

Currently, there are 200,000 people living with dementia in Greece and 400,000 family carers looking after them. Due to rising life expectancy worldwide, this number could almost triple by 2050 making dementia one of the most important medical, societal and economic future challenges in Greece.

Although there was no National Dementia Strategy in place, Greece, in accordance with European and global priorities, started to organize and implement dementia programmes since 2006. But so far resources have been limited. There are currently very few specialized services for people with dementia: 13 day care centres and three respite care facilities in Athens, Thessaloniki and smaller towns, which are operated by the Greek Alzheimer Associations with government funding. Consequently, only 5,000 people with dementia and their carers are able to take advantage of the existing facilities.

Compared to their existing needs, services provided are woefully inadequate. There are large areas of the country, especially rural and island areas, which are not covered by any specialized services or facilities. Overall, the major problem is the total lack of social care facilities, long stay institutions and end of life centres throughout the country.

Alzheimer Associations in Greece are very active, realize awareness campaigns and screening programs for the public, educational programs for carers, seminars for health professionals, and scientific research with very limited funding.

Recognizing the magnitude of the issue and responding to lobbying efforts from the Alzheimer Associations, Greek Minister of Health assigned a working group to develop a National Dementia Strategy in October 2013. The working group consisted of specialised doctors and other health professionals, carers, lawyers, health economists. In September 2014, after a consultation period with all the stakeholders involved, the group presented the final draft of the strategy to the Ministry of Health.

In December 2014 the Greek Parliament enacted a law to ensure the implementation of the strategy. This law, supported by the entire Greek political spectrum, authorizes the establishment of an independent strategic public institution: the National Observatory for Dementia and Alzheimer disease. The Observatory will act under the guiding principles of respect, will support the promotion of patients' rights and will ensure the implementation and subsequent updates of the National Dementia Strategy

Keywords: dementia, strategy, law



OC035

Date: Friday 22 April 2016

Session: Health Economics and Dementia Policy

THE IMPACT OF THE ALZHEIMER'S DISEASE SUPPORTIVE SERVICES PROGRAM ON CAREGIVER BURDEN AND COST IMPLICATIONS

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Abstract:

The Alzheimer's Disease Supportive Services Program is a grant-funded federal program administered to states to fund community-based support and education programs at the local level specifically for caregivers of those with Alzheimer's disease and related dementias. The program aims to provide home health care, personal care, day care, companion services, short-term care in health facilities, and other respite care to individuals with Alzheimer's disease or related disorders who are living in single family homes or in congregate settings. Once awarded, ADSSP grants are disbursed through local governments and are based on randomized, controlled studies. Ultimately, ADSSP is intended to allow people living with Alzheimer's disease and related dementias to remain in their home communities for as long as possible, as opposed to being prematurely placed into a nursing home, skilled nursing facility or other institutionalized setting of care due to the significantly higher costs to the patient and to Medicare and Medicaid.

This abstract is from a paper that I wrote using data from ADSSP-funded programs to judge the effectiveness of the program. For the statement of need, I used questions from the Behavior Risk Factor Surveillance System survey. I hypothesized that ADSSP programs lead to reduced caregiver burden and lead to reduced costs to Medicare and Medicaid for the dementia population. I examined data from a study that found this to be true with Savvy Caregiver, which is a caregiver training course funded largely through ADSSP. After offering my own critiques, I concluded that ADSSP is an effective policy because it reduces caregiver burden, leading to a decreased number of preventable hospitalizations; thus the decreased cost to Medicare and Medicaid.

Keywords: grant, caregiver burden, public policy

Oral Abstracts

OC036

Date: Friday 22 April 2016

Session: Dementia Friendly Communities

AN OVERVIEW OF THE DIFFERENT APPROACHES USED IN THE WORK TOWARDS BECOMING DEMENTIA FRIENDLY IN EUROPE

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Abstract:

The concept of Dementia-Friendly Communities (DFC) has been recently introduced in dementia research and practice and has rapidly attracted attention from governments, Alzheimer's organisations and academics in Europe. The concept also builds on the "Age-Friendly Cities" movement, that has been largely developed by the WHO (2007). Whilst there are now several regions, cities, villages and organisations working towards becoming dementia friendly, the term has been used in different ways across Europe. A number of reports have been produced over recent years, however most of these reports have been written and based on the experiences of developing DFC in the UK. This piece of work aims at providing a broader perspective of the term as it has been developed throughout Europe.

Methods: 33 European organisations have participated in the study. Information was collected using a questionnaire with the help of national Alzheimer's associations and national experts. People with dementia (pwd) have been involved in the development of the questionnaire and their views on the various aspects of term DFC have been sought.

Results: This study has collected information about DFC in Europe. Findings suggest that only a small number of countries have fully implemented DFC, however many other countries are now starting this work. There are several similarities on how the concept is used but also relevant differences. An important discussion relates to the differences and interconnections between the standard care and support that pwd should receive and the work that should be developed as part of DFC. In addition to this, and building on the framework developed by the WHO, the study provides a comparative overview of national policies and notable practices in Europe ensuring that environments are better adapted to the needs of pwd, and promoting their social and civic participation, and social inclusion. Examples of issues addressed include outdoors spaces and safety, driving, transportation, employment, voting, stigma and involvement of people with dementia in the development of policies and practices that matter to them. **Conclusion:** This study has identified different ways in which communities can be more inclusive of pwd. It highlights several efforts in Europe to ensure pwd can enjoy a good quality of life and live well with dementia. The DFC concept is relatively new and there is still a lack of consensus on its definition and in regards to how to implement /evaluate it

Keywords: Dementia friendly communities, social inclusion and participation, stigma



OC037

Date: Friday 22 April 2016

Session: Dementia Friendly Communities

CANADA'S OLDEST TOWN TAKES STEPS TOWARDS BECOMING A DEMENTIA FRIENDLY COMMUNITY

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Abstract:

Background: Qualicum Beach is a small town located on Vancouver Island, British Columbia, Canada. Beach has the oldest average population in Canada with almost half of the town's 9'000 residents being older than 65 years of age. This town gives a unique insight into what the future of our aging population may look like and how our small communities can best prepare for the increase in persons with dementia that comes with an aging population.

Objective: A Dementia Friendly Community (DFC) focuses on stigma reduction and the inclusion of people with dementia. Community members in a DFC are educated about dementia and know that a person with dementia may sometimes experience the world differently. The objective of this paper is to present a case study of one grass-roots community engagement initiative working towards becoming a DFC. Implications related to the involvement of small businesses and community members in addressing stigmas associated with dementia, and ways to support those with dementia are identified and discussed.

In December 2015 a Town Hall Meeting was held where both local and international speakers addressed the impact of dementia and creative ways in which other communities have taken steps towards establishing themselves as DFCs. Thus far two things happened in Qualicum since their first Town Hall Meeting about becoming a DFC. Firstly, local community members met to establish a Qualicum Dementia Council- an advisory board that will guide the community to becoming a DFC. Secondly, the Town Council made a motion to allocate both staff and resources to the Qualicum Dementia Council in support of Qualicum establishing itself as a DFC. The progress of Qualicum Beach will be highlighted in this paper as well as the barriers and facilitators that have emerged in becoming a DFC.

Keywords: Dementia Friendly Communities, Essential Dementia-Related Concepts, Social Inclusion

Oral Abstracts

OC038

Date: Friday 22 April 2016

Session: Dementia Friendly Communities

THE ROLE OF PEOPLE WITH DEMENTIA IN CREATING A DEMENTIA-INCLUSIVE SOCIETY

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Abstract:

My presentation will focus on the central role of people with dementia in creating a dementia-inclusive society at a range of levels - local, national and international. It will be of particular interest to those with or without dementia who are working on the dementia-friendly agenda in many parts of the world.

The presentation will draw on recent developments in the UK, including the rapid growth of the DEEP network (Dementia Engagement and Empowerment Project); the completion of JRF's major 'Dementia without Walls' programme; and the increasing number of dementia friendly cities such as Liverpool, Leeds, York and Bradford. It will also draw on evidence from a forthcoming report to be published by EFID (European Foundations Initiative on Dementia) which has been scoping the learning from dementia friendly communities across Europe.

I will explain why it is so essential that people with dementia are at the heart of building inclusion and I will provide various real-life examples of how they have effected practical changes in their communities. I will also describe several national initiatives which are being driven by people with dementia collectively. These include DEEP's campaign with the Dementia Action Alliance on 'Dementia Words Matter'; the project 'Dementia through the eyes of Women'; and the current work on a human rights based approach to dementia services and policy. I will also refer to the growing role of social media in putting people with dementia at the heart of the inclusion movement, including projects such as Dementia Diaries (online audio reporting) and dementia blogs.

From these examples I will present a set of key principles on how to work with and alongside collective groups of people with dementia. These are based on the guidelines drawn up by DEEP.

Keywords: empowerment, dementia- friendly, inclusive



OC039

Date: Friday 22 April 2016

Session: Dementia Friendly Communities

HOW TO IMPROVE THE QUALITY OF LIFE OF PEOPLE WITH DEMENTIA? FRIENDLY NEIGHBORHOOD AMONG DEMENTIA FRIENDLY COMMUNITIES

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Abstract:

In 2015, we established projects to enhance the inclusion of people with dementia and therefore help them to live in a normal way. But who and what can help? People who are part of a dementia friendly neighborhood: local actors and services.

Ligue Alzheimer ASBL strongly supports the idea that a person with Alzheimer's disease is a full citizen and actor of his community. The project encourages their inclusion, ensures the security and the maintenance of social ties, and gives tools to feel more comfortable with the disoriented person to the participants.

First, in partnership with Bastogne, a famous historical city, we build the action "Together, Alzheimer is lighter". This initiative seeks to raise awareness of dementia among citizens, associations and local shopkeepers to encourage and practice hospitality, communication and quality of support for people with Alzheimer's disease or other form of dementia.

Concretely, a first conference took place to inform bakers, hairdressers or butchers. Then, they were invited to follow a brief formation about communication and attitude.

Thus, through their regular contacts with the population, shopkeepers are the central axis of this project. They know their customers and can easily, by specifics attentions to disoriented people, be a landmark for them.

Second, the project "Polidem" aims to establish an identity record at home to facilitate the research for missing persons. Considering that Alzheimer's disease leads to spatial disorientation and therefore ambulation, people with this disorder are prone to disappearances which are generally more worrying.

Originally, this idea comes from a project we already presented "seniors disappearance Protocol", which places an identity record in nursing homes. The objective is the same: rapid access to needed information to immediately start the research.

To be accurate, the record contains the useful information needed to start the research of the missing person: contacts person, carers, habits, former interests and profession, medications, physical description and recent photo, and so on. Concretely, this project is supported by 94% of the carers and 97% of the professionals who participated in our survey.

To summarize, both are practical actions to create a dementia friendly environment. The first project aims social life and liberty and the second promotes fast interventions for people staying in the place of their choice, at home.

Keywords: Dementia Friendly Communities, Quality of life, Tools for services and actors

Oral Abstracts

OC040

Date: Friday 22 April 2016

Session: Dementia Friendly Communities

DFC INITIATIVES IN KERALA, INDIA

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Abstract:

Dementia has affected 4.1 million people in India, of which only 10% gets diagnosed correctly. Low awareness levels is a common reason. Dementia is often associated as normal problem of ageing.

So, creation of dementia friendly communities-DFC was seen as one of the effective solutions, which started with spreading awareness and educating the general public about the symptoms of dementia.

To start with, DFC was taken up in the state of Kerala through a project to make Cochin a dementia friendly city. This awareness based project targeted 1940 school students, old age home staff and its management cadets, senior citizens and community based volunteers. This group was enriched with knowledge on Dementia through lectures, IEC material etc., to identify, guide people with Dementia like symptoms to gain access for diagnosis, care and support from nearby facilities. This was followed by an intensive training programme for over 2000 persons from different walks of life to become dementia guides. These guides were skilled to help people to identify Dementia like symptoms and to get access to early and correct diagnosis with the help of professionals and experts in Dementia care and treatment. These patients and their carers were enrolled as clients of National Dementia Help Line and were regularly followed up proactively as a part of counselling for all requisite support.

Taking DFC initiative forward, a Memorandum of Understanding was signed recently with the state government of Kerala entitled "Kerala State Initiative on Dementia"-KSID. This is a first state private partnership in India. Apart from setting up memory clinics and model service centres, massive awareness programmes were held through the publication and distribution of Information Education and Communication materials. The most ambitious aim of this initiative is to train one hundred thousand volunteers/friends of dementia.

A unique state wide campaign 'I am a Dementia friend' was held as part of World Alzheimer's month observation. This 10 day campaign, covered 14 different cities travelling over 600 kilometres with strategic public meetings, distribution of materials, sporting Dementia friend flags, with all participants taking a Dementia Pledge.

Currently, efforts are on for developing criteria for creating dementia friendly community through discussions with persons with dementia, carers, family members and all other relevant stakeholders.

Keywords: Well being, Dementia Friendly Communities, Awareness Generation



Oral Abstracts

OC041

Date: Friday 22 April 2016

Session: Dementia Friendly Communities

FIRE SAFETY IN THE HOME: LOCAL LESSONS - GLOBAL REACH

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Abstract:

Objectives: Impairment, disability and dementia are substantial factors in increasing the risk of injury or death from fire in the home. There is, therefore, a concern that the number of people with dementia injured or dying in fires in the home will increase, in relation to the rising number of people living with dementia internationally. **Methods:** Mixed methods study. Online survey sent to all Fire and Rescue Services (FRSs) in the United Kingdom (UK) (n=55) to establish provision of guidance and resources for people affected by dementia. Four focus groups: fire service professionals; other professionals; and two with people with dementia and family carers in UK (South West). Explored experiences of home safety risks (including fire risks) and risk reduction strategies, alongside ideas for project outputs such as resources.

Findings: 20 FRSs responded to the survey giving a response rate of 36.4%. A descriptive analysis showed that the provision of guidance and resources for people affected by dementia varies widely across the UK, with few providing dementia-specific information leaflets and resources. During the focus groups, people affected by dementia identified different fire risks and risk reduction strategies to those outlined by professionals. However, a need to understand each person and their individual situation came across in each of the focus groups. This was considered a vital part in determining the individual risks within each home environment. Participants also felt that a range of resources that reflect individual needs would be a useful prevention strategy.

Conclusions: For communities to be truly dementia-friendly there is a need to ensure equity in how services respond to the needs of people affected by dementia. Dementia-specific guidance and resources developed as an output from this project could be shared nationally and internationally to address potential consequences of fire safety inequality in the home. However, there remains a need for cross disciplinary working across all sectors to enable people with dementia and their families, practitioners, policy makers, and the general public to understand and contribute towards effective dementia-friendly communities. This case study of fire safety in the home demonstrates the potential impact of local level studies to improving quality of life of people affected by dementia across the globe.

Keywords: Fire safety, Service provision, Dementia friendly communities

Oral Abstracts

OC042

Date: Friday 22 April 2016

Session: Hospital and End of Life Care

IMPROVING HOSPITAL CARE FOR PEOPLE WITH DEMENTIA

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Abstract:

Background: Dementia is a huge challenge to the National Health Service. Figures suggest it accounts for 42% of older people with unplanned acute medical admission (Sampson, et al., 2013). The Alzheimer's Society report 'Counting the cost: Caring for people with dementia on hospital wards' (2009) revealed that 97% of nurse survey respondents always or sometimes care for someone with dementia and more than half carer respondents thought a hospital stay had a negative effect on the symptoms of dementia. People with dementia are known to remain longer in hospital and the majority will often deteriorate as a result of their hospital stay. Discharge to a care home becomes more likely and antipsychotic drugs are more likely to be used.

Objectives: The Society currently delivers nine hospital services across England and Wales, these are varied however key objectives are:

- improved patient experience
- ensuring people are empowered and treated with dignity and respect
- reduced hospital stay and re-admissions
- reduced isolation and loneliness in hospital
- support for the carer
- timely discharge

The hospital support services currently delivered by us fall into 3 main categories:

Hospital Liaison: Dementia Support Workers (DSW) provide information and support around diagnosis and dementia, hospital stay, plans for discharge and signposting to community services post-discharge. More detailed casework can be provided during inpatient stay or at discharge.

Side by Side (SbS): A volunteer led hospital service to reduce loneliness and isolation in hospital.

Dementia Crisis Prevention Service: 3 Multi-Disciplinary Teams including clinical staff, community nursing supported by 2 DSW posts.

Methods: Our Hospital Liaison Service (HLS) pilot has been evaluated by the Open University. The SbS model is currently being evaluated by the Charities Evaluation Service. There has been an internal NHS evaluation of the Dementia Crisis Prevention Service.

Results: Positive signs from our pilot studies show that these services may:

- Provide essential information and support to carers
- Plug a gap in support for people with dementia first diagnosed in hospital or where condition progresses.
- Help to improve quality of discharge.
- Reduce length of hospital stay.
- A&E attendances reduced by approx 47%
- In-patient spells reduced by 27%
- Number of GP visits increased by 43%

We will feedback on these findings at the conference.

Keywords: Hospital, Diagnosis, Discharge



OC043

Date: Friday 22 April 2016

Session: Hospital and End of Life Care

IMPLEMENTING NUTRITIONAL SUPPORT PATHWAY IN HOSPITAL FOR PATIENTS WITH DEMENTIA

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Abstract:

A report from Alzheimer's Disease International stated that 70% of patients with dementia in hospital suffer from malnutrition. There are many reasons including agitation that depresses appetite, as well as making it hard for patients to sit down for a meal. Limited eating and drinking can lead to increased confusion, slower recovery and poorer prognosis compared to that of a patient getting sufficient nutrition and hydration. So far, no established methods exist that provide tailored nutritional support to patients with dementia in hospital. Certain interventions such as finger foods, coloured tableware, social eating and music can all improve intake. The aim of the project, funded by our charity, is to utilise our innovative ideas as well as these findings to provide a consistent and measured approach to nutritional care in this group of patients, transforming the way in which we supply nutrition and hydration.

We have created a pathway with three designated levels of support a patient can receive depending on what level their nutrition is affected.

'Core support' fundamentals will be implemented with all patients with dementia and includes the use of 'bento boxes' to aid intake, red trays for recognition of at risk patients and monitoring practices such as food/fluid charts along with regular weights taken.

The 'Enhanced support' will be brought in alongside the core features for patients who are still struggling with nutrition. Patients will be assessed by a member of the team and receive regular short term eating and drinking goals. Also, meal service will be switched to a new 5 smaller meals in place of the usual 3.

'Intensive Support' will be given to patients who continue to struggle with nutrition after implementing previous levels of the pathway, as well as patients with an obvious need for this level of support after referral. Daily reviews and 1:1 care will enable frequent stimulation, activities and complementary therapies such as massage to increase appetite and relaxation.

Two healthcare support workers, assigned to the project, will work with participating wards to implement the support the patient's requirements. We believe this new and exciting project will help to improve nutrition and hydration in patients with dementia in hospital. The project will also help with reducing the negative effects that poor nutrition, poor hydration and weight loss can have on recovery and prognoses for patients with dementia in hospital.

Keywords: Nutrition, Hospital

Oral Abstracts

OC044

Date: Friday 22 April 2016

Session: Hospital and End of Life Care

ED DEMENTIA PAIN ASSESSMENT

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Abstract:

Background & Objectives. Older people with cognitive impairment (CI), including dementia, face substantially greater obstacles in receiving effective pain relief, as validated pain assessment tools for CI are not generally used in emergency departments (ED). We assessed the effectiveness of a dementia-specific pain assessment tool on ED analgesia response for older patients with a long bone fracture.

Methods. A RCT was conducted in 8 Australian EDs in a pre/post-test design over 24 months. Participants: 602 older people with a long bone fracture, with random assignment to cognitive assessment (Six Item Screen) and pain assessment (PAIN-AD) (n=323, 53.6%), or cognitive assessment only (n=279, 46.4%). ED staff were advised on use of the PAIN-AD screen to identify and score pain in 5 domains: breathing, vocalization, facial expression, body language and consolability. Primary outcome: Time to Analgesia; Secondary outcomes: Pain assessment, Analgesia given. Analysis: Binary logistic model, adjusted for age, triage code, gender, ambulance analgesia and documented pain score.

Results. 271 (45.1%) participants had dementia (mean age 86), 84% were female and 94% presented after a fall. PAIN-AD was used for 160 (44.8%) participants, reducing analgesic wait time from 176.11 (SD 213) minutes to 123.9 (SD 123) minutes; < 60 minutes (n=180, 29.9%, 33min); >60 minutes (n=422, 70.1%, 182min). Control participants waited 127.7 minutes and older people without dementia waited 162 minutes for analgesia. ED nurses (n=80) and doctors considered people with dementia to be vulnerable to analgesic side effects and administered no/inadequate analgesia to 45% of people with dementia. 19.4% were given only Paracetamol, and most received only one dose in the ED.

Conclusions/Perspectives. Busy EDs, non-use of pain screening tools, poor clinician knowledge of pain as a reason for agitation/delirium in dementia, and poor knowledge of pain assessment and management for people with CI, including dementia, are preconditions for failure to assess pain and administer adequate analgesia. An acceptable pain response by ED clinicians for all older people, including people with CI, requires urgent attention: clinical procedure review, including nurse-initiated analgesic standing orders, targeted education/training in pain assessment, standardised pain assessment screens, and possibly use of a pain prompt protocol by attending family.

Keywords: pain assessment, dementia, Emergency Department



OC045

Date: Friday 22 April 2016

Session: Hospital and End of Life Care

IMPROVING QUALITY OF PALLIATIVE CARE IN LONG TERM CARE FACILITIES IN EUROPE: DEVELOPMENT OF AN INNOVATIVE PALLIATIVE CARE INTERVENTION (EU FP7 PACE)

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Abstract:

Background: Many older people and people with dementia in particular require long term institutional care in the final phase of life. Previous research has shown that palliative care and quality of dying in nursing/care homes is often less than optimal. PACE (EU FP7 2014-2019) performs comparative effectiveness research concerning palliative care in nursing homes in different EU countries (www.eupace.eu).

Objectives: To develop and evaluate the impact of the “PACE Steps to Success” intervention on resident and staff outcomes, an intervention aimed at integrating and improving quality palliative care for all residents living in nursing homes.

Methods: The intervention was originally developed in the UK. Here we describe the results of a cross-cultural adaptation in 7 EU countries (BE, UK, IT, FI, PL, NL, CH) using an iterative process of consultation between researchers and clinicians, and an implementation process review in one facility per country.

Results: The PACE Steps to Success intervention consists of the stepwise implementation of six steps: 1) advance care planning, 2) assessment and review, 3) coordination of care, 4) high-quality care and symptom management, 5) care in the last days of life, and 6) care after death. At the core of the intervention is the nomination of one or more PACE coordinators per facility operating as key champions for the implementation of the intervention. All staff is supported by a Country Trainer who delivers workshops and provides ongoing support and education. A lead international trainer trains and supervises all country trainers. The intervention is currently being implemented in 38 facilities in 7 EU countries (BE, UK, IT, FI, PL, NL, CH).

Conclusion: After extensive cross-national developmental work, the intervention will be tested in a cluster randomized controlled trial, in which 76 facilities across 7 countries are randomized to either intervention or control. Effect, process and economic evaluation will be performed to examine the impact of the intervention, its mechanisms of change, and prerequisites for optimal implementation. We will study impact for all residents and for those with dementia in particular.

Keywords: palliative care

Oral Abstracts

OC046

Date: Friday 22 April 2016

Session: Hospital and End of Life Care

DEVELOPING EVIDENCE-BASED TERMINAL CARE FOR PEOPLE WITH DEMENTIA

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Abstract:

Background/research question. The last days of life live on in recollections of bereaved family and shape the next generation's preferences for end-of-life care. These days should bring comfort for both people dying with dementia and their families. They may benefit from palliative care which is care specialised in improving quality of life for patient and family in the face of incurable illness. The European Association for Palliative Care (EAPC) has defined palliative care in dementia based on evidence and consensus as distinct from, e.g., cancer palliative care. However, in the dying phase, the nature of physical, psychosocial and spiritual care needs differ from needs in other phases, but it is unclear how exactly. In dementia, the dying phase may be a matter of days or weeks because of the difficulty predicting it. How do we develop the best possible terminal care for people with dementia in the face of a small evidence base?

Methods. To prepare for new service development, in 2015, we conducted 8 interviews (interviews are ongoing) with practitioners and project leaders involved in special forms of terminal care for people with dementia in the Netherlands, Flanders, the UK and the US. We developed an interview guide that included their experiences, pros and cons of the service, patient eligibility and transfer, and public image. In fall we also conducted two focus group discussions with family caregivers of people with dementia in variable stages residing in the Amsterdam area and addressed their needs and preferences anticipating or reflecting on the end of life.

Results. Preliminary results of qualitative analyses of the interviews and focus group discussions show that families have complex support needs but may find it difficult to accept involvement of a large team of professional caregivers. Mostly, terminal care is preferred on the place of residence. Only for a selected group of bedbound people and with trained staff, transfer to a general hospice is feasible.

Perspectives. Appealing models empower dementia care staff in nursing homes and in the community to provide high-quality terminal care. This requires collaboration with palliative care specialists and education of a multidisciplinary team. Interventions should structure care processes while retaining flexibility to provide terminal care that is person-centred. We will present evidence from the literature and final results.

BA-MT owns Tao of Care. There is no COI.

Keywords: palliative care, end of life, health care services



OC047

Date: Friday 22 April 2016

Session: Hospital and End of Life Care

HOSPICE VOLUNTEERS IN END OF LIFE CARE OF PATIENTS WITH DEMENTIA

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Abstract:

Background and Objectives of the study: Hospice volunteers play a key role in end-of-life care in Germany. Outpatient hospice care is mainly supported by volunteers; there are approximately 80000 involved in care for the dying at home. The study includes 18 hospice volunteers who took care of dementia patients, visited them on a regularly basis, and spent time with them, often in a nursing home scenario. The aim of the study was to analyze, from the perspective of the volunteers, what their specific assignment in the care of dementia patient at the end of life is all about.

Methods: The volunteers were interviewed after they had completed their commitment in care of the patient with dementia. Typically, this occurred after the death of the care recipient. Contact was established through eight hospice homecare organization coordinators. The organizations were contacted, led by a theoretical sampling, to forward volunteers who had experience with taking care of dementia patients. The interviews were conducted in a setting where the volunteers reported themselves as at ease. All interviews were transcribed afterwards and then analyzed by the researcher. The main method leading the research process is based on general principles of grounded theory methodology.

Results: Initial results from the study indicate that there is a general satisfaction with the volunteers' engagement in care of people with dementia at the end of life. However, the hospice volunteers need to stay very flexible when meeting patients, sometimes with every single visit. The volunteers show a great variety of strategies on managing unpredictable situations. It becomes apparent that the volunteers who volunteer next to their job as a member of the care team, doing voluntarily work beyond their shifts, differ substantially in what they see as a benefit of their engagement.

Conclusions/ Perspectives: The hospice volunteers are flexible in their role of being not specifically assigned to a specific task. The volunteers included in the study reported themselves mainly as a person from the outside. They felt confident in their decision to do what they thought the patient might like or what they like to do. This turned out as a positive effect on their experiences in the care setting they reported in the interviews. It seems that for end-of-life care with patients with dementia in general, not restricting the caretakers to specific tasks opens up great potential.

Keywords: end of life care, hospice volunteers, hospice care

Oral Abstracts

OC048

Date: Saturday 23 April 2016

Session: Research Participation and Prevalence

ROLES AND ATTITUDES OF HUNGARIAN FAMILY PHYSICIANS REGARDING DEMENTIA AND ALZHEIMER'S DISEASE CARE

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Abstract:

History: Dementia in elderly and Alzheimer's disease are a growing health, social and economic problem worldwide. In Hungary, it is also necessary to provide care for an increasing number of elderly people. Hungarian epidemiological data estimate that there are about 200,000 patients with Alzheimer's disease, however approx. 5000 patients are treated with specific therapy. There are many difficulties concerning the care system, only a few institutions can provide high-quality dementia care. A large part of the burden falls on families and family medicine teams, where family physicians play a crucial role as "gatekeepers".

Objective: To introduce how Hungarian family physicians think about their role in screening of dementia. Describe their attitudes in relation to dementia care. To measure the screening methods and habits, diagnostic and therapeutic practices they use.

Method: A questionnaire survey was carried out among family physicians to clarify the objectives above. The results were analyzed by SPSS19 statistical program. A descriptive analysis and non-parametric statistical tests were performed on the items in the questionnaire.

Results: 402 Hungarian family physicians filled in our survey. Screening is considered important by the respondents, but their opinion is divided as to whose responsibility it would be to do it. The available diagnostic tools are known to them, but limited use was found. The therapy is considered difficult, challenging and demanding complex task. Nearly 80% of the respondents did not take part in education related to dementia in the last 2 years, but our study reports that the participants have a more positive attitude to dementia screening and care.

Conclusion: The diagnosis and treatment of dementia is a challenge for Hungarian family physicians due to the difficulties and its complexity. WHO reports that the major cognitive disorders should be a priority in health care systems in the coming decades. In this process family physicians play a major role. Special attention should be given to their education and training in this field.

Keywords: Dementia, Family physician, Attitude



OC049

Date: Saturday 23 April 2016

Session: Research Participation and Prevalence

SETTING RESEARCH PRIORITIES TO INFORM THE AGENDA FOR GLOBAL ACTION AGAINST DEMENTIA

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Abstract:

Background: To reduce the global burden of dementia, a coordinated and rational use of resources is vital. This requires informed priority setting using a transparent, systematic, rigorous, replicable, fair and legitimate process.

Methods: A group of international experts assembled by the WHO used an adapted Child Health and Nutrition Research Initiative (CHNRI) methodology to identify dementia research priorities. The nearly nine hundred research questions elicited from 201 prominent researchers in the field of dementia were categorized into pre-defined research categories (basic, clinical-translational and implementation) and consolidated into 59 research avenues, which were scored anonymously by 162 researchers and stakeholders according to five criteria: potential for success, impact on burden reduction, potential for conceptual breakthrough, potential for translation and equity.

Results: 1332 researchers were contacted and 201 (15%) contributed 863 questions that were consolidated to 59 research avenues after the exclusion of duplicates. 162 scorers from 38 countries (20 HIC, and 18 LMIC) ranked the research questions. Overall, average scores ranged from 0.49 to 0.81, while by criterion, scores ranged from 0.25 to 0.91. In the top ten identified research avenues three were oriented to "prevention, identification and reduction of risk", two to "delivery of care", and one to "public awareness and understanding". Research Avenues relating to "dementia diagnosis, biomarkers development and disease monitoring", "pharmacological and non-pharmacological clinical-translational research", "quality of care", "delivery of care" and "basic research into disease mechanisms" were all present in the extended top 20 list.

Conclusions: Response rates and participation were high, but low income countries were less well represented among those who contributed and scored the research questions. Amongst a variety of themes, dementia prevention and care are the key broad research priorities identified through this CHNRI exercise, which is the most comprehensive and methodologically sound study to date.

Keywords: Public Health

Oral Abstracts

OC050

Date: Saturday 23 April 2016

Session: Research Participation and Prevalence

USING A TARGETED MEDIA CAMPAIGN TO BOOST RECRUITMENT TO RESEARCH STUDIES

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Abstract:

Recruiting participants into dementia studies is a tremendous challenge that can increase the expense of studies and slow down research progress. A review of 24 multi-site Alzheimer's disease clinical trials found that only a third were able to recruit sufficient volunteers within a year (Grill & Karlawish, 2010). A significant barrier to participation in research is a lack of awareness about dementia and the ongoing research efforts. Despite increasing public recognition, many people still mistake dementia as a normal part of ageing and therefore do not understand the need for research studies. As we move towards testing drugs and non-pharmacological interventions at earlier stages of dementia, additional challenges will emerge around recruiting healthy participants who may not perceive any urgency or potential benefits from their involvement.

To aid recruitment to a study of online brain training in healthy 50+ year olds, Alzheimer's Society and researchers at the Institute of Psychiatry, Psychology & Neuroscience at King's College London developed a targeted communications and media campaign. The study is testing the long-term cognitive and functional effects of a brain training package designed to challenge reasoning and problem solving abilities. Launch of the study was timed to coincide with publication of a paper from the first phase of the study- a randomised controlled trial comparing brain training to other online search exercises. In phase I, online brain training was found to improve memory and reasoning skills in those over 50 and bring function benefits in terms of activities of daily living in those over 60.

The media campaign involved: creating a demonstration game for the Alzheimer's Society website; identifying media case studies; creating a promotional film; writing a press release and developing media targeting and social media plans. On launch day we secured more than 80 pieces of national, regional and international news coverage that included BBC Radio 4 Today programme, BBC Breakfast, Sky news, BBC 1 O'clock news, BBC news online, the Telegraph and the Daily Mail. We saw the busiest day on record for the Alzheimer's Society website with 110,000 visits overall (a 122% increase from the previous record) and 91,000 visits to the brain training demo game webpage. Over the course of the week, 17,000 people over 50 completed the registration process for the new brain training study, smashing our recruitment target of 10,000.

Keywords: Recruitment, Brain training, Awareness



Oral Abstracts

OC051

Date: Saturday 23 April 2016

Session: Research Participation and Prevalence

INCREASING OPPORTUNITIES FOR PEOPLE TO TAKE PART IN DEMENTIA RESEARCH. HOW WELL IS THE UK JOIN DEMENTIA RESEARCH SERVICE ADDRESSING THIS CHALLENGE?

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Abstract:

In UK Prime Minister David Cameron's "challenge on dementia" published in 2012, it was noted that "people with dementia and their carers are not routinely offered the opportunity to participate in high-quality research and there is no nationally consistent system to enable them to do so, should they wish." A 2014 YouGov survey identified that 2/3 people are interested in taking part in dementia research, but less than 1 in 5 know how to find out about it.

Join Dementia Research (JDR) is a national service that has been set up to address this challenge of increasing opportunities for people to take part in dementia research. How successful has JDR been since its launch in February 2015 at addressing this challenge? Has JDR increased awareness about dementia research and made it easier to take part? Does JDR have national coverage and is it facilitating recruitment of people who would not have previously had the opportunity to take part in research?

We present the results of a demographic analysis and survey of the first 13,000 people to sign up to the Join Dementia Research. JDR has increased awareness of what research is going on for 81% of respondents; and made it easier to take part for at least 73%. Before signing up to JDR 93% had not been approached about research. There is no significant difference in the distribution of types of dementia between the general population of people with dementia and people signing up to Join Dementia Research with dementia. 9% of volunteers are aged 76-98, 47% 56-75, 29% 40-55, and 15% 18-39. 73% of people signing up are women. There is geographical variation in both rates of sign up and enrolment in studies across the UK. 30% of people with dementia on Join Dementia Research have been enrolled in a study, compared to 5% in the general population.

This analysis suggests that Join Dementia Research is addressing the challenge of opening up opportunities for people to get involved in dementia research. There is further work to do to smooth regional variation and to attract more men, and in general more people with dementia, to register.

Keywords: Research, Recruitment, Register

Oral Abstracts

OC052

Date: Saturday 23 April 2016

Session: Research Participation and Prevalence

A MULTICENTER, CROSS-SECTIONAL STUDY OF DEMENTIA PREVALENCE AND ITS SUBTYPES IN ELDERLY AND OLDEST-OLD CHINESE VETERANS

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Abstract:

Background and Objectives: The Chinese veterans who experienced World War II and the Korean War have entered the stage of advanced age, and are predominantly composed of males with relatively higher education level. Therefore, we aimed to investigate the prevalence of dementia among elderly and oldest-old Chinese veterans.

Methods: A multi-center, two-phase, cross-sectional study was performed on the basis of Chinese Veteran Clinical Research (CVCR) Platform for the assessment of Non-communicable diseases. The participants were veterans aged ≥60 years. They were all screened with the Chinese version of the Mini-Mental State Examination and the Montreal Cognitive Assessment. A series of neuropsychological batteries were further performed.

Results: 9676 Chinese veterans in 18 cities were recruited. The average age of the participants is 82.01 ± 4.61 years. 94.01% participants are male and 83.36% subjects have at least a junior high school degree. A total of 9,151 (94.6%) veterans in phase 1, and 3574 among 4,875 veterans in phase 2, responded to this investigation. Among 7,445 veterans with complete clinical information, 984 veterans were diagnosed with dementia and the prevalence of dementia among Chinese veterans aged ≥60 years was 13.22%. The prevalences of AD, VD, non-AD degenerative dementia, mixed dementia and other dementia were 7.39%, 2.75%, 0.95%, 0.86%, 1.20%, respectively. The constituent ratio of AD decreased with age, while that of VD and other subtypes of dementia increased with age. The age standardized prevalence of dementia, AD, and VD among veterans aged ≥60 years were 3.35%, 1.47%, 0.59%, respectively. The age standardized prevalence of dementia among veterans aged ≥80 years were 19.30%. The prevalence of dementia significantly increased with age, but markedly decreased with the level of education. The prevalence of dementia doubled with every 4.16-year, 4.56-year, 4.42-year, and 6.75-year increment in age 60-79 years, 80-84 years, 85-89 years, and ≥90 years, respectively.

Conclusions: The age standardized prevalence of dementia and AD among elderly and oldest-old Chinese veterans were lowered than those of general population in communities. The increasing rate of dementia prevalence with age and the constituent ratio of AD in dementia subtypes decreased among oldest-old population.

Keywords: Dementia, Prevalence, Oldest-old



OC053

Date: Saturday 23 April 2016

Session: Research Participation and Prevalence

ADDRESSING THE INCREASED PREVALENCE OF DEMENTIA IN AUSTRALIAN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

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Abstract:

Introduction: Aboriginal and Torres Strait Islander people have higher rates of chronic disease and poorer health outcomes than the general Australian population. Recently, an increased risk of dementia has also been identified in Aboriginal Australians aged 45 years and over, with rates being up to five times higher than the Australian population at 12.4% compared to 2.4% for the same age. It is not known if Torres Strait Islanders, who comprise 10% of all Indigenous Australians, share this increased risk of dementia, although high rates of vascular disease, which may increase this risk, are found in these communities. The aim of this study was to assess the prevalence of dementia amongst residents aged 45 years and over living in the Torres Strait.

Methods: A total of 111 Torres Strait residents (34 male) aged 41 to 91 years (M=64.1, SD11.4) participated in the study. The majority (94%) were residing in the community with the remainder recruited from the local hospital and nursing home. Participants underwent a comprehensive medical assessment by a Geriatrician and were diagnosed as having dementia, cognitive impairment, no dementia (CIND) or normal cognition.

Results: The prevalence of dementia in the sample was 11.7%, which was significantly higher than in the general Australian population. All but one were diagnosed with Alzheimer's disease (AD), vascular dementia (VaD) or mixed AD/VaD. Overall, cognitive impairment was found in 31% of the sample and rates of vascular risk factors were high, with 91% of those with cognitive impairment and 76% of those with normal cognition having at least one risk factor.

Conclusions: The results highlight the need for screening for cognitive impairment and dementia in Aboriginal and Torres Strait Islander communities aged 45 and over to ensure early diagnosis and intervention for those affected by dementia. The need for a culturally appropriate model of care is also crucial to effectively address this problem and there is a role for all health professionals to actively promote healthy lifestyles across the lifespan to reduce dementia risk.

Keywords: Aboriginal and Torres Strait Islander research, dementia, cross cultural assessment

Oral Abstracts

OC054

Date: Saturday 23 April 2016

Session: Action on Dementia Strategies and Policies

THE INDA PROJECT: TOWARD TO THE HUNGARIAN DEMENTIA STRATEGY

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Abstract:

As the number of people with dementia rises, societies must learn to live with this phenomenon. Developing innovative solutions to make life with this condition as good as possible for not only the frail patients and their caregivers in everyday life, but also for the whole society is essential.

The Social Cluster Association in cooperation with the Roman Catholic Church Charity Service launched the "Interprofessional Dementia Approach" (INDA) Project. The program aims to contribute in a process of social inclusion and set up interprofessional background for the foundation of the Hungarian Dementia Strategy involving experts from the social and medical services, caregivers, experts of education, also decision makers and participants of informal care.

Main parts of the project are:

1. Pilot research: data about dementia. We investigated, how many people are living with dementia in elderly homes and in daily care services and different screening tests were carried out by GP-s. A screening program was organized with collaboration of the comprehensive health tests program of Hungary – providing an opportunity to focus on important relationship between different factors.

2. Education: for both professionals and informal caregivers

The program offered an interprofessional training for social and health care professionals to have well-founded knowledge of medical, psychological and social changes associated with dementia.

Also informal caregivers have to be aware of the different symptoms of the disease – their education was also part of the program. Besides, we published detailed information brochures for them.

3. Campaign

The main question is, how to ensure that the society becomes more aware of dementia and more tolerant towards patient and its family? How to improve the knowledge about dementia in communities and how to reduce the stigmatization of the patient? The program was carried out by researchers and appeared several times in the local and national media in order to raise an attention to dementia.

The project showed how many people in the Hungarian society suffer from a lack of information or insufficiency of services and especially from the stigmatization - there are desperate families who need helps and need answers about dementia. We do believe that the attitude towards dementia can be changed – and the INDA is a possible framework to improve the quality of life for people living with dementia and also for professionals and informal careers.

Keywords: interprofessional approach of dementia ; INDA, dementia friendly community/society, quality of life



OC055

Date: Saturday 23 April 2016

Session: Action on Dementia Strategies and Policies

THE AUSTRIAN DEMENTIA STRATEGY

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Abstract:

In January 2015, the Ministry of Health and the Ministry of Social Affairs launched an initiative for the preparation of a dementia strategy for Austria after dementia was mentioned in the governmental working plan of 2013-2018. Three organizational levels were introduced to complete the work. The strategy development is led by a steering committee consisting of political and administrative representatives from the social and health ministries. This committee defined the work strategy and appointed working group leaders, made process-relevant decisions and will decide on the results. The definition of the fields of action was made by a plenum consisting of institutional decision makers, administrative representatives of the 9 Austrian counties, representatives of the communities, care organizations, representatives of research and family caregivers. The Plenum also made recommendations on the nomination of working group members. Working groups were formed for the following 6 fields of action: 1. Fighting the stigma and empower participation, 2. Access to the right services at the right time, 3. Support care providers and family carers, 4. Improve professional education, 5. Interdisciplinary coordination and cooperation, and 6. Research.

The goal of the working groups was to formulate action goals and suggestions for actions. General principles as a basis for the strategy were defined. The needs of persons with dementia and their support providers are in the centre of attention, persons with dementia should be involved in the developmental process of the strategy as much as possible, resources and strengths of persons with dementia should be supported, "health in all policies" should become a basis for all decisions, fair chances for persons living in different environments, the methods applied to support persons with dementia and their support providers should be evidence-based. Projects or services already successfully implemented into practice should be acknowledged and their efficacy tested. The working groups started their work in the spring of 2015. After the conclusion of the groups, a paper outlining the strategy was distributed for consultation. On December 14th 2015, the results of this working process will be presented to the public. After that, the parliament has to approve the strategy.

This presentation will inform about the results of the Austrian Dementia Strategy and future implementation steps.

Keywords: Austrian Dementia Strategy, government policy, Working plan

Oral Abstracts

OC056

Date: Saturday 23 April 2016

Session: Action on Dementia Strategies and Policies

INVOLVING PEOPLE WITH DEMENTIA IN NEW DEMENTIA STRATEGY

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Abstract:

Background: Norway was one of the first countries globally that launched a national dementia strategy operating from 2007 to 2015. The strategy focused on day-time activities, better adapted living arrangements and increased knowledge. The strategy has had an impact for local communities and for dementia care. However, Norway still faces challenges, and some of the goals have not been achieved.

Method: The Norwegian Health Association has been working over several years to get the government to commit to the making of a new strategy. The Norwegian Ministry of Health and Care Services were also encouraged to include people with dementia and their carers in developing the strategy, inspired by the work in England and Scotland.

In the fall of 2014 the Ministry initiated a working group and invited the Norwegian Health Association and Norwegian National Advisory Unit on Ageing and Health. The working group planned and arranged seven dialogue meetings all over Norway. Every meeting had an introduction from the Ministry and a presentation by a person with dementia. Then all participants performed in structured group conversations.

Results: The dialogue meetings gathered over 700 persons with dementia, carers, volunteers and employees in the local health and care services. The main topics that came up in the dialogue meetings were more involvement of people with dementia, timely diagnosis, case management, more knowledge in health services and society, the need for meaningful activities and better quality in nursing homes.

Conclusions: This is a historic involvement of people with dementia in Norway. The Government benefited from this process as they learned more about the challenges still existing in Norway and which actions should be taken, from those who live and work with dementia every day.

The Norwegian "plan for dementia 2020" is to be presented by the Minister of Health early December 2015.

Keywords: policy, involvement, people with dementia



Oral Abstracts

OC057

Date: Saturday 23 April 2016

Session: Action on Dementia Strategies and Policies

MEMORY RESEARCH 2015

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Abstract:

The Finns are one of the fastest aging nations in the world. As the population ages, the number of people suffering from memory diseases increases. Progressive memory diseases pose a special challenge for public health, welfare and national economy.

Since the end of nineties The Alzheimer Society of Finland has researched every fifth year how services for people living with memory diseases have been organized and what is their quality in towns and other municipalities in Finland. This year (2015) Memory research was executed in co-operation with The National Institute for Health and Welfare (THL), a research and development institute under the Ministry of Social Affairs and Health. Research is included in the implementation plan of The National Memory Programme 2012–2020. Research questions were addressed in May to leading social and health authorities of all municipalities by an internet survey and answers were processed and compared with the answers of researches 2005 and 2010. The Memory Research 2015 will be published in November.

Topics of the research are for example: memory diseases in health and social policy, availability and quality of the first phase services, expertise of the personnel as well as coordination, availability and quality of the care and services. An important topic is also the co-operation between municipalities and third sector organizations like memory associations. Because the questions have been the same in 2005, 2010 and 2015 researches, it is also possible to evaluate the direction of development. Ten major improvement objects will be raised from the research findings. Special attention will be paid to services that support independent living at home.

Results of the research will be utilized by municipalities to develop the care and service given to people living with memory diseases and to their carers. Local Memory associations and Memory pilots can use the results in their work for memory-friendly society.

Keywords: Memory disease, Services, Municipalities

Oral Abstracts

OC058

Date: Saturday 23 April 2016

Session: Action on Dementia Strategies and Policies

ALZHEIMER AND THE MEDITERRANEAN REPORT: SPECIFIC NEEDS, COMMON SOLUTIONS

Salome Nicaise¹, Federico Palermi¹

¹AMPA, MONACO

Abstract:

Background: Mediterranean countries are united by historical, geographical and cultural links. There is still little knowledge about the problem surrounding Alzheimer's disease, which remains under-estimated and insufficiently documented. This will lead, in the coming years, to dramatic human, health and social consequences in the Mediterranean. Coordinated by the Monegasque Association for Research on Alzheimer's disease (AMPA), the MEDITERRANEAN ALZHEIMER ALLIANCE (MAA) was launched in 2013 and now brings together 17 Mediterranean countries. The MAA has published the first "Alzheimer and the Mediterranean Report" in 2015.

Objectives: This report aims to present an update of needs of people with Alzheimer's disease and their carers and analyse the emerging medical and social challenges in this region. It addresses ten themes: 1.Public policy, 2.Law and ethics, 3.Socio-economic costs, 4.Care and support, 5.Diagnosis, 6.Medical treatments and psychosocial interventions, 7.Research and prevention, 8.Professional carers, 9.Family carers, 10.Social representations.

Method: This report presents the results of the ALZMED study, which was composed of a review of national and international literature, a survey in the form of a declarative questionnaire conducted in member countries and 30 interviews of international experts.

Results: The report highlights certain differences between the countries in the Mediterranean region. The most significant disparities concerns: various levels of political awareness and allocation of funds - variable application of rights recognised for people with Alzheimer's disease - unequal access to diagnosis, services and treatments - different levels of training among healthcare professionals. It also underlines several common points, which illustrate the specificities of the Mediterranean. The most important include: alarming increase in the number of people with Alzheimer's disease - strong impact on socio-economic costs - unspecialised care and support - lack of biomedical, clinical and social sciences research - weakening family solidarities - lack of recognition for family carers - negative image of the disease -increasing issue of ageing migrants.

Conclusion: Considering that Alzheimer's disease is set to be a global challenge for tomorrow in the Mediterranean region, this report puts forward recommendations on a regional and international level in order to anticipate common solutions and provide better support and care.

Keywords: Alzheimer, Mediterranean , Perspectives



OC059

Date: Saturday 23 April 2016

Session: Action on Dementia Strategies and Policies

THE NATIONAL PREVALENCE OF COGNITIVE IMPAIRMENT, NEUROPSYCHIATRIC SYMPTOMS AND PAIN IN SWEDISH NURSING HOME RESIDENTS

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Abstract:

Background: Research have shown that the prevalence of cognitive impairment, pain, and neuropsychiatric symptoms is high in nursing homes internationally. However, there is a shortage of nationally representative and internationally comparable data from Swedish nursing home contexts.

Methods: Cross-sectional data from 188 randomly selected nursing home facilities were collected between November 2013 and September 2014. A total of 4831 residents were assessed for cognitive and functional abilities, pain and neuropsychiatric symptoms.

Results: Preliminary results indicate a comparably high prevalence of cognitive impairment equal to dementia, neuropsychiatric symptoms, ADL dependency and pain and among residents in Swedish nursing homes, together with a seemingly extensive length of stay. Pain was more prevalent among residents that were dependent in ADL as well as among residents with dementia and only about 50% of residents with dementia resided in a special care unit for people with dementia.

Conclusion: The prevalence of debilitating symptoms were high in this national sample, indicating that there is room for improving care and treatment to meet residents' complex needs. The results indicate a need to further the availability of special care units for people with dementia.

Keywords: Nursing home, Prevalence study, National study

Oral Abstracts

OC060

Date: Saturday 23 April 2016

Session: Education and Training of the Workforce

EDIE - THERE'S MORE TO ME THAN YOU THINK: A SHORT FILM ABOUT LIVING POSITIVELY WITH YOUNGER ONSET DEMENTIA

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Abstract:

The genesis of this presentation came from preparing a keynote address for the ADI Conference in Perth. My carer partner and I have wanted to provide an insight into a typical day for someone living with younger onset dementia. The purpose of this project was to further educate those choosing to work with people with dementia, particularly younger onset dementia. The project was produced by an independent academic experienced in the area and three of us allowed it to evolve over many months. We wanted to capture my thoughts and feelings in daily life and interactions. We wanted something that was authentic and would show my individuality and my character. We wanted to challenge the idea that dementia is just a "long goodbye". It began as "A Day in the Life of Edie" to draw out my personality and capacities and initially was to be based on my words; it quickly moved to taking photographs, then to photographs with captions to eventually producing a short film with captions to finally using voice overs of my narrative to enhance these moments in time, which represent different aspects of me and my life. Our film captures the essence of who I am as a person, a woman, a lesbian and a partner and I believe it accurately reflects my values and feelings and the things which are important to me. We certainly had a lot of fun creating it. Our film is an attempt to reinforce the concept that there is much more to the life of a person with dementia than is commonly thought. We still have our own personality, history, sexuality, idiosyncrasies, likes, dislikes, fears and hopes. Our challenge to dementia care workers is to find out more about each of us, our uniqueness, our specialness, our difference and our sameness so as to establish a meaningful relationship for the good of both. We challenge you to see beyond the dementia as we do. Dementia isn't just about loss, it's also about change, including growth. I give several personal examples of this in my presentation. I will also emphasize the importance of care providers recognizing the existence and interdependence of our life long relationship when providing care for me. We are "Team Formidable". We are fortunate to have a producer who is just as committed to the project as we are and who sees the need for training and capacity building in people working with people with dementia.

Keywords: PLWD, Younger Onset Dementia, Short Film



OC061

Date: Saturday 23 April 2016

Session: Education and Training of the Workforce

TRAINING HEALTHCARE PROFESSIONALS TO DEAL WITH ETHICALLY CHALLENGING SITUATIONS

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Abstract:

Background and objectives: Caring for people with dementia in an ethical manner is not an option but a fundamental component of good care. However, professional carers of people with dementia in care homes and hospital settings sometimes find themselves in situations in which it is hard to decide what, if anything, would be the right thing to do. It is particularly difficult to make such decisions when each possible option seems to be good for some people but not for others. In addition, professional carers may hold very different ideas about what is (morally) right or wrong and on what basis a certain approach would or would not be ethically justifiable. Such issues are further complicated when acting ethically in the context of professional dementia care is incompatible with respecting established professional and institutional procedures or formal guidelines for care. The wellbeing of the person with dementia must be the central concern when providing care in care homes and hospitals, but this must be balanced against other concerns related to the wellbeing and rights of other people. The aim of the project was to create materials to encourage healthcare professionals to accept personal responsibility for ethical care and to address ethical dilemmas and challenging situations when encountered.

Methods: The production of the training materials was the outcome of a year's extensive work. This consisted of an expert consensus group approach involving ethicists, healthcare professionals, a person with dementia and Alzheimer associations.

Results: The training booklet/materials provide background information, a structured approach to tackling ethically challenging situations, vignettes, expert commentaries and supporting documents. This presentation will focus on the eight components of the structured approach to tackling ethically challenging situations which was developed by the working group.

Conclusions/perspectives: Healthcare professionals cannot be expected to resolve single-handedly every ethically sensitive situation or dilemmas they may encounter. However, they should be encouraged to reflect on ethical issues, address those that are within their power to address, challenge unethical care practices and share their insights with others. Ethical reflection is a central part of providing good dementia care and should be promoted through ongoing professional training.

Keywords: ethically challenging situations, training, healthcare professionals

Oral Abstracts

OC062

Date: Saturday 23 April 2016

Session: Education and Training of the Workforce

DOES AN AGED CARE SPECIFIC LEADERSHIP PROGRAM FOR MIDDLE MANAGERS IMPROVE WORK ENVIRONMENT, STAFF RETENTION AND CARE QUALITY AND SAFETY?

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Abstract:

Introduction: Aged care managers play a pivotal role in setting and improving the standards of care and the health and well-being of people with dementia and others in their c. The study aimed to determine the effectiveness of a clinical and managerial leadership program in aged care (CLiAC) in improving work environment, workforce retention, as well as care safety and quality.

Methods: The study was a double-blind cluster randomised controlled trial conducted at 12 residential and 12 community aged care sites in Australia. Middle managers of the intervention group received a 12-month CLiAC program to further develop their leadership and management skills in creating positive workplace relationships and in enabling person-centred, evidence-based care. All care staff employed for 6 months or longer at the aged care sites were invited to participate in the surveys at 3 time points over 18 months. The primary outcomes were care staff ratings of the work environment, care quality and safety (clinical indicators, person centred care and approaches to dementia care), and staff turnover rates.

Results: At 6 months after its completion, the CLiAC program was effective in improving care staff's perception of management support (mean difference 0.61, 95% confidence interval: 0.04 to 1.18; P=0.04). Compared to the control sites, care staff at the intervention sites perceived their managers' leadership styles as more transformational (mean difference 0.30, 95% confidence interval: 0.09 to 0.51; P=0.005), transactional (mean difference 0.22, 95% confidence interval: 0.05 to 0.39; P=0.01), and less passive avoidant (mean difference 0.30, 95% confidence interval: 0.07 to 0.52; P=0.01); and were rated higher on the overall leadership outcomes (mean difference 0.35, 95% confidence interval: 0.13 to 0.56; P=0.001) as well as individual manager outcomes-extra effort (P=0.004), effectiveness (P=0.001), and satisfaction (P=0.01). There was no evidence that CLiAC was effective in reducing staff turnover, or improving patient care quality and safety.

Conclusions: The CLiAC program had direct impact on improving managers' support for staff and their leadership style, behaviours and outcomes, but this was insufficient to change turnover, care quality and staff attitudes. The findings send a strong message that leadership and management skills in aged care managers can be nurtured and used to change leadership behaviours at a reasonable cost.

(No conflict of interest)

Keywords: leadership, work environment, care quality and safety



OC063

Date: Saturday 23 April 2016

Session: Education and Training of the Workforce

DEMENTIA PALLIARE BEST PRACTICE STATEMENT. INTERPROFESSIONAL EXPERIENTIAL LEARNING SOLUTIONS: EQUIPPING THE QUALIFIED DEMENTIA WORKFORCE TO CHAMPION EVIDENCE INFORMED IMPROVEMENT TO ADVANCED DEMENTIA CARE AND FAMILY CARING

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Abstract:

Introduction: The Dementia Palliare project aims to strengthen interprofessional collaboration in dementia care; this will be facilitated through a virtual international Community of Practice (CoP). This learning environment will bring together people with a common interest to share and learn from one another to champion evidence informed improvements in advanced dementia care and family caring. Dementia Palliare is a new concept about positive practice development around the support of a person with advanced but not end stage dementia, who has limited opportunities for self-realisation and is increasingly reliant on the support of others for their health and wellbeing. The Best Practice Statement is a key objective of the ERASMUS+ Dementia Palliare project and a base for educational modules.

Methods: The Best Practice Statement is informed by an integrative literature review, a dementia policy review and 22 in-depth case studies on the experience of people with dementia, their family and friends and professional staff in seven countries and an educational gap analysis. The executive summaries of these reports are available to view at <http://www.uws.ac.uk/palliareproject/>

Results: Six main areas for practice and education were identified: Protecting rights, dignity and inclusion. Future planning for Dementia Palliare. Managing symptoms and keeping well in Dementia Palliare. Living the best life possible. Support for Family and friends. Advancing Dementia Palliare Practice.

Conclusion: Best Practice Statement is intended to serve as a guide to promote a consistent and cohesive approach to care in Dementia Palliare. The primary target audience for this statement are professionals (who are qualified to EQF level 6 or above) working with people who have advanced dementia and their family and friends, in any community, health or social care setting. It informs the development of three interprofessional learning modules focused on equipping the qualified dementia workforce to champion change based on an experiential learning framework.

Keywords: advanced dementia, education, best practice statement

Oral Abstracts

OC064

Date: Saturday 23 April 2016

Session: Education and Training of the Workforce

DEMENTIA EDUCATION AND TRAINING THROUGH SIMULATION: DEVELOPMENT AND EVALUATION OF SCENARIOS FOR THE ACUTE HOSPITAL SETTING

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Abstract:

Background: Skills for Health, Health Education England and Skills for Care (2015) in 'Dementia Core Skills Education and Training Framework' describe tier 2 dementia training as the provision of basic skills which are relevant to all staff in settings where people with dementia may attend. The framework contains 13 recommendations, which range from identification, assessment and diagnosis to end of life care. Health Education Thames Valley commissioned the development of Dementia Education and Learning Through Simulation (DEALTS), which has been adapted for many clinical settings. However, there remains a lack of evidence of the applicability of scenarios and the impact on staff knowledge.

Aim: To develop and evaluate scenarios for an acute hospital setting, including the impact on staff knowledge.

Methods: Scenarios were adapted for the acute hospital setting by Dementia and Elderly Care Practice Educators. Delivery of simulation training occurred in an NHS Foundation Trust Education Centre with dedicated simulation staff. Each training session contained three scenarios to provide a continuum of the progressive nature of dementia. Scenarios included national legislation, communication and the promotion of local initiatives such as the 'This is Me' booklet and the forget me not scheme. Dementia knowledge questionnaires were completed by staff pre and post training, alongside an evaluation feedback form.

Results: Tier 2 Simulation Training was delivered between April and October 2015 (n=15), pre and post dementia knowledge questionnaires (n=141) and evaluation feedback forms (n=139) were completed. Improvement in knowledge ranged from 0-18 (maximum total 31). Evaluation feedback included: 74% and 71% strongly agreed they expected to implement this learning in their work environment, and the training had improved their confidence in caring for people with dementia, respectively.

Discussion: Tier 2 dementia simulation training was beneficial for staff as impacted positively on both their clinical practice and dementia knowledge. Ward based staff reported the applicability of the scenarios, although staff from out-patients requested a more specific clinical scenario. The training was developed prior to the publication of the Dementia Core Skills Education and Training Framework (2015) and can be mapped to 12 of the recommendations, but currently not end of life care. Development of scenarios to include out-patients and end of life care is in progress.

Keywords: Simulation training, tier 2 dementia training, acute hospital



OC065

Date: Saturday 23 April 2016

Session: Education and Training of the Workforce

CO-FACILITATING DEMENTIA CARE EDUCATION AND LEARNING WITH A PERSON WITH DEMENTIA IN AN ACUTE HOSPITAL SETTING

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Abstract:

Objectives: Explore the development of a new model for learning and engaging staff in an acute hospital trust. Explore the impact of having a person with a lived experience of dementia co-facilitating dementia training.

'The National Dementia Strategy' Government report in the UK has identified the need to establish high quality education about the needs of people with dementia to staff delivering hospital care. Most recently, Health Education England included the ambition to train staff in dementia in their mandate and the Health Minister Dan Poulter stated that 'All NHS staff are to receive specialist dementia training within 4 years'.

Imperial College Health Care has developed several successful initiatives to kick start dementia training in the acute hospital setting by developing a range of learning opportunities; dementia study day, corporate induction for new starters and bespoke training. However, we wanted to make the learning experience not just about training, but more meaningful and person centred. At the beginning of 2015, the contents of all our staff training had a major overhaul with the focus shifting to incorporate the concept of 'living well with dementia'. This ethos is now reflected in all the dementia education that is undertaken by the team with the most significant change has been the introduction of using a person with a lived experience of dementia to co-facilitate sessions. Co-facilitating sessions has allowed staff to develop a real sense of empathy and appreciate the lived experience of dementia and how this relates to the patients they care for. The new ways of learning has provided staff with the opportunity to explore their own fears and challenge stigma. Over all it has had a profound impact on staff perceptions of what it means to have a diagnosis of dementia, to live well with dementia and how they can adjust the ways they work to ensure that the person with dementia can function at the most optimal level.

References:

Living Well with Dementia: A National Dementia Strategy, Department of Health (2009)

Dan Poulter MP, Parliamentary Under Secretary of State at the Department of Health (2014).

Keywords: Co-Facilitation with a Person Living with Dementia, Staff Education and Training , Acute Hospital Trust

Oral Abstracts

OC066

Date: Saturday 23 April 2016

Session: Engaging People with Dementia and Carers

THE CHALLENGE OF STILL BEING AN ACTIVE CITIZEN FOLLOWING A DIAGNOSIS OF DEMENTIA

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Abstract:

Background: A diagnosis of dementia often shifts a person's social status. Opportunities for the person with dementia to be autonomous in decisions and agentic in constructing access to social community activities can diminish. Our aim is to explore the social structures which enable or restrict opportunities for the person with dementia, living in the community, to demonstrate autonomy and citizenship in everyday life. We use participation in research as an exemplar of a situation where diagnosis of dementia triggers a social positioning as 'vulnerable'; competence to consent is questioned and family views may take precedence.

Method: Two data sources are used. 1) Researcher journal entries made while recruiting people with dementia to a qualitative interview study. 2) Interview data from people with dementia and those who support them. Data are thematically analysed to explore the social structures which enable or restrict agency in people living with dementia.

Results: The research procedures designed to protect people with dementia can have the consequence of limiting opportunities for their participation in research. Playing an active part in community activities could be risky; people reported being marginalised by others, yet, importantly, being able to take part in social group activities presents opportunities for enabling and enacting social citizen roles. We found that family members sometimes inadvertently restricted opportunities for social participation, both for the person and for themselves. Nonetheless a few family members acknowledged and accepted risk as necessary if they and the person with dementia were to remain part of the community. Participants with dementia frequently cited examples of ways in which they valued opportunities to engage with others and subtle, yet important, ways in which they strove to enact and build their social capital in restricted social networks.

Conclusions: At a time when society seeks to be more inclusive of people with dementia it is appropriate to critically review the protective social structures embedded within medical ethics and care relationships which are designed to prevent 'harm'. It may be that in trying to protecting people with dementia we inadvertently restrict opportunities to continue to be active citizens in both research and social communities.

Keywords: citizen, autonomy, participation



OC067

Date: Saturday 23 April 2016

Session: Engaging People with Dementia and Carers

PHOTOGRAPHIC ENGAGEMENT WITH PEOPLE WITH DEMENTIA

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Abstract:

Background and Objectives of the study: The study aimed to understand the experiences of people with early-stage dementia, who attend an adult school (Voksenskolen for Undervisning og Kommunikation) as students taking classes in cognitive training, art and music therapy in Denmark. This project used photography and storytelling methods to support the voices of the students to be heard in research as a way of gaining an understanding of their lived experience. The literature reveals that little attention has been given to date to the potential to involve people with dementia as active participants in research, though they can contribute with valuable information. Photography can be used within research to capture the meaning making and mental construction of events and experiences of people with dementia, who often have difficulties in communicating their needs and wants through language alone.

Methods: The qualitative study was undertaken using photographs taken by people with dementia as prompts to support their narrative experiences of being students at the school and home. Students attending VUK were provided with cameras and were asked to take photos of their school and home life which showed their experiences of being a student and living with dementia. These photographs were used as prompts and discussion points during four weekly sessions, which were run with two groups of students each with 5 participants. Each session was video recorded to capture the stories and interactions of the students. The videos were transcribed and thematically analysed.

Results: Photos facilitated memories of current and past activities providing people with dementia greater description and depth of their experiences of being a student and home life. It encouraged interest in other people's stories and generated conversations between the participants prompting shared experiences and complimentary stories. The process of taking and discussing the photographs was enjoyable, empowering and increased self-confidence. They expressed interest in the forthcoming sessions and were keen to see images they had taken that were not yet shown.

Conclusion: Using photography as a research method with people with dementia can be a strong and valuable way to engage them in research and get a better understanding of their lived experiences. It can be an effective way of working alongside people with dementia and provides an insight in their life journey.

Keywords: Participatory engagement design, Photography and storytelling, Dementia

Oral Abstracts

OC068

Date: Saturday 23 April 2016

Session: Engaging People with Dementia and Carers

JOINT WORKING WITH PEOPLE WITH DEMENTIA IN THE PRODUCTION OF PROFESSIONAL GUIDANCE DOCUMENTS: THE FPOP EARLY STAGE DEMENTIA PAPERS

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Abstract:

The past ten years have seen major changes in the way that people living with a dementia diagnosis have become visible in society, have organised in campaigning groups and are increasingly involved in the development of services, at conferences and in the research community. The Scottish Dementia Working Group is an early example, and a mentoring organisation that has supported, amongst others, the development of groups in Kent through national working with the Dementia Engagement and Empowerment Project (DEEP).

We are presenting this recently developed infrastructure in UK wide dementia service user involvement as the background for a model of working with "experts by experience" in the co-production of professional guidance and service development documents. The model emerged during the two year period of developing the BPS Faculty of Psychology of Older People's Dementia Workstream programme of writing on clinical psychology and early stage dementia.

While the original work plan involved guidance on pre-diagnosis counselling and consent, cognitive testing, communicating a diagnosis and post-diagnostic care, working with people living with dementia had a major impact on the way the guidance was written, illustrated main points with quotes, set priorities and resulted in the compilation of an additional document.

We will present the development of local involvement groups and networks of people with dementia, how these can be mentored by more established groups such as the Scottish Dementia Working Group, and how the DEEP network can facilitate the interface between disparate local involvement groups and national professional organisations seeking to consult with people with dementia.

The presentation will look at the model, process and outcomes from the perspectives of a person with dementia involved in the consultations and the workstream lead in charge of the writing programme.

References:

Guss, R. et al, Clinical Psychology in the Early Stage Dementia Care Pathway. The British Psychological Society, Leicester, 2014

Guss, R. et al, A Guide to Psychosocial Interventions in Early Stages of Dementia. The British Psychological Society, Leicester 2014

Keywords: Joint working with people with dementia, Psychological guidance, co-production



Oral Abstracts

OC069

Date: Saturday 23 April 2016

Session: Engaging People with Dementia and Carers

MEMORY, AGING & EXPRESSIVE ARTS: FOSTERING MEANINGFUL ART EXPERIENCES FOR PERSONS WITH DEMENTIA

Anne Mondro¹

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Abstract:

Background and Objective: Coming from the art and health perspective, the presentation will address the use of creativity to foster meaningful intergenerational relationships for persons with dementia. Using University of Michigan (U-M) Professor Anne Mondro's course, Memory, Aging & Expressive Arts as a model, the presentation will focus on designing creative experiences to invite discussion and an exchange of knowledge through imagination, experimentation, and discovery.

Uniquely engaging U-M academic units and the U-M Health System, Memory, Aging & Expressive Arts focuses on developing students' sensitivity and understanding toward those experiencing changes in memory or thinking through shared art experiences. Students from across campus meet with specialists in neurology, public health, social work, and the arts to learn about the scientific basis of memory and dementia, the societal basis of dementia, and institutional projects to support persons with dementia.

Partnering with the U-M Geriatrics Center Silver Club Mild Memory Loss Programs, students are paired with persons with dementia to explore and enjoy their creativity through visual art, music, dance, and writing for twelve weeks. Through these sessions, students and persons with dementia explore the potential of the arts to serve as an outlet for expression and joy.

The presentation will cover the benefits of creativity and how to utilize the expressive arts to improve one's quality of life and quality of relationship. Through creative project vignettes, the presentation will address the basic training to work with persons with dementia and emphasize how to design and facilitate reciprocal creative experiences. The vignettes will also capture reflections by students and persons with dementia to illustrate the potential of creativity to build intergenerational relationships during times of memory loss.

Keywords: Well-being, Art , Dementia

Oral Abstracts

OC070

Date: Saturday 23 April 2016

Session: Engaging People with Dementia and Carers

MEANINGFUL ENGAGEMENT OF PEOPLE WITH DEMENTIA

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Abstract:

There is a growing call from people with dementia, family members, care providers, and other dementia-related organizations both nationally and internationally to meaningfully involve and engage people with dementia in the work of the organizations that represent their interests.

Academics and researchers in Canada and around the world agree. Evidence shows that people with dementia can and should have an active role in shaping the decisions that affect them directly. The Alzheimer Society of Canada (ASC) has been a leader in advocating for the involvement of people with dementia in the work of the Alzheimer Society.

The term 'involvement' is purposefully broad and describes the whole range of practical ways in which the views and preferences of people with dementia can be sought and their influence brought to bear on our organization's activities.

In May 2013, ASC created a national Advisory Group of people with dementia to lay the foundation for the structured engagement of people with dementia in the mission-driven areas of our work. The Advisory Group guided the development of an ethical framework, a training model and a resource guide to assist organizations in meaningfully engaging people with dementia in all areas of work.

This session will outline the process ASC is following for becoming more inclusive of people with dementia and our ongoing 'lessons learned' as we continue on this journey. Resource materials will be made available to help participants put their learning from this session into practice and participants will be encouraged to share their own tips and strategies with the group.

Keywords: engagement, person-centred , meaningful involvement



Oral Abstracts

OC071

Date: Saturday 23 April 2016

Session: Engaging People with Dementia and Carers

THE CREATIVE CAREGIVING INITIATIVE - FLOURISHING THROUGH THE ART OF CAREGIVING

Mary Ellen Philbin¹, Margery Pabst-Stienmetz²

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Abstract:

IMAGINE A WORLD where every caregiving act for adults with Alzheimer's disease and related cognitive disorders contributes to quality days for both the caregiver and their care partner.

Over the past two decades, evidence-based research has demonstrated that the arts improve health, and enhance quality of life for both aging adults AND their caregivers. Significantly, this increase in quality of life is accomplished while mitigating long-term depression and anxiety related to chronic conditions, reducing healthcare costs, and strengthening networks of care.

While the majority of individuals will at some point experience challenging caregiving circumstances, research of the NCCA Creative Caregiving Initiative identifies the lack of readily accessible interventions to provide respite and renewal for caregivers. The NCCA Creative Caregiving Initiative addresses these core needs, providing FREE, accessible, best-practice creative caregiving interventions for use by family and professional caregivers.

A clear and urgent need exists for effective interventions serving older adults living with Alzheimer's and related disorders alongside those who provide their care—in communities across the country and around the world. Locally, nationally, and globally we are experiencing attendant implications for social and healthcare systems as the number of caregivers for older adults rises with enormous emotional, physical, and financial challenges placed upon spouses, relatives, and friends.

With the NCCA Creative Caregiving Guide©. using any available computer, tablet, or smart phone you can learn, experience, and share vibrant, research-based creative caregiving exercises to help you and your care partner flourish through the art of caregiving—all from the convenience of your own home, office, support network, or care setting.

This free resource is designed to be shared. It provides an expanding array of creative lessons to address the physical, mental, and social needs of family and professional care partners of adults living with Alzheimer's disease and related cognitive disorders. The guide is constantly expanding with lessons for additional languages and cultures.

Objectives for attendees

-experiencing the Guide, creative exercise themes and frequently asked questions -learning about diverse community implementation and lessons learned so far, and -discussing and creating applications of the Guide for their specific cultural and community needs

Keywords: Carers, Arts, Web-based

Oral Abstracts

OC072

Date: Saturday 23 April 2016

Session: Risk Reduction and Risk Factors

HIGH HOMOCYSTEINE AND EPISTASIS BETWEEN MTHFR AND APOE: ASSOCIATION WITH COGNITIVE PERFORMANCE IN THE ELDERLY

Letizia Polito¹, Tino E Poloni¹, Roberta Vaccaro¹, Annalisa Davin¹, Michela Mangieri¹, Daniele Zaccaria¹, Simona Villani¹, Antonio Guaita¹

¹Golgi Cenci Foundation, Abbiategrosso, ITALY

Abstract:

Introduction: High total homocysteine (tHcy) is associated with cognitive impairment in the elderly. The impact of high tHcy on different cognitive domains deserves further investigation, as does the role of the C677T polymorphism of the 5,10 methylenetetrahydrofolate reductase (MTHFR) gene, encoding an isoform of MTHFR enzyme known to increase tHcy levels.

Methods: A cross-sectional analysis on data from 903 subjects was performed. The participants had no psychosis or active neurological disorders. They underwent a comprehensive neuropsychological test battery. Principal component analysis was adopted to resume variability of neuropsychological tests in fewer components pertaining different cognitive abilities. Predicted score for the novel components were evaluated for association with tHcy levels controlling for a range of potential confounders of the relationship by multiple linear regression. Apolipoprotein E (APOE)- ϵ 4 and MTHFR C677T genotype contribution was investigated.

Results: Principal component analysis allowed cognitive performance to be condensed into two components: executive functions and memory. Multiple regression revealed that higher serum tHcy levels were strongly associated with lower executive cognitive functions but not with memory, net of the other biological, clinical and socio-demographic covariates reported to influence cognitive functions. MTHFR C677T TT genotype was associated with higher level of tHcy but did not affect executive function *per se*. Harboring the APOE- ϵ 4 allele within the MTHFR C677T TT genetic background was associated with a strong decrease in the executive functions but not with memory.

Conclusions: The findings suggest that high tHcy may have a different impact on different cognitive domains. APOE- ϵ 4 and MTHFR C677T genetic polymorphisms show no relevant contribution to this relationship *per se*, whilst the co-presence of MTHFR C677T TT and APOE- ϵ 4 polymorphisms strongly impairs executive functions. The finding of an association between high tHcy and cognitive impairment could have important clinical consequences, as tHcy levels can be reduced by lifestyle modification and supplementation of B vitamins. Dissecting the genetic contribution would be highly informative in evaluating the effectiveness of tHcy lowering treatments.

Keywords: apolipoprotein, cognitive impairment, elderly



OC073

Date: Saturday 23 April 2016

Session: Risk Reduction and Risk Factors

DIFFERENTIAL ROLE OF AGE, EDUCATION AND LIFESTYLE ON COGNITION IN LATE LIFE

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Abstract:

Background and Objectives: The reported risk reduction effect of higher education and more active lifestyle on cognitive decline has been hypothesized to reflect better cognitive reserve (CR). This study examined the association between age, education, lifestyle, and global cognition in community-dwelling elderly in Hong Kong, and further investigated whether and how the two proxies of CR, namely education and lifestyle, affected the elderly's cognitive performance differently.

Methods: One thousand eight hundred and twenty participants aged 65 and above, not clinically demented at the time of data collection, were recruited using age-stratification random sampling method through 11 public rental housing estates in Hong Kong. Participants' basic demographic information including age, gender and years of education was collected; their engagement in physical, mental, and social activities was assessed; and their cognitive abilities were measured by the validated Cantonese Chinese Montreal Cognitive Assessment (MoCA). Hierarchical regression model and moderation analysis were performed to evaluate the association between age, education, lifestyle and cognition.

Results: Age was negatively associated with cognitive performance ($r = -.48$, adjusted $R^2 = 2.33$, $p < .001$), while both higher education ($r = .41$, R^2 change = $.075$, $p < .001$) and more active participation in social, physical, and mental stimulating activities ($r = .11$, R^2 change = $.01$, $p < .001$) were positively associated with more favorable cognitive performance after controlling for age. There was a weak moderation effect of age on the relationship between education and cognition (R^2 change = $.01$, $p < .05$) after controlling other independent variables, but not on that between lifestyle and cognition.

Conclusions: Age, education, and lifestyle are all significant predictors of cognition among elderly over the age of 65 in Hong Kong. Higher education and more active lifestyle as proxies of better CR associate with better cognitive performance, and could potentially delay the onset of dementia. Age appears to have a modulating effect between early-life education and later-life cognition, but it does not affect the relationship between lifestyle and cognition in late life.

Keywords: cognitive reserve, education and lifestyle, risk reduction

Oral Abstracts

OC074

Date: Saturday 23 April 2016

Session: Risk Reduction and Risk Factors

PREDICTION OF DEMENTIA AND MCI BY SUBJECTIVE AND OBJECTIVE COMPLAINTS

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Abstract:

Introduction: Subjective cognitive complaints serve as an important indicator of progression to dementia or mild cognitive impairment (MCI). However, there are limited research in comparing subjective (by help-seeker) and objective (by carer) complaints associating with cognitive impairment. The current study aims to explore the relationship between cognitive impairment and the subjective and objective complaints so as to identify the predictors of suspected dementia and MCI.

Method: A total of 1038 participants (age 42 to 96, mean age = 75.7±8.36, 378 males) were recruited from a community-based dementia early detection program in Hong Kong. Both of the helper-seekers and their carers were asked to report the reasons of help seeking. Contents of the complaints were classified into different themes by a trained research assistant, namely memory, executive function, time orientation, language, neuropsychiatric, personality change and mood. Demographic characteristics (i.e., age, gender, educational level) were obtained. The Clinical Dementia Rating (CDR) was conducted by an occupational therapist or a social worker as an indicator of suspected MCI (cutoff 0.5) or Dementia (cutoff 1.0). Cognitive function (MMSE) and functioning (Lawton IADL) were also assessed. Logistic Regression Models (LRM) were computed to identify the predictors of dementia and MCI respectively with the categories of subjective and objective complaints as independent variables after controlling for demographics, cognitive function and functioning (significance level at p<0.01).

Result: Using CDR cutoffs, 552 help-seekers were suspected as MCI while 327 as dementia. LRM showed that carers' complaints of memory (p<0.01) and language impairment (p<0.01) significantly predicted the risk of dementia (p<0.01, Nagelkerke R²=66%, percentage correct 86.3%). In terms of the prediction of MCI, only carers' memory complaint was significant (p<0.01) with the model significant at p<0.01, Nagelkerke R²= 17.3%, and percentage correct 85.5%.

Conclusion: The current study highlights the importance of carers' complaints over helper-seekers' own complaints when assessing dementia and MCI as both conditions were predicted by the objective complaints only. Objective memory and language complaints significantly predicted suspected dementia while only objective memory complaint predicted suspected MCI.

Keywords: Dementia, MCI, subjective cognitive complaint



Oral Abstracts

OC075

Date: Saturday 23 April 2016

Session: Risk Reduction and Risk Factors

GENERAL ANESTHESIA MAY NOT BE ASSOCIATED WITH THE RISK OF DEMENTIA IN THE FUTURE: A NATIONWIDE LONGITUDINAL STUDY

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Abstract:

Introduction: General anesthesia (GA) was considered as a potential risk in the development of dementia. However, some preclinical studies demonstrate that the surgery per se lead to subsequent cognitive deficits rather than the specific effects of anesthesia. Major surgery may result in over amount blood loss, anatomy change, and more complication. To minimize the effect of surgery per se, we focused general anesthesia on two common minor surgeries (hernioplasty and appendectomy) and tried to evaluate the association between anesthesia and the development of dementia.

Methods: Using the Taiwan National Health Insurance Research Database, 10348 older adults (aged 50 and over) with records of hernioplasty and/or appendectomy and no diagnosed of dementia were enrolled. The control group, which consisted of 10348 individuals without any records of surgery and dementia, was matched for age, sex and index date. GA was divided into three subtype: endotracheal tube intubation general anesthesia (ETGA), intravenous injection general anesthesia (IVGA) or intramuscular injection general anesthesia (IMGA) and heavy sedation. Confounding factors were also evaluated.

Results: The Cox regression analysis after adjusting for demographic data and comorbidities demonstrated that patients, who receiving hernioplasty and/or appendectomy, did not had an elevated risk of developing dementia in the future under ETGA (hazard ratio [HR]: 1.004, 95% confidence interval [CI]: 0.699–1.442), IVGA or IMGA (HR: 1.032, 95% CI: 0.73–1.51), and heavy sedation (HR: 0.99, 95% CI: 0.4–1.11). There was an increased risk of dementia for individuals who had received hernioplasty and/or appendectomy, with hypertension (HR: 1.99, 95% CI: 1.67–2.1), diabetic mellitus (HR: 1.76, 95% CI: 1.13–1.83), cardiovascular disease (HR: 1.34, 95% CI: 1.22–1.51) or depression (HR: 1.22, 95% CI: 1.1–1.58).

Conclusion: A history of previous exposure to herinoplasty and/or appendectomy may not be associated with an increased risk of subsequent development of dementia under all types of anesthesia. Surgery per se or comorbidities may be associated with the subsequent developing of dementia, rather than general anesthesia.

Keywords: General anesthesia, surgery, dementia

Oral Abstracts

OC076

Date: Saturday 23 April 2016

Session: Risk Reduction and Risk Factors

A RISK SCORE FOR ALZHEIMER DISEASE INCLUDING APOE, CLU, PICALM AND FAMILY HISTORY IS ASSOCIATED WITH LONGITUDINAL THINNING OF THE HIPPOCAMPUSTheresa M Harrison¹, Zanjbeel Mahmood¹, Edward P Lau¹, Alison C Burggren¹, Gary W Small¹, Susan Y Bookheimer¹¹UCLA, Psychiatry and Biobehavioral Sciences, Los Angeles, UNITED STATES**Abstract:**

Background: Twenty-one genetic loci have been identified for which specific variants increase an individual's risk for sporadic, late-onset Alzheimer Disease (AD). Many of these risk genes have been identified using genome-wide association studies. An important unresolved question is whether or not polygenic risk scores that use combinations of risk loci increase power to detect changes in neuroimaging biomarkers for AD. Further, the optimal method to calculate polygenic risk scores is an active field of research.

Methods: In a pilot study, we acquired high-resolution structural images of the hippocampus in 56 healthy, older subjects. For 30 of these subjects, longitudinal two-year follow-up data were also available. Unweighted and weighted polygenic risk scores for AD were calculated for each subject. The unweighted risk score (URS) was the sum of family history of AD (0 if negative history or 1 if positive history), APOE4 alleles (0, 1, or 2), CLU risk alleles (0, 1, or 2) and PICALM risk alleles (0, 1, or 2). The weighted risk scores (WRS) used published odds ratios (OR) to weight the relative contribution of these risk factors before summing: positive family history OR=2, APOE4 OR=3, CLU minor allele OR=0.9, PICALM minor allele OR=0.9.

Results: For the cross-sectional cohort, both URS and WRS showed no relationship to thickness in any hippocampal subregion. For the longitudinal cohort, URS and WRS correlated strongly to percent change in thickness across the whole hippocampus (URS $r=-0.48$, $p=0.005$; WRS $r=-0.4$, $p=0.017$), driven by strong relationships in the entorhinal cortex (URS $r=-0.38$, $p=0.02$; WRS $r=-0.47$, $p=0.005$) and CA23/dentate gyrus (URS $r=-0.41$, $p=0.015$; WRS $r=-0.39$, $p=0.02$), two anterior subregions of the hippocampal complex. In a multiple regression including age and sex as predictors, models with URS (beta=-2.16, $p=0.03$) and WRS (beta=-10.61, $p=0.024$) predicting percent change in thickness across the whole hippocampus were significant only for WRS model (URS model $p=0.21$; WRS model $p=0.03$).

Conclusions: These results provide compelling evidence that polygenic AD-risk scores may be especially sensitive to structural change over time in regions affected early in AD, like the hippocampus. Our findings also show that the relationships between our polygenic risk score and hippocampal thinning are not mediated by weighting risk score components with published ORs.

Keywords: preclinical Alzheimer's disease, high resolution structural MRI, polygenic risk score



OC077

Date: Saturday 23 April 2016

Session: Differing Aspects of Well-Being

MENTAL HEALTH OF OLDER PEOPLE: THE CHALLENGES AHEAD

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Abstract:

Every country is facing a large increase in its older people and the group that is rising the fastest is the over 80s. This is a cause for celebration. Most older people can continue to enjoy a good life, contribute to the family, community and society. However we have to acknowledge that older age can bring with it an increased risk of chronic physical disease and dementia, social isolation and a loss of independence. It has become urgent to address two major issues. The first is raising awareness of the importance of lifestyle factors which can help to prevent, or at the very least to live better with, these diseases. The second to ensure that there is appropriate and adequate provision of joined up specialist medical care and quality social support services. Attention to these issues will go a long way to remove the stigma still associated with being old and being mentally ill.

Keywords: lifestyle



Oral Abstracts

OC078

Date: Saturday 23 April 2016

Session: Differing Aspects of Well-Being

EXERCISE HELPS ME REMEMBER MY NAMES

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Abstract:

I was starting to have difficulty with organising and planning my work day and making decisions, so I was forced to retire at the age of 57. After numerous tests and appointments, I was diagnosed with Younger Onset Dementia two years later. My initial reaction to the enormity of all of this was despair, hopelessness and a deep sense of feeling alone. I had always been interested in exercise, e.g. marathons and triathlons, so with encouragement and support, I started exercising daily and also included trekking, swimming, water running and cycling. My new exercise regime provided the fitness required for greater physical activity with greater challenges, e.g. The Great Wall of China half marathon. I started to socialise again. I looked at my diet and made changes. I accepted my diagnosis. I have discovered the support that others with Dementia and their Carepartners can provide. Recently I have become an advocate about the many issues relating to a diagnosis of Dementia in older people as well as those under the age of 65 years. I now have new connections with organisations and networks that bring further awareness and education to others. There's been local and national media commitments with this advocacy. I have learnt that certain lifestyle factors help to reduce the risk of developing Dementia. With this knowledge and the hope that neuroplasticity may still make new connections in the brain of someone living with Dementia, I am learning Spanish. Hence I use the acronym NAMES. As my symptoms change, I am still learning about what I personally need. Without my NAMES I became focused only on exercise, and ignored other important aspects for better health. N for Nutrition; A for Attitude and Acceptance; M for Mental games and activities, and Meditation; E for Exercise; S for Social engagement, Support and Sleep. So that's my NAMES. What is your NAMES? Exercise was my starting point. Perhaps try to focus on only one aspect and then introduce others as you can. While I have the opportunity and ability, I will not give up the numerous activities and the physical adventure goals that I set myself. Research is highlighting that exercise, along with other lifestyle considerations, benefits brain health. Having a diagnosis of Dementia is not a lifestyle choice. However, now that I have Dementia, I can choose my lifestyle.

Keywords: Ageing, Healthy



Oral Abstracts

OC079

Date: Saturday 23 April 2016

Session: Differing Aspects of Well-Being

SOUL-SEARCHING THROUGH THE SPIRITUAL SPINE

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Abstract:

Belief in something or someone is important to existence. In fact, it is important to all. Be it, in one's self, in others or the Divine. Beliefs are intangible and experienced by the Self, alone. However, there may be people or groups sharing the same beliefs out of choice. Faith, religion and spirituality fall in this category. Thinking, believing and sharing by being able to express thoughts in words is what makes us so different.

Human species.

Spirituality is perceived in different ways as experiences of individuals vary from one to another. Also, this term is being increasingly used in healthcare like never before. Spirituality and religion are interconnected with mental health and wellbeing as it offers a strong sense of support, source of strength and comfort to the giver and receiver. True for all, more so for families of and those who are faced with dementia as well as their caregivers.

Expression of one's faith for believers is going to services, reciting prayers, reading scriptures, singing hymns, lighting candles, taking communion etc. For agnostics and non-believers, counseling and holistic care may be their outlets of expression and strength. However, trials in life can make one turn to Divine help.

It is here that practice of Yoga, an ancient, holistic science leaves an indelible mark of 'wholesome goodness' on all. For, it is a science without boundaries of religion, language or geographical borders. In fact, it is connected with spirituality and personality development. It not only tones the practitioner on all three planes: mental, physical and spiritual but it also leads to the individual becoming more confident, optimistic, patient and empathetic. Thus, these practitioners can offer greater social support at all community levels.

Yoga practice, under professional guidance, is considered to be one of the best among Alternative Therapies for those affected by Alzheimer's. For, its practice helps giving balance to not only those affected by the disease but also caregivers, both family and hired help, for whom life has become onerous and monotonous.

Religion and spirituality through Yoga actually makes you believe that true religion is love, caring and sharing, giving and forgetting the gift, humanity and peace within. To live life king size, spread light like the sun bright and bring cheer with miles of smiles to those around.

Keywords: peace within, mental health and wellbeing , Yoga practice

Oral Abstracts

OC080

Date: Saturday 23 April 2016

Session: Differing Aspects of Well-Being

DEMENTIA AND LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE: A COMPREHENSIVE SCOPING REVIEW

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³University of Worcester, UNITED KINGDOM

Abstract:

Background and Objectives: In the UK it is estimated that 850,000 people are currently living with dementia and this is expected to rise to over 1 million by the year 2025. It is estimated that 5-7% of the population identify as LGBT. Evidence suggests that this population not only delay in accessing healthcare but also experience heteronormative services creating inequalities in good appropriate dementia care and support. There is a need to determine needs of the LGBT population affected by dementia to inform future practice, research and policy. A comprehensive scoping review of the literature was undertaken to explore the needs and experiences of people who identify as lesbian, gay, bisexual or transgender (LGBT) and are affected by dementia.

Methods: Medline, CINAHL, Science Direct, Embase and PsycINFO databases were systematically searched. In addition Google Scholar and Cochrane Database were searched along with hand searching of reference lists of papers. Only peer-reviewed studies including LGBT populations affected by dementia were included.

Results: Of the 3737 articles identified, 15 papers were included. LGBT people with dementia and carers had different experiences to heterosexuals and were faced with multiple discrimination including exclusion and homophobia. Issues around navigating sexuality disclosure and fears that services would not meet LGBT needs were highlighted. Three emergent themes of: 1) invisibility and lack of recognition, which included exclusion, fear of disclosure, unrecognized grief: 2) negativity, such as experiences of healthcare, staff and resident attitudes: 3) training and awareness, especially a lack of training, need for training, understanding ethic principles, and importance for identity maintenance through memory work.

Conclusions/Perspectives: The lack of understanding and knowledge in LGBT experience of dementia relates directly back to a lack of research and education. There is some awareness of the LGBT population in long-term care provision and their specific needs are beginning to be addressed, however education of policy providers, managers, staff, and residents is still required. In addition improved access to care and policy improvements are required.

Keywords: Dementia, LGBT , Review



Oral Abstracts

OC081

Date: Saturday 23 April 2016

Session: Differing Aspects of Well-Being

NESSITA - „HEALTH THROUGH CLOSENESS“

Gabriele Paulsen¹

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Abstract:

Nessita GmbH

Nessita, Germany's first professional portal of its kind, offers sensual and erotic services to immobile people and people with dementia. It was founded in 2014 by Gabriele Paulsen in Hamburg and its services by more than 12 sexual assistants can be accessed all over Germany. Primarily aiming at care-home residents and clients of outpatient nursing services booking is easy with a fixed pricing system and convenient via Nessita's website www.nessita.de.

In addition to that, Nessita is offering individual consultation packages for aged care facilities throughout Germany and beyond. By teaching professional care staff and officials as well as private care-partners in extensive coaching and training courses Nessita is tackling taboos and contributing significantly to the destigmatization of the subject of sexuality in later life and with people with dementia.

Nessita is being supported by the Social Impact GmbH and has been nominated for the Care of the Elderly Newcomers Innovation Award 2015 („Newcomer Innovationspreis Altenpflege 2015“).

Service description

Under the slogan „Health through Closeness“ Nessita is offering the sensitive and sensual services of female and male sexual assistants who specialize in dealing with immobile people and their sexual needs. They have been trained in understanding and meeting the general needs of people with dementia and other age-related diseases, and are experienced in classic massage, Tantra, Reiki and Shiatsu. Nessita's services are legal.

Nessita wants to reassure older people that their sexual needs and desires are completely normal, and give encouragement, advice and help to act them out.

Another aim is to counteract the heteronomy of immobile people and people with dementia.

With Nessita many older people with or without dementia are finally enabled to enjoy physical contact and self-determined intimacy.

As an additional service Nessita supports seniors' facilities and outpatient nursing services with telephone counseling, coaching, workshops and seminars on the subject of eroticism in old age and dementia. Especially young care staff is commonly overburdened with this issue, management staff is very often lacking experience, composure and empathy in talking about these matters with care partners and family. Nessita cooperates here with Nina de Vries, a renowned sexual assistant and pioneer in this field.

Keywords: sensual and erotic services, self-determined intimacy, destigmatization

Oral Abstracts

OC082

Date: Saturday 23 April 2016

Session: Differing Aspects of Well-Being

THE ROLE OF YOGA IN IMPROVING WELL-BEING AND REDUCING ANXIETY FOR PEOPLE WITH DEMENTIA

Sarah Duff¹

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Abstract:

Background: Alzheimer Scotland carried out a small scale research study in 2015 to find out if yoga can help improve people with dementia's well-being.

People with dementia can face an uncertain journey, often underpinned by stress, worry and fear. They deserve every chance they can get to find ways of relieving anxiety and tension and yoga may be one way to achieve this.

There is growing evidence that physical fitness and function benefits accrue through yoga practice in older adults. Existing research, on the effect of yoga practice on people with dementia, appears to be thin on the ground and is predominantly focused on how yoga can improve physical mobility.

As the emotional experience for the individual seems relatively unexplored, we undertook this research programme; to look into the therapeutic benefits of practicing yoga for people with dementia.

Aims: To investigate whether yoga practice can help create calm and enhance well-being for people with dementia

Methods: A 10 week yoga programme of seated yoga was chosen to allow a more inclusive approach. The programme focussed on stretching areas of the body and releasing tension. Semi structured interviews, focus groups, emotional touch points, questionnaires and visual illustrations were used to explore the participants' experience of practicing yoga.

Key findings: Findings were positive; a common theme threaded through all areas of data collection was the sense of well-being and calm experienced by all participants. Another emerging theme was the positive value of peer support that developed from mixing with others and sharing a common goal. Initially the group found it difficult to follow "mirrored" movements, however as the class progressed focus of attention and alertness levels improved.

Conclusions: This study highlighted the importance of therapeutic interventions and community connections. Yoga is a therapeutic activity; and in addition to reducing anxiety and promoting a sense of calm attending the class gave participants opportunity to mix in the community, make new friends and learn a new skill - all positive outcomes, resulting in an improved sense of well being.

Opportunity to share these findings would help to spread the message of the positive outcomes yoga can have for people with dementia and may encourage further research into this area and hopefully lead to more people with dementia having choice and opportunity to practice yoga.

Keywords: yoga, calmness, dementia



Oral Abstracts

OC083

Date: Saturday 23 April 2016

Session: Carer Support and Training

LIVING WITH DEMENTIA AT HOME

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Abstract:

The activities of our association are aimed at providing support, information and training for carers and family members of persons with dementia in Slovenia. In our work, we detected increased demand for assistance at home from relatives of people with dementia. For that reason, we have successfully applied for EEA and Norway grants with a project "Educational Program and Home Aid Group for People with Dementia". The objective of the project is to contribute to the empowerment of groups of citizens affected by dementia, to the recognition of signs of disease and facing illness, thus reducing the social exclusion of patients and their carers.

Our training programme "Forget Me Not" (since 2013), for relatives of persons with dementia was designed and is carried out by dementia experts from university psychiatric clinic. The programme is very successful and was used as a basis. In the next step, we have discussed the programme in focus groups – self-help groups of carers. The aim was to determine and include the real and actual needs of families with persons with dementia. To train our volunteers we have organised 4 workshops, led by dementia experts. Families wishing to participate in the project have to apply and answer to a questionnaire about the activities of the person with dementia, the daily routine, things she/he likes or dislikes and about the status of the disease.

The results of the project "Living with dementia at home" are a dedicated web site with useful information for carers, a handbook for carers of persons with dementia and a group of companions of persons with dementia. The handbook, we have published in 400 copies, was prepared in cooperation with the project partner "Norwegian National Advisory Unit on Ageing and Health". Our trained volunteers participated as companions for persons with dementia at 25. Alzheimer Europe conference. Later in September we have organised an Alzheimer Café for the volunteers and participating families to get to know each other. In October the companions started to visit families at their homes.

The interest for the handbook and especially that of the families in companionship for their relatives with dementia really exceeded our expectations. There is great need of the families for support at home. Now we are including new volunteers in our training programme "Forget me not" and planning to organize a nation – wide network of companions in cooperation with other humanitarian organisations.

Keywords: social inclusion, companionship, dementia friendly society

Oral Abstracts

OC084

Date: Saturday 23 April 2016

Session: Carer Support and Training

EXPLORING THE IMPACT OF LEADERSHIP IN AGED CARE ON JOB STRAIN AND SOCIAL SUPPORT

Annica Backman¹, Hugo Lövheim², Karin Sjögren¹, David Edvardsson³

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²Department of Community Medicine and Rehabilitation, Umeå University, SWEDEN;

³School of Nursing and Midwifery, La Trobe University, Melbourne, AUSTRALIA

Abstract:

Exploring the impact of leadership in aged care on job strain and social support

Background and Objectives: It is well known that aged care staff experience high levels of job strain, even though the impact of managerial leadership on job strain and social support has not been clarified within this context. The objectives of this study were;

To explore associations between leadership, job strain and social support among care staff in aged care.

Methods: The study had a cross-sectional design, including 3661 staff from 188 Swedish nursing homes. Established questionnaires for assessing leadership behaviors, job strain and social support were used.

Results: Leadership behaviours among managers had a significant association with job strain and social support. Higher levels of leadership behaviour were related to lower level of job strain and higher level of social support. Further, levels of leadership moderated the impact of social support on job strain.

Conclusion: The leadership behaviours from aged care managers seem to contribute to supportive environment in terms of increased social support and less job strain among staff.

Keywords: Leadership, job strain, nursing homes



OC085

Date: Saturday 23 April 2016

Session: Carer Support and Training

'I'M NOT A CARER': THE IDENTITIES OF CHILDREN AND YOUNG PEOPLE WHO HAVE A PARENT WITH DEMENTIA

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Abstract:

Introduction: Increases in the number of people diagnosed with dementia, including young onset variants, coupled with demographic trends such as later childbearing ages translate into a rise in the number of young people living in families which include a parent with dementia. Although the impacts of dementia on the construction and deconstruction of the 'self' for the patient have been documented (Caddell & Clare, 2010), there remains a paucity of knowledge on such implications for their children. Dementia leads to diminished cognitive and physical skills as well personality changes presenting as social withdrawal, lack of empathy, increased temper and loss of interests (NHS.uk). These are likely encountered long before a diagnosis – which is a lengthy process - is even considered. In addition, the caring needs of the patient with dementia and the impact of the condition on family relations, for example, a change in functions and roles, give rise to implications for the identities of children and young people in these families.

Methods: Narrative interviews with 18 young people (aged 8-30) were conducted as part of the (UK) Alzheimer's Society funded study, The Perceptions and Experiences of Children and Young People Who Have a Parent With Dementia revealed the wide reaching impacts of this condition.

Results: In this paper, we explore the effect having a parent with dementia has both on how children and young people perceive themselves and how they are perceived by others. This includes: children's roles in family life and dementia diagnosis; experiences of stigma; feelings of guilt; and a loss of memories for themselves. The young people often did not identify with the label of 'carer'. Support for this group was not always forthcoming.

Conclusions: These narratives emphasise the need for greater support for young people with a parent with dementia.

Keywords: Qualitative, Children, Young people

Oral Abstracts

OC086

Date: Saturday 23 April 2016

Session: Carer Support and Training

PSYCOSOCIAL INTERVENTIONS TO CAREGIVERS OF PERSONS WITH DEMENTIA- PERSONAL, FAMILY, AND COMMUNITY FOCUSED PROGRAM IN ISRAEL

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Abstract:

Background: Impacts of Alzheimer's disease and related dementias on caregivers may be devastating due to the frustrating and deteriorating nature of the disease. In Israel today, approximately 120,000 persons are diagnosed with dementia(PWDs). The number of caregivers involved is probably much higher. The impact goes beyond family members and spreads to the social services and the community as a whole. The need for professional support in all levels including the primary caregiver as well as the family and community social services arises, and requires unique deployment.

Aim: To present the implementation process of a psychosocial intervention program in Israel. The program originated from the model published Prof. Mary Mittelman et al from the New York University, and was modified and extended according to the local needs. We also present the impact of the intervention program not only on PWDs and caregivers, but also on the professional and community services.

Methods: The implementation involved introduction and ongoing training of specialized social workers as well as development of an appropriate community infrastructure.

The implementation includes two major focuses:

1. Caregiver and family focus – Short-term psychological intervention, which includes recruitment of other family members and expansion of the supportive environment.
2. Community focus –Introduction of the program to professional and establishment of a local community professional dementia center.

The implementation was preceded by a pilot study on 100 families showing encouraging results.

Results: Since its launch, the intervention program is implemented in 12 heterogeneous municipalities (including Jewish and Arab municipalities), throughout the country (with a focus on peripheral sites) as an integral part of the community social services and in all three health care insurances. Currently, 250 families are participating in the program. Preliminary reports indicate a clear improvement of the well being of both caregivers and PWDs. In the community level we improved the awareness and availability of the services.

Conclusions: Implementation of the psychosocial intervention program improves the availability of the appropriate community services, and appears to enhance family coping and the wellbeing of both PWDs and their caregivers

Keywords: Caregivers, Family intervention, Community service



Oral Abstracts

OC087

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Session: Carer Support and Training

SUPPORTING FAMILY CARERS OF PEOPLE LIVING WITH YOUNGER ONSET DEMENTIA

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Abstract:

Background: Caring for someone who has younger onset dementia (YOD) is challenging. At this stage of life disruption to financial, social and familial responsibilities is significant. Carers who receive support experience increased personal wellbeing, lower rates of depression and delayed residential care placement. However, despite this, 48% of YOD carers either do not receive community supports or receive them long after diagnosis. Difficulty finding age-appropriate and family-inclusive supports is a significant barrier.

Intervention: A multi-component, service development initiative was carried out over 3 years. The aim was to better understand the needs of YOD carers and to develop tailored models of support to facilitate service uptake. This project involved 4 components:

- 1 Needs Assessment: literature review and consultation with local YOD carers (n=29) and service providers (n=53).
- 2 Service Mapping: comprehensive mapping of local supports.
- 3 Systems Review: review of staff training needs and of intake and referral procedures for YOD carers.
- 4 Innovative Support: financial literacy project, family-oriented weekend retreat and single-session psychoeducation/peer support workshop.

Outcomes:

- Improved understanding of the needs of YOD carers – the consultation revealed a need to better support adult children of people with YOD, manage behavioural symptoms of dementia and address financial and legal literacy. Producing A YOD service directory and providing staff education improved service provider confidence to work with YOD carers.
- Improved financial literacy – Four financial education sessions were held which addressed aged care fees and services and also welfare entitlements. Sixty eight carers attended and 20 went on to seek individual financial information to support future planning.
- Improved family support – Seven families attended a pilot weekend retreat. Of 13 carers who attended, 9 went on to engage new community services post-retreat and 6 attended the follow up workshop. Adult children comprised approximately half the group and they reported improved understanding of dementia and of their role as a carer within their family.
- Improved behaviour and communication support – Strategies were provided at both the retreat and the YOD workshop. Of carers who attended the workshop, 91% reported learning ‘useful information or strategies’ and particularly valued strategies to maximise communication with the person with YOD.

Keywords: Younger, Carer, Respite

Oral Abstracts

OC088

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Session: Carer Support and Training

ONLINE INTERVENTIONS FOR DEMENTIA CAREGIVERS: WHAT WE KNOW? WHAT NEXT?

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Abstract:

Online interventions for dementia family caregivers provide effective support. A systematic review of online interventions for dementia family caregivers found that multi component online interventions tailored to meet individual needs were effective across studies in caregiver outcomes (e.g. depressive symptoms, stress, burden, anxiety, social support). Only two of the 12 articles reviewed were group-based interventions and those were with community-based caregivers. The review identified a need for more online interventions that include coach/peer interaction among dementia family caregivers to be tested in randomized controlled trials (RCTs). A few studies not included in the systematic review provide further evidence that newly designed or adapted interventions may be effective in providing dementia family caregivers with knowledge, skill and support. "Mastery over Dementia" is an online, psychologist-guided, 8+booster sessions that was tested in a RCT. The intervention was effective in significantly decreasing dementia caregivers' symptoms of depression and anxiety. The "iCare Stress Management", a self-administered program consisting of 8 modules (caregiver knowledge, skill, and behavior management) was tested in a RCT and found a significant treatment effect on caregivers' perception of stress. Another aspect of online platforms is videoconferencing. Studies suggest that video-based online interventions are feasible and effective. In one study, caregivers preferred coach-led, group-based support sessions via video conference. None of the studies reviewed presented interventions for caregivers who placed family members with dementia in long-term care. These somewhat neglected caregivers experience chronic grief in addition to depressive symptoms, stress, and anxiety that are exacerbated by placement. There are very few in-person interventions to support caregivers post-placement that were tested in RCTs. Based on existing evidence, the benefits of online, group-based, video conferenced interventions could be extended to dementia caregivers post-placement. A Chronic Grief Management Intervention (CGMI) for dementia family caregivers was delivered post-placement in an in-person group format with significant reduction in caregivers' guilt, sadness, longing, and sense of loss. CGMI was adapted for an online, group format, video conference delivery and will be tested for feasibility with a group of dementia caregivers post-placement. Results are pending.

Keywords: Dementia caregivers, Online interventions, Caregiver grief



OC089

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Session: Awareness and Stigma 2

WOMEN: THE HIDDEN VOICE IN DEMENTIA

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Abstract:

Aim: The WHO Ministerial Call to Action on Dementia 2015 requested a “gender-sensitive approach” to strategic development of dementia care. ADI commissioned a review the published literature on which strategic action could be based.

Method: Systematic search of English language research and reports 2005-2014 about dementia focussing on women and gender world-wide. Papers were quality reviewed utilising the EPPI centre approach. 38 searches (1,689 abstracts; 217 papers/reports) yielded 133 papers synthesised into a review of the experience of women living with dementia, women in the care-giving role, women in the work-force and the interaction of these roles.

Results: The prevalence amongst women is higher for men than for women and they experience more severe symptoms than men and yet very few papers have taken a gender lens to the experience of living with dementia. Protective factors such as physical health, mental and social activity and education levels differ between men & women. The shift from “care-giver” to “cared for” is experienced differently by men and women as are family dynamics, interactions and family roles. The majority of papers reviewed focussed on women as family care-givers. Around two thirds of primary caregivers are women with proportion in LMIC countries much higher. The negative impact of care-giving on health, wellbeing and finances is significantly greater for women. The formal health and social care workforce is predominantly female, particularly in dementia care with many women in the sector in low paid work on insecure contracts.

Conclusions: Highlights the need for a broader, evidence based approach to female-targeted dementia health programmes particularly in low and middle income countries, where female-led family caring remains the predominant care model. Equally in high income countries, more women live with dementia, more women are family carers and more women make up the health and social care workforce. Dementia prevention and care initiatives will impact on women differently from men and all policy makers, service providers and people directly affected by dementia will find it helpful to be aware of this.

Keywords: gender, people living with dementia, family caregivers

Oral Abstracts

OC090

Date: Saturday 23 April 2016

Session: Awareness and Stigma 2

DEMENTIA DIARIES - USING TECHNOLOGY TO AMPLIFY THE VOICES OF PEOPLE WITH DEMENTIA

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Abstract:

Background: In the UK, there's a growing network of people with dementia who meet in local groups to campaign and provide each other with peer-to-peer support. These advocates share fascinating insights about the ways in which dementia affects their day-to-day lives, and how policies and services can be improved to better suit their needs.

However, many of these conversations are confined to these local meetings. Whilst some individuals from the groups use digital communication tools such as Wordpress, Twitter and Facebook, many people with dementia find the practicalities of using technology daunting and confusing, preventing them from taking part in the digital conversation.

The challenge was to design a project in which these unique insights could be captured in a dignified way that empowered people with dementia to speak for themselves, in their own words, prompting a richer and more diverse dialogue about the condition.

Methods: Custom-built reporting phones: a technological solution was needed to give all participants equal opportunity to record their views, so we gave custom-built 3D-printed mobile phone handsets to all participants. These devices are designed to be as simple as possible to use, with one central button that says 'report' - upon pressing this button, participants are invited to leave an answerphone message with their story. Training: 35 participants have been trained in how to use the reporting phone to shape their own narrative. Mentoring and story development: editorial team provide ongoing support in developing story ideas.

Results: Curation of reports: since Jan 2015, over 1500 reports sent in. Publication on dedicated website and twitter feed: these platforms provide an online home for all of participants' stories, increasing the representation of PwD in digital spaces. Pitching to media: the most relevant stories have been placed in influential media outlets like BBC World Service, Sky News and BuzzFeed to help to improve public understanding of the complexities of the condition. Informing service providers: participants have contributed to an insights report for UK telecomms industry, National Health Service research and trainings and guidelines to the media industry on how to report dementia. Participants feel more empowered to influence policies and public perceptions.

N.B. This presentation will include audio recordings, allowing the audience to hear directly from the project participants.

Keywords: dementia and the media, dementia and technology, authentic insights from PwD



OC091

Date: Saturday 23 April 2016

Session: Awareness and Stigma 2

EDUCATING THE YOUTH: ENABLING STUDENTS TO ENGAGE WITH PERSONS WITH DEMENTIA THROUGH VOULENTEERING IN A CATERING SCHOOL

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Abstract:

What do the younger generations know about dementia? How can we educate young people about dementia and make sure they are well-equipped with the necessary knowledge about the illness? I am a full time carer for my mother and in this presentation I will outline my work with secondary school students, teachers and social workers in setting up an Alzheimer Café at our local Catering Trade School.

Since late 2013, I have been caring for my mother who has Alzheimer's disease. We were left on our own by our family and most of our friends, but I was keen on arranging a happy social life for my mother and, at the same time, help others who are faced with the same problem. In early 2015, I approached the Director of the Catering Trade School in our town with the idea of an Alzheimer Café in the school's teaching restaurant. It seemed like the ideal way to support people with dementia and their carers and also educate the future staff of our restaurants and shops which, in the long term, could help us build a dementia friendly community.

For our gatherings, volunteer students would bake biscuits and serve freshly made tea and coffee. Whilst working, they would also have the opportunity to engage with people with dementia and their family members and listen to our conversations about the issue. It is a kind of a global learning approach, interactive and inclusive. Then, there is a peer-to-peer approach, which means that young people of similar age can teach each other. The students can also teach their parents or extended families about dementia, which could help to reach out the wider society.

I have also been organising events where young scientists and final year medical students – psychiatrists and neurologists - hold lectures for the students. These informal talks about dementia, followed by Q and A, aim to raise awareness about the illness amongst young people. They can influence how society thinks about this illness and can also help reduce the stigma attached to dementia.

My personal aim is to share my experience of this journey and my vision of how young people could make a valuable contribution to our society through raising awareness and learning about dementia.

Keywords: education, youth, voulenteering

Oral Abstracts

OC092

Date: Saturday 23 April 2016

Session: Awareness and Stigma 2

CONFUSING MEDIA MESSAGES. CONTRADICTIONARY MEDIA HEADLINES AND ARTICLES ABOUT DEMENTIA RISK REDUCTION & PREVENTION AND WHAT WE CAN DO ABOUT THEM

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Abstract:

Introduction: Media messaging about dementia risk reduction and prevention is frequent, confusing, contradictory and often irresponsible. What can be done to alleviate this problem and what are our responsibilities as individuals and professionals in the dementia sector to tackle this issue?

Background: On an almost daily basis media titles, in print and online, are publishing confusing and contradictory messages about dementia risk reduction and prevention. These headlines and articles are often based on singular pieces of research but delivered without context and delivered to a general public which isn't sufficiently informed to decipher what they mean or what they can do about them. In addition there is little information about tangible outcomes as a result of modifying lifestyle behaviour based on the headlines and news stories.

The situation is exacerbated by the growing influence of online news media sites and also social media. Borderless digital communication, combined with a growing amount of non-professionally curated content (in the form of blogs and social media sharing) can further confuse matters.

Recent example headlines:

Alcohol:

"The truth the experts won't admit: Drink PREVENTS dementia"

"Cut Booze in middle age or risk dementia"

"Drinking champagne could help prevent dementia"

Weight:

"Why being overweight may give you early Alzheimer's"

"Astonishing new research shows how being overweight can ward off dementia"

"Could being skinny in middle age raise your risk of dementia?"

Aims: The aim of this presentation is to highlight some global examples of both contradictory and good quality media messaging about dementia risk reduction and prevention; to explore why the media reports in such a sensationalist fashion; to explore the impact of such messaging on the general public; to capture the thoughts of campaigning groups including dementia working groups and carers groups; to explore risk versus reward; and finally to propose actions we can take, both as individuals and in our professional capacities, to tackle this issue.

Conclusion: What are our responsibilities and can we really make a difference? Can we influence and change the nature of media messaging or should our attentions be focussed on quality information provision and support, to balance out media headlines? Finally, how do we translate and communicate quality risk reduction and prevention messages to lay audiences.

Keywords: Risk reduction, Media, Awareness



OC093

Date: Saturday 23 April 2016

Session: Awareness and Stigma 2

DEMENTIA AWARENESS INCREASES GREATLY THE REDUCTION OF STIGMA IN KENYA

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Abstract:

Background: The number of people living until old age has been increasing worldwide thus increasing the susceptibility to diseases affecting the elderly like dementia. Due to low knowledge on dementia within the communities in Kenya there is a lot of myth and stigma surrounding families and people living with Dementia.

Objectives: To increase public awareness of Dementia to reduce stigma

Methods: Dementia awareness has been actively going on since 1st September to 30th September 2015. It is to let the public understand dementia, causes, signs and symptoms and the treatment options available. Different sensitization methods were used which included talks, media appearances, public meetings, workshops, social media, posters, information stands, religious services and wrist bands.

Results: Approximately 100,000 people have been reached through the different sensitization methods used. We had 13 media appearances out of this 9 were live interview and 4 in the newspapers, 9 talks in formal clubs, 4 talks in public meetings, 3 talks in religious services, 2 workshops, 1000 posters displayed in public areas, distribution of 500 wrist bands, 2 information stands and daily updates on the social media.

Through the different campaigns we have been able to initiate the creation of:

1. Dementia friendly community
2. Dementia friendly generation
3. Dementia friendly financial institution

Almost all the people who thought dementia was a curse or results of witchcraft now have more knowledge and are willing to let more people know and talk about it.

Conclusions:

1. Still a large number of the population have no knowledge about dementia thus the need to scale up the awareness activities.
2. Have more partners to help in awareness activities.
3. There is need to create awareness materials in a local language.
4. Quantitative study should be done to understand the prevalence of dementia in Kenya.

Keywords: Dementia, Awareness, Stigma

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OC094

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Session: Awareness and Stigma 2

ADI TWINNINGS PROGRAMME BETWEEN TURKISH AND GERMAN ALZHEIMER ASSOCIATION

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Abstract:

Background and objectives: The Turks migrated to Western European countries since 1960's, is now an integral part of the European community. Today, around 5 million Turks are living in Europe - 80% for 10+ years, 57% for 21+ years and 13-20% born in those countries. Roughly 3 million of these Euro-Turks live in Germany (50% having German citizenship). Studies on demographics for Euro-Turks who lived more than 14 years in Europe, disclose the fact that 10.6% are aged 50-54; 7.9% age aged 55-59 and 11.4 are aged % 60+. In the 50+ age group, 74.2 % have lived in host-land for 31++ years and 57.9 % of them do not plan to go back.

On the other hand, many German citizens choose to live in Turkey following retirement. Public records illustrate that 78,560 Germans were present in Turkey at the time of the 2000 census (20% with residential permit, 4.2% with work permit). As expected, they are old age pensioners, with dementia risks and there is no service provided for them in their mother tongue in Turkey.

Those people who have been living in Europe for more than 20 years are now aged, facing the risk of dementia. Hence problems arise due to communication difficulties caused by having low literacy levels in the host-land language, which is to be lost even further with the onset of dementia and reverting back to native language. In addition, lack of knowledge about dementia and its symptoms, as well as variations in perceptions of dementia (an illness, a normal part of ageing, a mental illness etc.) and the stigma associated with it (fearing being labeled), all add up to people being isolated and very often late diagnosis and no pursuit of help.

ADI has offered a Twinning Programme, a two-way partnership in order to achieve the following agreed goals:

- raise awareness about dementia in Turkish communities in Germany and German communities in Turkey; disseminate information about dementia to both parties;
- provide service providers with resources to assist in understanding the needs of Turkish people with dementia in Germany;
- identify possible barriers to effective communication, especially regarding cultural differences.

The collaboration has started with a Kick-off meeting dated Aug 20, 2014 and will last for three years. A meeting for Germans in Turkey was held on April 1, 2015. The first of a series of meetings for Turks in Germany is planned to be held in Berlin on February 25, 2016.

Keywords: Euro_Turks, immigrants, language



OC095

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Session: Diagnosis and Imaging

UTILIZATION AND CHANGE OF AD DIAGNOSTIC TOOLS IN THE US AND EU 5

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Abstract:

Background and objectives: Innovative diagnostic tools are used for early detection of Alzheimer's disease (AD) to facilitate timely treatments. This analysis aimed to provide an overview and change in utilization of AD diagnostics in clinical practice over a 3-year period.

Methods: Data were taken from Adelphi Real World 2010 and 2013 Dementia Disease Specific Programmes (DSPs), cross-sectional surveys of patients over 50 with cognitive impairment (CI) and their physicians in France, Germany, Italy, Spain, the UK and the US. Physicians completed patient record forms for patients with CI, containing patient demographics, clinical characteristics, diagnosis, tests, scales, scans and imaging performed to aid patients' diagnosis. Diagnostics conducted were stratified by Mini Mental State Examination (MMSE) score and age at diagnosis to compare 2010 and 2013 DSPs using Fisher's exact and Chi-squared tests.

Results: A total of 4,041 and 4,337 AD patients were included in the analysis from 2013 and 2010 DSPs, respectively. In 2013, number of patients receiving a B12 test at diagnosis decreased as MMSE at diagnosis decreased (80.7% [MMSE 24-30] to 62.4% [MMSE <10]; $p < 0.0001$). In addition, fewer older patients at diagnosis received ApoE test (5.8% [age <65] to 1.0% [age 85+]; $p = 0.003$) or lumbar puncture (18.8% [age <65] to 6.9% [age 85+]; $p < 0.0001$). In 2013 tests/scales were conducted in more patients to aid diagnosis compared to 2010, except for ADAS-Cog (8.1% vs 11.6%; $p < 0.0001$) and Cambridge Mental Disorders of the Elderly Examination (1.0% vs 2.2%; $p < 0.0001$). In 2013, the number of patients receiving no scans/imaging to aid diagnosis increase as MMSE score decrease (8.0% [MMSE 24-30] to 17.7% [MMSE <10]; $p = 0.0003$). Higher percentage of older patients at diagnosis received CT scan (25.2% [age <65] to 46.5% [age 85+]; $p < 0.0001$), but fewer received volumetric MRI (52.3% [age <65] to 30.1% [age 85+]; $p < 0.0001$) and single-photon emission CT (13.2% [age <65] to 1.1% [age 85+]; $p < 0.0001$). There were limited differences in frequencies of scans/imaging performed in 2010 and 2013 DSPs.

Conclusion: Severity and age at diagnosis appear to drive the likelihood of physicians using certain tests. More advanced diagnostic tools are still not widely used. More consistent and wider use of validated tools and scans may aid the diagnostic process, thus leading to early detection and opportunity for early intervention.

Keywords: Diagnostic tools, Alzheimer's disease, Early detection

Oral Abstracts

OC096

Date: Sunday 24 April 2016

Session: Diagnosis and Imaging

COMPARISON OF THE DIAGNOSTIC VALIDITY BETWEEN THE NIA-AA CRITERIA AND OTHER NEW CRITERIA FOR CSF BIOMARKERS OF ALZHEIMER'S DISEASE

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Abstract:

Introduction and background: The use of CSF biomarkers for the diagnosis of AD is currently accepted in the NIA-AA criteria.

Materials and Methods: Between 2008 and 2011, 170 patients with MCI were included. CSF levels of A β 1-42, T-tau, P-tau181, and ratios of T-tau/A β 1-42 and P-tau181/A β 1-42 were analyzed. In our criteria, we considered 3 or more abnormal variables indicative of a high likelihood of MCI due to AD.

Results: After a clinical follow-up of 4.5 ± 1.2 years, 53 patients remained stable, 96 developed AD, 15 developed other forms of dementia, 7 died and 9 received other diagnoses. Using the NIA-AA criteria and our own criteria, the diagnostic validity of the CSF biomarkers was 58% versus 85%, specificity 84% versus 72%, PPV 82% versus 79% and NPV 61% versus 79%.

Conclusion: Our criteria for assessing the CSF biomarkers of AD are more sensitive than the NIA-AA criteria, supporting their use for early diagnosis of AD in patients with MCI.

Keywords: Alzheimer's disease, CSF biomarkers, NIA-AA criteria



OC097

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Session: Diagnosis and Imaging

SAGE (SELF-ADMINISTERED GEROCOGNITIVE EXAMINATION): A COGNITIVE ASSESSMENT TOOL

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Abstract:

Introduction: We present our research on the validation, normative characteristics and progression prediction of SAGE; a valid and reliable, brief pen and paper cognitive assessment tool with four distinct equivalent forms used to identify Mild Cognitive Impairment (MCI) and early dementia. SAGE (free on internet at sagetest.osu.edu), measuring six domains (language, reasoning/computation, visuospatial, executive, memory, and orientation) does not require office personnel time, is easily incorporated in any healthcare setting, and can rapidly screen large numbers of individuals. Validation of a digital SAGE for tablet use is underway.

Methods: Our validation study compared SAGE to gold-standard clinical evaluations with neuropsychological testing. Subjects were identified as dementia, MCI, or normal based on standard clinical criteria. Our study of SAGE normative characteristics used a community sample of adults. In our progression prediction study we monitored patient SAGE and Mini-Mental State Examination (MMSE) scores every 6 months with neuropsychological batteries to determine normal or impaired cognition.

Results: 63 validation study (21 normal, 21 MCI, and 21 dementia) subjects revealed a 0.84 (0.76 for MMSE) Spearman correlation between SAGE and neuropsychological batteries. Receiver Operating Characteristics of SAGE showed 95% specificity (90% for MMSE) and 79% sensitivity (71% for MMSE) in detecting cognitive impairment from normal subjects (AUC 0.92). SAGE normative characteristics of 1047 individuals identified 28% cognitively impaired and showed higher age and lower education were both associated with worse SAGE scores ($p < 0.0001$). Principal-component (PC) and correlations analyses indicated that SAGE is well balanced with near-equal PC weights and correlations to total SAGE for language, reasoning/computation, visuospatial, executive and memory domains. 441 individuals in our progression prediction study showed SAGE declined significantly over time ($p < 0.0001$) for dementia converters; at least 6 months earlier than their MMSE.

Conclusions: SAGE is a valid and reliable tool for detecting cognitive impairment. No single cognitive domain is over or under represented in its scoring. Significant declining SAGE scores indicate a high risk for dementia diagnosis. SAGE's self-administration feature, community screening, and routine clinic use may promote earlier diagnosis and treatment of cognitive conditions.

Potential conflict of interest: None

Keywords: Cognitive assessment tool

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OC098

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Session: Diagnosis and Imaging

APOE GENOTYPE EFFECT ON CORTICAL THICKNESS AND ITS DECAY RATE

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Abstract:

Objectives: To examine the relationship between APOE genotype and brain morphometric indexes: cortical thickness and its decay rate.

Methods: Data from the Alzheimer's disease Neuroimaging Initiative (ADNI) was used. A fully automated structural MRI image processing pipeline (CIVET 2.0) was utilized for data analysis included 283 AD, 492 LMCI, 1038 EMCI, and 522 NC. Three genotype groups: APOE ϵ 3 homozygous, APOE ϵ 3 and ϵ 4 heterozygous and APOE ϵ 4 homozygous were carried in every populations. The statistical analysis was performed with MATLAB software.

Results: In all four populations, the whole brain mean cortical thickness of APOE ϵ 3 homozygous carriers is significantly larger than APOE ϵ 4 homozygous carriers ($p < 0.05$). Only in AD population, the mean cortical thickness of APOE ϵ 3 homozygous carriers is significantly larger than APOE ϵ 3 ϵ 4 heterozygous carriers ($p < 0.05$). Regionally, the cortical thickness of hippocampus of APOE ϵ 3 homozygous carriers is significantly larger than that of APOE ϵ 4 homozygous carriers ($p < 0.01$) in all four populations. There are also significant difference between the cortical thicknesses of APOE ϵ 3 homozygous carriers and APOE ϵ 4 homozygous carriers of frontal lobe ($p < 0.01$) and amygdala ($p < 0.05$) in AD population.

The mean cortical thickness within all the four populations decrease with age. APOE ϵ 3 ϵ 4 heterozygous carriers have the fastest decay rate, while APOE ϵ 3 homozygous carriers have the lowest decay rate, both male and female. Female subjects have smaller mean cortical thickness ($p < 0.01$) than the male ones, however the decay rate is slower.

Conclusions: The preliminary results suggest an effect of The APOE ϵ 4 allele on mean and regional cortical thickness as well as mean cortical thickness decay rate. APOE ϵ 4 carriers might have shrinkage in learning, thinking and memory area in brain from very early stage of LOAD. Investigation of the relation between APOE genotype and brain morphometric indexes may lead us to predictive biomarkers and drug targets of dementia.

Keywords: Alzheimer's Disease, APOE, cortical thickness



OC099

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Session: Diagnosis and Imaging

DIAGNOSING DEMENTIA CROSS CULTURALLY USING MODIFIED MEMORY TESTS

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Abstract:

Background: Dementia diagnoses is a costly and protracted process. The majority of people with dementia are expected to be living in developing countries, such as China, Indonesia and India. Many tests to assess dementia are not cross culturally applicable and require extensive training, copyright fees and expertise which may not always be available.

Method/results: We present data on our 5-10 min modified verbal learning tests which showed that the same initial cut-offs on this test as established in 3 cohorts in Oxford (Hogervorst, 2002; De Jager, 2003; Schrijnemakers, 2006) could be used in Indonesia, China and India (Hogervorst, 2011; Xu, 2014;2015; Shaw, 2015).

We recently also showed that it could be used to establish dementia in people with learning disability (Shaw, 2015). The test is easy to apply, does not require extensive training and is well tolerated. In addition, the test can monitor and validly record treatment effects as we have shown in treatment studies using exercise and nutritional interventions (Clifford, 2009; Irsan, 2014).

The test is also incorporated in our dementia computerised diagnostic system which was developed at Oxford. This computerised decision tree system can assess different types of dementia and differential diagnostics using most of the frequently used diagnostic criteria, such as DSM-V, NINCDS/ADRD, NCDS-AIREN, ADDTC, VCI, MCI etc.) and was shown to improve inter-rater reliability and specificity of the diagnoses significantly (Hogervorst, 2003).

Conclusion: Our Oxford University developed test systems can be used reliably across cultures to diagnose dementias

Keywords: memory, word list, cross-cultural

Oral Abstracts

OC100

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Session: Diagnosis and Imaging

EDUCATIONAL EFFECTS ON THE MMSE AND TYM TEST AND THE CONSEQUENCES FOR EARLY DETECTION OF DEMENTIAElizabeth Z van de Zande¹, Gerda Andringa¹, Gerrit Tjalling Rijkers¹, Garnt Dijksterhuis¹¹University College Roosevelt, Middelburg, NETHERLANDS;⁴University College Roosevelt, Middelburg, NETHERLANDS**Abstract:**

Background and Objectives of the study/Introduction: The effect of education in the early detection and diagnosis of dementia has shown to be a liability, often leading to false negatives due to the so-called ceiling effect in which highly educated people tend to score above the cut-off score on memory tests despite persistent memory problems. This study aimed to investigate educational effects on the MMSE and the TYM tests, two distinct memory tests, in a population with a relatively low educational level.

Methods: 325 participants (173 with memory complaints and 152 controls) from a rural and relatively low educated region completed the MMSE and the TYM test and filled out a questionnaire including questions about educational level under the supervision of a trained nurse in their home situation. Multiple regression was applied to identify correlations between educational level and test scores.

Results: Education has a significant influence on test score for both the MMSE ($p < 0.001$) and the TYM ($p < 0.001$) test. This effect is seen bi-directionally for both low (<8 years of education) and high (>12 years of education) levels of education, meaning that the educational effect not only leads to false negatives, but also to false positives, where people with low education score below the cut-off score despite reporting no memory complaints.

Conclusions/Perspectives: The results of this study suggest that memory test scores should never be taken at face value, without taking educational level of the patient into consideration. Adjusting cut-off scores to educational level should become common practice. Further research should aim at designing a test or tool which is less susceptible to the effect of education.

Keywords: Education effect, Dementia, Detection and diagnosis



OC101

Date: Sunday 24 April 2016

Session: Awareness and Stigma 3

“CAFÉ CON A.L.M.A.” IN BUENOS AIRES

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Abstract:

Background .A.L.M.A., the Association for the fight against Alzheimer’s disease and related disorders of the Argentine Republic, was established in August, 2013, with the first experience in Latin America of the Alzheimer’s Café, an adaptation of Dr. B. Miesen’s model. “Café con A.L.M.A” has held 27 monthly meetings at “ALIBI Bar” in the quarter of Palermo. It aims at offering a friendly meeting for sharing experiences in a pleasant environment, contributing to breaking taboos, providing ill people with a sense of belonging, acknowledgment and acceptance, and combining information and recreation in a social space. It succeeds in providing resources, services, and assistance to people with dementia and their family carers so as to fight against stigma, to raise awareness of the disease, and to struggle for their improved quality of life. The Association was given an award by the legislative body of the city of Buenos Aires, which declared the “Café con ALMA” meetings to be of interest to the Medical Sciences in June, 2015. Results and Remarks. Over a sample of 15 cafés (cut-off point in April, 2015), a mean attendance of 45 people, by means of opinion surveys on: how they felt, what they liked best, and their suggestions, the attendees assessed the meetings as excellent and very good. As regards associated feelings, they were focused on values such as interested, pleased, and entertained. They also stressed positive aspects, such as cordiality, the atmosphere, the service, joy, the professionals conveying the information, and the guest musicians, among others. The attendees are between 59 and 88 years old (people affected by dementia/carers). Prevalence of dementia of the Alzheimer type, followed by a diagnosis of cognitive impairment. A significant percentage of the affected people who attended the meetings are aware of the objective and purpose of the outing, expressing interest in participating in the meetings. “Café con A.L.M.A” successfully meets its objectives and promotes the encounter of guest healthcare professionals, musicians, and volunteers for the benefit of the attendees and the community. The initiative of “Café con ALMA” has fostered the replication of this experience in Uruguay, Ecuador, and Puerto Rico. Press, radio, and TV media attend “Café con A.L.M.A.” and choose images from the meetings to raise awareness of the problems of dementia and as a positive message of an activity contributing to a better quality of life of those affected.

Keywords: LACARRA78

Oral Abstracts

OC102

Date: Sunday 24 April 2016

Session: Awareness and Stigma 3

AWARENESS AND STIGMATIZATION SITUATION OF DEMENTIA IN GHANA: THE ROLE OF CHIEFS AND TRADITIONAL LEADERS

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Abstract:

Awareness and Stigmatization Situation of Dementia in Ghana: The Role of Chiefs and Traditional Leaders. A major need among the people of Ghana is awareness of dementia in the face of stigmatization, abuse and exclusion. As the mortality rate in Ghana continues to decline, thanks to better healthcare and improved lifestyles, the country's older people are enjoying an increased average life expectancy. Also, the transformation of the demographics could be presented as a clear indication of progress and improvement in Ghana's economic standing. But a closer look highlights growing concerns that the country's healthcare system will be unable to cope with an aging population. Stigmatization and abuse of people suffering from dementia with some sent to Witch Camps, Prayer camps and others chained for spiritual and cultural reasons is sited to be major concerns. Awareness is the major key to fundamental change in public perceptions about dementia through involvement of the aborigines and indigenous traditional leaders. In view of this, Alzheimer's Ghana has strategized in involving the Chiefs and Traditional leaders since Chieftaincy is one of Ghana and Africa's enduring cultural heritage and institution, which is deeply rooted in the ethnic consciousness of communities, providing the scope for leadership and exercise of authority, also symbolizing socio-political and sacred power vested in Chiefs, Queen-mothers and Priests in many parts of Ghana. For towns, cities and villages across Ghana to see what they need to be dementia friendly, the views and opinions of traditional leaders matter much since they hold together the diverse ethnic groups and people of local communities who influence lives in these areas. They are also behind the establishment of witch camp, prayer camps and people being chained as they are mainly the land owners. Alzheimer's Ghana is collaborating with Fifty (50) traditional leaders namely Kings, Chiefs, Sub-chiefs, Regents and Linguists in the Greater Accra Region, who pledge to make dementia their PET PROJECT through:

- Organising education and public talks on dementia in the various communities
- Serving as ambassadors of dementia and its related disorders to the people in the local communities.
- Developing strategies to ensure effective advocacy campaigns.
- Offering direct engagement with governmental through the National House of Chiefs, the Ministry of Culture and Chieftaincy and the Council of State.

Keywords: Traditional Leaders, Demmentia Awareness and Stigmatization in Ghana



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Date: Sunday 24 April 2016

Session: Awareness and Stigma 3

MEMORIES TO MUSIC - PARTICIPATORY GROUP METHOD FOR PEOPLE WITH DEMENTIA

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Abstract:

According to an estimate by the WHO, there are some 47,5 million people with dementia in the world, and the number is expected to rise in the future. Ensuring that individual people can lead meaningful lives is paramount, but the well-being of people with dementia also has large social significance. People who remain healthy and well have less need for services and can manage for longer before requiring institutional care. After all, People with dementia don't need just good care. They need also meaningful activities and possibilities to develop their skills.

Memories to Music (MtM) is a group method that aims to increase the group cohesion. At the same time, the group members' experiences of success, pleasure and a sense of belonging have a positive effect on their psychosocial well-being. With MtM people with dementia can exceed their own limits and improve their perceptions of themselves. MtM is based on the Model of Human Occupation and several studies published on the benefits of both reminiscing and music. MtM is a process that requires several group sessions. The process begins with participants reminiscing about their lives. After this, a song based on memories is composed and practiced. Finally a music video of the song is made and released on social media. So, other people can also see the skills and resources of the people with dementia. This can change the environmental attitudes towards people with dementia. More positive attitudes from other people reduce stigma.

Dementia is not an obstacle to know-how and the enjoyment of new activities. The key idea behind the Memories to Music is to produce culture together with people with dementia, not for them.

MtM won the national Health and Social Award in 2015.

Keywords: rehabilitation, attitudes, psychosocial well-being

Oral Abstracts

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Session: Awareness and Stigma 3

ALZHEIMER CAFES FOR DEMENTIA FRIENDLY SOCIETY

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Abstract:

While attending the Alzheimer Europe in June 2012 in Brussels we were informed about the activity known as Alzheimer Cafe. Our colleagues from Netherland provided us with the necessary information and the manual covering this very interesting activity. This caught our immediate interest and gave us the basis for our future work.

In order to be successful and recognized in our society we asked for support and help some of our prominent doctors, made sure that the first Alzheimer Cafe was also attended by family members and cares for persons with dementia and everybody interested in this topic personally or professionally locally and on the national level. One of our nursing homes was very helpful providing us all the necessary data and help.

Our strategy proved to be a very successful one, as we made sure that most influential media massively covered this event. Our first Alzheimer Cafe was a great success! It turned out that this kind of informal gatherings is what is needed most in Slovenia. Those gatherings gave the families and carers for persons with dementia the opportunity to communicate and were the basis for support groups meetings. Each Alzheimer Cafe opens a dementia related topic that is represented by a professional or Spominčica representative, followed by socializing.

Alzheimer's Cafes spread across Slovenia and we have now more than 60 different location all over our country. We always make sure that the media cover all those events, and with this goal in mind we rose the sensibility about this illness affecting not only persons with dementia, but also members of their families and the society in general. Moreover, we spurred the process of destigmatization of dementia we raise awareness about dementia. With all these activities, we contribute to Dementia friendly society. We organize lectures about first signs of dementia for public sector: for schools, banks, police, hospitals, fire departments, post offices
The underlying idea of Alzheimer Cafe to organize gatherings of persons with dementia, their relatives, cares, friends, professionals and representatives of local associations in a relaxed and friendly atmosphere of a cafe, library or a bistro proved to be a success. We will continue to spread those activities in the future because the families and carers need this sort of gatherings.

Keywords: awareness raising, reducing stigma, social inclusion



OC105

Date: Sunday 24 April 2016

Session: Awareness and Stigma 3

THE REMINISCENCE TEA HOUSE STORY

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Abstract:

Background and Objectives: From the 2011 census there are 124,250 Chinese people in London. 7,713 are over 65 year old. Apart from language difficulties and cultural differences presenting major obstacles, there is a lot of stigma about dementia in the Chinese community which is a barrier to the people to receive diagnosis and treatment of dementia.

Out of all the minority ethnic groups Chinese is the most widely dispersed. Often people will wait over three years to report their dementia symptoms to their doctors.

Due to the stigma surrounding dementia, family carers who take care of people living with dementia have a heavy burden on their own physical, emotional and mental health and will not be able to turn to other members of the community. While family carers want some support to continue their caring work they find they can't find suitable services. They are afraid their community may criticize them when they are using services. They often feel worn out, isolated and guilty from the burden of caring.

The Chinese National Healthy Living Centre has secured three years of funding for the London Chinese Dementia & Alzheimer's Awareness and Support Project.

Over the three years of the project, the aims were to ensure:

1. The stigma attached to the illness in the London UK Chinese community will be reduced.
2. Through enhanced awareness, more London UK Chinese people will benefit from early diagnosis.
3. Chinese carers in London receive structured peer support and are attached to a learning network.
4. London Chinese living with dementia will see an improvement in the quality of their lives.
5. Understanding of dementia in the Chinese community will spread, including promoting the use of the translation of the term of dementia: 痴呆 (痴呆).

The presentation provides a summary of these 3 years of workshops, information events, Dementia Friend sessions in Cantonese, etc., with several Chinese community groups that have informed an approach to raising awareness and reducing stigma in the Chinese community called the Chinese Healthy Living Centre's 'The Reminiscence Tea House'.

Keywords: Dementia, Chinese, UK

Oral Abstracts

OC106

Date: Sunday 24 April 2016

Session: Engaging People with Dementia and Carers 2

A 'MODEST PROPOSAL': IS IT TIME TO ABANDON 'MEMORY CARE'?

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Abstract:

Background and Objectives: As many communities around the globe are launching initiatives to become more inclusive of people living with changing cognitive abilities, the one sector that has continued to promulgate a 'dementia-unfriendly' approach—ironically—is aged care. Does segregated living truly improve the well-being of those who live there, or is this an idea that needs to be put out to pasture?

The presenter—a geriatrician, author, and international educator on transformational approaches to aged care and support—will provide a series of arguments for ending segregated living for those with a diagnosis of dementia. The areas in which he will present challenges include: clinical, ethical, operational, demographic, relational, person-centredness, erosion of several aspects of well-being, and perpetuation of stigma, fear, and self-fulfilling prophecies.

This presentation is intended to provoke a vigorous discussion about the best way to respond to our expanding population of adults living with dementia, and to cause reflection about whether we are currently following the best path.

Keywords: Dementia-friendly, Memory Care, Inclusive Living Opportunities



Oral Abstracts

OC107

Date: Sunday 24 April 2016

Session: Engaging People with Dementia and Carers 2

The Needs and Experiences of Carers of a Family Member with Dementia - An Initial Interview Phase of Questionnaire Development

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²University of Exeter, Ageing and Dementia, UNITED KINGDOM;

³Carers Leeds, UNITED KINGDOM;

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Abstract:

Background: The number of people living in the UK with dementia is rising, with friends and family providing much of the care. A caring role may compromise well-being, quality of life (QoL), and finances. Existing QoL questionnaires used in dementia carer assessment can be too general, too long or have unreliable scoring. This abstract relates to the first phase of an MRC-NIHR Methodology Research Programme funded study aiming to develop and evaluate a new questionnaire for use in individual carer assessment, research and health economic evaluation. This ongoing phase is using a needs-led approach to generate an item pool. Needs-led approaches assume that QoL is good when fundamental needs are met. Therefore, identification of the underlying needs of the population in question is an important step in developing new interventions.

Methods: 48 people caring for a family member or friend with dementia, who is living in the community, are being recruited via two third sector organisations and a National Health Service organisation. A purposive sampling framework is being used to represent the diversity of the carer population, including age, ethnicity, gender, education and relationship to those cared for. Participants are taking part in a semi-structured interview about their experience of caring. Interviews are being transcribed and analysed using inductive thematic analysis to identify emergent themes and impact of caring on fundamental human needs. In line with the needs-led approach of questionnaire development all segments of text relating to the challenges and rewards are being extracted. Questionnaire items are being generated by translating statements and themes from the interviews into items.

Results: Ongoing thematic analysis is identifying key needs and experiences of those who provide care. Once the interview and analyses are complete these emergent themes will inform the structure and content of the new carer questionnaire. Identified themes will also inform and improve understanding of carer experiences and challenges. In this talk we will present the themes that are emerging from the analysis, focusing on the key needs and experiences of participants.

Conclusions: The needs led approach will provide a rich source of data not only for the purpose of creation of the item pool but also to add to our understanding of the carer experience.

Keywords: Carers, Needs-led approach, Interviews

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Date: Sunday 24 April 2016

Session: Engaging People with Dementia and Carers 2

LIVING POSITIVELY WITH DEMENTIA - FINDINGS AND IMPLICATIONS OF A SYSTEMATIC REVIEW

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Abstract:

Background and Objectives of the study/Introduction: This presentation will describe the findings and potential implications of a recent systematic review and synthesis of qualitative literature on positive lived experiences in dementia. Because currently relatively little is known about how people live well with dementia and previous research has tended to be framed within an implicit loss-deficit paradigm, we sought to explore and synthesise findings from lived experience research where accounts of the subjective experiences of people with dementia contained evidence of positive states, experiences or attributes.

Methods: Following a systematic search, 26 studies were identified and included. All contained some level of evidence of positive experiences and / or attributes that were reported first hand and interpreted in the context of living with dementia. Narrative meta-synthesis was used to build an interpretive account of aspects of living positively with dementia.

Results: Three overarching themes emerged and these related to ageing positively as well as active attempts to fight dementia, maintain purpose and identity and transcend the condition using positive emotions such as hope, humour and gratitude. Some literature suggested the possibility that people living with dementia may seek ways to achieve personal growth. Personal agency and continuing meaningful activity constituted strong threads that linked themes and subthemes.

Conclusions/Perspectives: The findings suggest the possibility of building a positive psychology account of living well with Alzheimer's and other forms of dementia and they contribute to the continued overturning of negative discourses and stereotypes surrounding the condition. The lived experience perspective and associated qualitative research methods constitute a valuable approach to engaging with people who are living with dementia and ensuring the full range of their experiences are recognised and understood.

Keywords: dementia, lived experience, positive psychology



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Date: Sunday 24 April 2016

Session: Engaging People with Dementia and Carers 2

LISTEN TO US: THE SELF-PERCEPTION OF PEOPLE WITH DEMENTIA IN THE CHINESE SOCIETY

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³Jockey Club Centre For Positive Aging, HONG KONG

Abstract:

Background: Aging population and dementia are treated as the alarming issues in Hong Kong. The term “dementia” in Asia including China, Japan, Singapore, Taiwan, Hong Kong, South Korea and more, has been translated as “Chi Dai Zheng” (·s···) before which carries a very negative connotation. The linguistic descriptions about “dementia” indicate to the loss and negative understanding. I review that the vital implication of using the above term leads to the perception of people with dementia as “total loss of self” or “living death” and “social death” (Chiu & Li, 2012; Chiu et al., 2014). Dementia is one of the most common reasons for applying residential care homes (Van Rensbergen & Nawrot, 2010) and Hong Kong is one of the most high institutionalization rate countries which is 6.8% of the population. Over 50% of elders are having different levels of neuro-cognitive impairment in the residential care homes from the local studies (Lee, Hui, Kng, & Auyeung, 2013). People start considering how to deal with the increasing number of dementia and the kinds of care model to be provided in residential care homes.

Methods: Qualitative research with interpretative phenomenological analysis Part I, interviews and observes 10 people with dementia and 10 caring staff in the subvented and non- subvented residential care homes. Part II, two one-session sharing are held to inform the caring staff about the participants’ self-perception. Part III, there will be two focus groups which collect the feedback about the impacts of the trained caring staff after the sharing session.

Results: Themes about elements of self-perceptions among people with dementia, staff’s perception of dementia and the changes of staff’ caring attitude. Finding the cultural difference and further development of person-centred care in HK. This study identify self-perception of people with dementia who live in the residential care homes and their subjective interpretations of self. Adopting a humanistic approach, this study goes beyond the dominance of medical explanations and treatment to enlarge the perspective of health care professions. The research reveals 1) how the participants perceive themselves; 2) how caring staff perceive the participants; 3) How the interactions between the participants and caring staff in the residential care homes co-constructed the interpretations; 4) the self-perception of the participants and 5) the impact of caring staff after being informed the participants’ self.

Keywords: Symbolic Interactionism, Staff attitude and personhood, Subjective views of people with dementia

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Date: Sunday 24 April 2016

Session: Engaging People with Dementia and Carers 2

EMPOWERING PEOPLE WITH DEMENTIA THROUGH ONLINE SUPPORT GROUPS

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Abstract:

This presentation will explore my personal experience of being diagnosed with younger onset dementia, and the initial impact that it had on my ability to live well in the community. It will explore the impacts of the global dementia friends' campaigns and supports required to re-enable and empower people with dementia to live in their communities, including the types of support we need for disabilities caused by the symptoms of dementia. It will talk about the global peak body for people with dementia, Dementia Alliance International (DAI) which is also the global voice of people with dementia, of which I am Board member, and the host and facilitator of a number of online support groups all around the world. Finally I will talk about the positive impact of free online support groups for people with dementia who are members of DAI, also run by people with dementia, which engage people with dementia, reduce stigma and discrimination, and increase their socialisation, as well as providing education and empowerment. As governments and peak bodies struggle to find funding to support people with dementia this unique and innovative method of self management and advocacy, of, by and for people with dementia is important to share with the service provider sector, as it is free and easily accessed by clients in the comfort of their own home.

Keywords: Empowerment, Engaging people with dementia, Online support groups



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Date: Sunday 24 April 2016

Session: Environment, Design and Dementia Friendly Communities

WHAT IS THE IMPACT OF THE HOME ENVIRONMENT WHEN CARING FOR A PERSON WITH DEMENTIA? A QUALITATIVE STUDY ON FAMILY CARERS' PERCEPTIONS

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Abstract:

Background: The majority of people with dementia are cared for by their families at home. This study aimed to elicit perceptions on environmental strategies and identify barriers and facilitators from the family carers' perspective.

Methods: Home walking interviews were conducted with 13 cohabiting carers. Interviews were recorded, transcribed and analysed using Thematic Analysis.

Results: Data revealed that the home environment may pose significant barriers but modifications and other strategies can encourage independence and comfort. Home setting was perceived important in (a) restoring safety at home, (b) improving comfort, aesthetics, mood and well-being, and (c) making life more practical. Environmental aspects perceived as affecting the home quality of life were: elements of the physical (built) environment (size, condition, layout, décor, flooring), use of technologies, equipment and other strategies (removing/hiding items, de-cluttering, locking, use of colour, re-arranging environment, keeping familiarity, leaving visual cues), and sensory environment (noise, light, smells, temperature, music, views). Carers followed professionals' suggestions but mostly improvised solutions via trial and error to create an enabling and comfortable home environment.

Conclusion: Home is the preferred site of care provision and when adapted appropriately it can be an asset to promote independence, comfort and reduce the impact of supporting someone with dementia at home. Carers need further education on the role of their home environment and individualised strategies to compensate for any barriers imposed by the home environmental design.

Keywords: home environment, family carers, ageing-in-place

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OC112

Date: Sunday 24 April 2016

Session: Environment, Design and Dementia Friendly Communities

A COLOURFUL FUTURE

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Abstract:

A Colourful Future: The importance of colour in the design of dementia specific residential care

Colour plays a vital role in design and all aspects of our living environment. But how does our perception of colour change as we age and what impact does it have? How can colour be used to create familiar, comforting and safe environments for older people, particularly those who have dementia? How can colour enhance the quality of life for our elders and those who care for them? These are just some of questions that as specialist designers we are asking and researching.

This presentation examines colour and the effect on the individual. Key concepts are explored including the importance of distinctive visual cues; the ways that colour can be used to prompt and how contrasting colours can reduce confusion and be effective as a way finding tool; how colour can facilitate recognition, improve memory and boost familiarity; the role of colour in evoking diverse emotional responses and moods which in turn affects performance and behavior; and how colour can improve cognitive abilities and assist in maintaining functional independence.

Colour affects our environment. Colour changes the perception of space. Colour creates mood. Colour both stimulates and calms. Colour is a powerful tool. Used wisely it can have phenomenal results which we are just beginning to understand in this industry. We should consider the transformational nature of colour in aged care.

Keywords: Colour, Design, Environment



OC113

Date: Sunday 24 April 2016

Session: Environment, Design and Dementia Friendly Communities

A DEMENTIA FRIENDLY WARD: THE IMPACT OF ENVIRONMENT CHANGES ON THE CARE NURSES PROVIDE FOR PATIENTS WITH DEMENTIA. A QUALITATIVE STUDY

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Abstract:

Background: In the UK, a quarter of hospital beds are occupied by patients with dementia. People with dementia admitted to hospital will stay five days longer than a person without dementia and will leave in a worse condition than they entered. The Dementia Action Alliance (DAA) has launched the 'Dementia Friendly Hospital Charter' (2014). The creation of a dementia friendly ward should help to reduce the 'care burden' of dementia for staff. Nurses have reported striving to achieve good care, but felt this was not always possible. However, there is a lack of evidence on the impact of ward environment changes on the care nurses provide for patients with dementia.

Aim: To explore the impact of dementia friendly environment ward changes for nurses when caring for patients with dementia.

Method: Qualitative data were collected from healthcare assistants and qualified nurses working on one of three elderly care wards within an acute NHS Foundation Trust in the UK. Nurses' perspectives were explored via focus groups. The interview schedule was based on information from a pilot group and previous literature. Data were analysed using Interpretative Phenomenological Analysis (IPA).

Results: Between September and October 2015 focus groups (n=10) with 38 staff were completed, 3 with healthcare assistants, 2 with qualified nurses and 5 with both staff groups. Focus groups lasted between 25 to 32 minutes and were conducted in staff rooms/offices within the clinical environment. Emergent themes included: 1) person-centred care, 2) understanding environment changes, 3) need for a change in staff culture, and 4) practical positive and negative elements of environment changes.

Discussion: Staff discussed many of the environment changes in relation to individual patients and highlighted the importance of person-centred care above and beyond these changes. Some staff admitted a lack of understanding of why elements of the environment had been changed. However, staff discussed a change in culture was occurring with staff embracing the changes and approach to caring for people with dementia. Positive impacts included the change to the flooring, the development of a cinema room, and implementation of the care crew. Negative impacts included the need for more staff and that some of the environment changes did not impact on patients with dementia but provided a non-hospital like environment. Minor changes to the environment were recommended.

Keywords: Dementia Friendly Environments, Dementia Care, Dementia Friendly Wards

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Date: Sunday 24 April 2016

Session: Environment, Design and Dementia Friendly Communities

THE EVOLUTION OF DEMENTIA CARE FROM PERSON CENTERED TO RELATIONSHIP CENTERED CARE: HOW TRUE CARE PARTNERSHIPS ENHANCE QUALITY OF LIFE FOR ALL

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Abstract:

This session discusses the changing view of dementia care from the early work of pioneers like Dr. Tom Kitwood to contemporary language today emphasizing relationship and care partnership. The authors will present a literature review and supporting case studies to trace the changing ideas of dementia care. Person centered care will be defined and discussed along with the author's own work creating the Best Friend model of dementia care (embraced by many groups internationally). The presenters will discuss their view that the future of dementia care can be encompassed by the language, "relationship centered care." The author's define that as care that supports an authentic relationship between carer and person, with knowledge of life story, spiritual support, encouragement and empathy. The presenters will also describe the impact of this viewpoint on activity programming – and how to turn traditional activities into opportunities for engagement. This relationship helps create a "therapeutic environment," – an environment defined as one that is healing. Finally, the presenters will describe how they have incorporated this philosophy into their work in in-home, adult day center and residential care settings and how relationship centered care can help staff become more successful and reduce behavioral challenges. Training checklists and tips will be shared to help attendees take these ideas and put them into practice into their own care settings.

Keywords: Awareness and stigma, Models of care, Education and training of the workforce



OC115

Date: Sunday 24 April 2016

Session: Environment, Design and Dementia Friendly Communities

NORWEGIAN MUNICIPALITIES WORKING TO BECOME MORE DEMENTIA FRIENDLY

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Abstract:

Background: Inspired by work with dementia friendly communities in Scotland and England, Norwegian Health Association started planning a program in this area in 2013. After trials in pilot communities, we worked in 2014 with planning, doing surveys and making material, before we launched the campaign in 2015.

Method: The campaign for more dementia friendly communities is organized so that mayors sign a collaboration agreement with us. In this agreement they commit to work towards becoming more dementia friendly, and take certain steps to facilitate this process. Municipalities who sign the agreement are given permission to use the campaign logo. We also provide this as a sticker for companies where personnel have participated in awareness workshops.

The first step is for the municipality to establish a working group who are in charge locally. The group develops a local plan for the process of becoming more dementia friendly. We emphasise that these groups should include people with dementia and/or carers.

We deliver educational material to arrange awareness workshops. This includes brochures, films, and a power point presentation. The aim of this material is to enhance knowledge and commitment among service personnel, in public and private sector, in order to better understand and support customers with dementia.

In April 2015 we cosponsored a big conference on the subject of dementia friendly communities, where more than a hundred municipalities were represented. Speakers from Joseph Rowntree Foundation and Alzheimer Scotland gave inspiring talks.

In September 2015, several municipalities who had signed or were about to, went to Crawley in England to study process and results there, and were inspired by the work of Alzheimer's Society.

Results: By middle of November 2015 we had signed agreement with 20 municipalities. Workshops have been held for a range of different groups in these municipalities, among them taxidivers, shopassistants, employees of libraries and pharmacies, in addition to pupils in schools in one town.

Conclusions: The campaign for a more dementia friendly society has already succeeded in establishing the concept of "dementia friendly" among politicians, and the knowledge about what it is about is growing. Our emphasis is on the process and locally grounded initiatives, and we believe that's this is the key factor in establishing a sustainable campaign.

<http://nasjonalforeningen.no/tilbud/demensvennlig-samfunn/>

Keywords: Dementia friendly communities

Oral Abstracts

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Date: Sunday 24 April 2016

Session: Environment, Design and Dementia Friendly Communities

EUROPE-WIDE MAPPING SURVEY OF DEMENTIA-FRIENDLY COMMUNITIES

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Abstract:

"Dementia-friendly communities" are a concept that has gained widespread recognition and activity across many countries. Policies, projects, and initiatives aimed at making municipalities, cities, towns and villages more dementia aware, supportive, and inclusive of people with dementia have grown considerably in number across Europe over the last few years.

This presentation will report the findings from a Europe-wide mapping survey of dementia-friendly communities undertaken by the Mental Health Foundation on behalf of the European Foundations' Initiative on Dementia (EFID). EFID is a joint programme set up by 7 foundations convinced that the community approach has to be developed against the challenges linked to dementia. The mapping survey on dementia friendly communities, to be published in January 2016, gathered information from a wide range of organisations working in this field, about their work, both conceptual and practical factors that were considered to be important in the development of dementia friendly communities, and examples of notable practice.

There were 194 respondents to the survey covering 19 different countries. A number of common factors and themes emerged from the survey as well as some differences, strengths and weaknesses between countries. The presentation will outline the findings from the survey together with some examples of notable practice which have been compiled in an "inspirational guide". The examples will be of great interest to anyone involved in the development of dementia friendly communities and will shed light on the peculiarity of dementia friendly initiatives in Europe.

Keywords: dementia-friendly, survey, community



TBI01

Date: Saturday 23 April 2016

Session: Dementia and Traumatic Brain Injury Symposium

THE ROLE AND RISKS OF PHYSICAL ACTIVITY AND SPORT IN DIFFERENT FORMS OF DEMENTIA

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Abstract:

The role and risks of physical activity and sport in different forms of dementia

The role of sports and physical activity (further use for both of them is sport) is invaluable in protection and promotion of health. It has a crucial impact on physical and mental well-being.

Eurobarometer surveys in 2009, and in 2013 identified “alarmingly high” rates of physical inactivity in the EU, and found that the vast majority of Europeans (60% - 2009, 59% - 2013) never exercise or play sport.

Despite the positive effects of sport, however, sport activities can in some cases become dangerous or disadvantageous, and can adversely affect a person’s health. (Kurimay et al, Baron et al. 2013)

Physical activity and cardiorespiratory fitness are beneficial for white matter in low-fit older adults. (Burzynska, et al. 2014)

The healthy, active lifestyle with sport play a role with their direct and indirect effects on preventing or delay dementia. Aerobic exercise is associated with a reduced risk of cognitive impairment and dementia; it may slow dementing illness. Physical exercise intervention could have improvements in quality of life. (Ahlskog et al. 2011, Bherer, 2015)

Recent research findings suggest, but has not proved, that repetitive mild head injury, concussion with transient cognitive disturbances as forms of traumatic brain injuries (TBI) could contribute for the development of Alzheimer Disease, and for the genesis of Chronic Traumatic Encephalopathy (CTE). (Büki, Kovács et al. 2015.) The clinical symptoms of CTE usually resembles to AD.

TBI can occur not just in well-known risk sports, as boxing, but in any other sport activities, including sports in schools (elementary, high-school, etc.), where physical contact is possible during the game. For this reason, this is essential to prevent, recognise, diagnose and treat properly even a mild-TBI, including concussion.

The aim of the presentation, on one hand, is to pay more attention to the positive role of physical activity and sport in the prevention, and in the treatment of dementia in Hungary. On the other hand, to highlight the importance of the general knowledge on the mild TBI during all sport activities where it can occur, as well as the importance of research, prevention, diagnostic tools, and treatment for TBI.

Keywords: sport

Oral Abstracts

TBI02

Date: Saturday 23 April 2016

Session: Dementia and Traumatic Brain Injury Symposium

MINOR INJURY- MAJOR CONSEQUENCES: TRAUMATIC BRAIN INJURY REVISITED

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Abstract:

Traumatic brain injury (TBI) is a major challenge in health care representing the third most frequent cause of death worldwide. In Europe, 2.5 million people suffer a TBI each year, of whom 1 million are admitted to hospital and 75,000 die.

Current thought appreciates that TBI hits societies not only in the acute phase but also decades after brain injury with consequences like posttraumatic epilepsy, hypopituitarism and early cognitive decline.

Contemporary scope of TBI research has been substantially altered by recent data from the Track-TBI collaborative group and other reports leading to the recognition that our appreciation of mild brain injury (mTBI) might be wrong and even a single episode of CT-negative mTBI may lead to structural damage in the brain demonstrated by routine MRI and that such injury can result in long term functional consequences. It is also documented that morphometric and functional MRI may identify subtle alterations in victims of minor TBI despite of negative CT and routine MRI exams. While a recent systematic review indicates that premorbid mental health is the most important determinant of outcome after mild brain injury the "jury is still out" on how those patients who are at risk after minor TBI should be identified and what measures should be employed in their case.

In this presentation we particularly would like to draw attention to repeated/ sport related mild TBI that could lead to long term endocrine deficit as well as neuro-cognitive decline. While further hard evidence should necessarily be presented the available data more and more clearly associate such injuries with tau- pathology and chronic traumatic encephalopathy.

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Keywords: traumatic brain injury, chronic traumatic encephalopathy, sport related concussion



TBI03

Date: Saturday 23 April 2016

Session: Dementia and Traumatic Brain Injury Symposium

REPETITIVE TRAUMATIC BRAIN INJURY AND ITS IMPLICATIONS FOR ALZHEIMER'S-LIKE CHANGE

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Abstract:

Introduction: There is increased interest in repetitive traumatic brain injury (rTBI) and its potential to exacerbate injury while precipitating Alzheimer's-like pathology or chronic traumatic encephalopathy (CTE). We now report our experience as well as that of others in animal models of rTBI, while also detailing our findings, together with those of others, in humans.

Methods: Anesthetized animals were subjected to rTBI, incorporating functional brain vascular studies and assessments of metabolic change followed by the quantification of diffuse axonal injury (DAI). Human studies were confined to post-mortem analyses relying on markers of DAI, beta amyloid and p-tau deposition.

Results: In animals, rTBI exacerbated cerebral vascular dysfunction and altered the brain's metabolic rate of glucose. rTBI increased the burden of DAI. Reduced intensity blows yielded limited adverse consequences. Even more important, was the observation that the interval between the rTBI influenced the ensuing brain injury. Repetitive injuries that followed closely in time caused maximal damage, whereas those more widely separated, caused little to no pathophysiological response. Similar observations appear to carry over to humans. In humans, even mild TBI elicited DAI, with the caveat that the DAI appeared increased in those over the age of 40 and/or those with a history of alcoholism or substance abuse. In humans with a history of repetitive injury and cognitive decline, the pathological responses were varied and not fully consistent with the singular designation of CTE.

Perspectives: These studies in animals confirm that rTBI can cause structural and functional brain changes whose overall severity is either reduced or eliminated as the injury severity is decreased and/or the interval between the rTBIs is elongated. Humans sustaining rTBI with cognitive decline do not necessarily reveal CTE. This suggests that other age-related pathologies may be at work, possibly accelerated and/or exacerbated by rTBI.

Keywords: Brain injury

Oral Abstracts

TBI04

Date: Saturday 23 April 2016

Session: Dementia and Traumatic Brain Injury Symposium

THE PATHOBIOLOGY OF SPORT RELATED DIFFUSE BRAIN INJURY AND IT'S LINKS TO ALZHEIMER'S DISEASE, PARKINSON'S DISEASE AND CHRONIC TRAUMATIC ENCEPHALOPATHY

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Abstract:

There are ~2 million new cases of traumatic brain injury (TBI) each year in the United States. The majority of these injuries are mild (mTBI; or "concussions"). This is likely an underestimate as many people with mTBI may not seek medical care (minimal or transient symptoms) while others with sub-concussive brain injuries from sports or falls may not appreciate symptoms at all. Persons experiencing a single or repetitive TBI are at increased risk for neurodegenerative disorders. Some patients show an early and dramatic decline in function (chronic traumatic encephalopathy, "CTE"). However, CTE is a neuropathological disorder for which clinical diagnostic criteria have only been established post-mortem. Observations of CTE are largely confined to professional athletes or military personnel, and the incidence rates and societal costs are unknown.

This talk will review the current studies addressing and controversies surrounding predisposing factors to CTE including the roles of sub-concussive impacts. The morpho-anatomical and functional characteristics of CTE will be reviewed, including their similarities and differences to AD and PD. The lecture will systematically discuss deficiencies in our current understanding of the potential inter-relationships between CTE, AD and PD as well as identify current and suggest future research strategies to address these deficiencies. For example, the spectrum of mild, moderate, and severe TBI with respect to imaging and blood biomarkers have not been systematically studied either longitudinally in the chronic period alone. Such studies would have great public health significance. For example, biomarkers for TBI in acute, sub-acute and chronic periods would aid forensic medicine or medicolegal investigations, with respect to assessing the validity or severity of self-reported TBI. Biomarkers for TBI in the chronic period would also aid individualized medicine and preventive medicine, with respect to identifying persons with a molecular endophenotype for PD or AD and by elucidating the mechanisms leading to neurodegeneration, thus guiding neuroprotection strategies.

Keywords: TBI, AD, CTE



TBI05

Date: Saturday 23 April 2016

Session: Dementia and Traumatic Brain Injury Symposium

Chronic traumatic encephalopathy: traumatic brain injury associated dementia as a model to UNLOCK NEURODEGENERATIVE DISEASE

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Abstract:

Background: Traumatic brain injury (TBI) represents one of the strongest risk factors for dementia. Almost a century ago the pathologist Harrison S Martland provided the first clinical account of the 'punch drunk' syndrome; describing a constellation of chronic neurologic and neuropsychiatric sequelae in former boxers. Thereafter, throughout the 20th century, detailed accounts on single cases and short cases series of former boxers added to our understanding of the consequences of exposure to repetitive, mild TBI. In those early descriptions the condition was thought virtually exclusive to boxers; hence the distinctive neurodegenerative pathology described at autopsy came to be termed dementia pugilistica. However, in the past decade, growing recognition of this pathology in autopsy studies in non-boxers exposed to repetitive, mild TBI and in individuals exposed to single moderate or severe TBI has led to a recognition that exposure to TBI carries with it risk of this neurodegenerative disease, not the sport or circumstance in which the injury is sustained. Furthermore, the neuropathology of this post-TBI neurodegeneration, now termed chronic traumatic encephalopathy (CTE), is acknowledged as a complex, mixed, but distinctive pathology featuring abnormalities in tau, amyloid-beta and TDP-43, together with ongoing axonal degradation, neuroinflammation, blood-brain barrier disruption and neuronal loss. As such, the pathology of CTE features many of the 'usual suspects' recognised as features of wider neurodegenerative diseases, including Alzheimer's Disease (AD). However, the difference in CTE is that the timing of the initiating insult, TBI, is known and, as a consequence, CTE presents a unique opportunity to study the temporal evolution of pathologies leading to dementia.

Objectives:

- To review current understanding of chronic traumatic encephalopathy
- To consider possible processes linking acute injury to late neurodegeneration in traumatic brain injury

Keywords: Chronic traumatic encephalopathy, Traumatic brain injury, Concussion

Oral Abstracts

HUN01

Date: Saturday 23 April 2016

Session: Neurokognitív Zavarok Ellátása Magyarországon I.

IDŐSEN IS AKTÍVAN

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Abstract:

Az idős és az idősödő emberre, mint erőforrásra, a család és a társadalom tevékeny tagjaként tekintünk, akinek az önállósága megőrzését kell elősegíteni a társadalmi és a gazdasági életben egyaránt. Néhány adatot mutatnék be az idősödésről, a munkahelyvédelmi intézkedésekről. Az idősügy definiálását követően bemutatnám azokat a programokat, pályázatokat, amelyek az elmúlt években lezajlottak, irodalmi pályázatok, kulturális találkozók Idősbarát Önkormányzat Díj pályázat, a folyamatban lévő, illetve tervezett pályázati lehetőségek, mindezek tapasztalatai, célja. Kapcsolat a fiatalabb generációval, tapasztalatok, továbblépési lehetőségek. Az információ fontossága. Hogyan jut az idős ember olyan információkhoz, amelyek a mindennapjait megkönnyítik, önkormányzatok, idősügyi szervezetek, önkéntesek segítségével, a média szerepe.

Magyarország egyedülállóan kedvezőtlen demográfiai trendekkel jellemezhető: több mint harminc éve szinte folyamatosan csökkent a népesség. Örvendetes fejlemény, hogy a Kormány erőfeszítéseinek következtében népesedéspolitikai téren kedvező tendenciák indultak be. Ezzel párhuzamosan hosszabb távon a várható élettartam folyamatos növekedése jellemző. A demográfiai változások, az idősödő Európa kihívásaira haladéktalanul szükséges közös megoldások kidolgozása, ennek egyik eszköze lehet az aktív idősödés, az aktivitás, mint élethosszig tartó folyamat kultúrájának megteremtése és a nemzedékek közötti szolidaritás elősegítése. Erre hívta fel a figyelmet 2012-ben az európai tematikus év, amelynek Magyarország is aktív megvalósítója volt.

Az idősügy rétegpolitika, amely a szakpolitikák időseket érintő elemeit fogja át. Fontos célkitűzése az esélyteremtés és a társadalmi szemléletformálás annak érdekében, hogy az idősekről való közzgondolkodást kedvezően formálja, és a nemzedékek közötti kapcsolatokat erősítse. Átfogja mindazokat a szakterületeket és egyéb intézkedéseket, amelyek az idősödők és az idősek munkaerő-piaci helyzetéből, egészségi állapotából, családi és szociális körülményeiből adódó speciális igényekre adhatnak választ, és a jó közérzet elérése érdekében valósítanak meg közösségépítő, kulturális, sport- és egyéb programokat. Ilyenek például az önéletrajzíró pályázatokat, határokon átívelő kulturális és művészeti vetélkedősorozatok, az idősbarát önkormányzatok cím megszerzésére kiírt pályázat, illetve a különféle, idősek szervezeteinek tevékenységét, illetve az idősek aktivitását, a nemzedékek együttműködését, szolidaritását elősegítő különféle pályázati lehetőségek. A szakpolitika formálásba az idősek több fórumon keresztül is bekapcsolódhatnak, mint pl. Idősek Tanácsa, mint a kormány tanácsadó testülete, az önkormányzatok mellett működő idősügyi tanácsok, az Emberi Jogi Munkacsoporton Idősügyi alcsoportja.



HUN02

Date: Saturday 23 April 2016

Session: Neurokognitív Zavarok Ellátása Magyarországon I.

A GONDNOKSÁG ALATT ÁLLÓ, VALAMINT IDŐSEK OTTHONÁBAN ÉLŐ DEMENS SZEMÉLYEK EMBERI MÉLTÓSÁGA ÉS AZ ŐKET ÉRT MÉLTATLANSÁGOK – REFLEXIÓK A FOGYATÉKOSSÁGGAL

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Abstract:

A gondnokság alatt álló, valamint idősök otthonában élő demens személyek emberi méltósága és az őket ért méltatlanságok – reflexiók a Fogyatékossgal élő személyek jogairól szóló ENSZ Egyezményre

A demenciával élő embereket, csakúgy, mint az intellektuális fogyatékossgal, pszicho-szociális fogyatékossgal és autizmussal élő személyeket, gyakran helyezik el tartós bentlakást nyújtó szociális intézményekben és gondnokság alá helyezésükkel cselekvőképességük gyakorlását is megvonják. Habár az idősök otthonai és a gondnoksági rendszerek az érintett személyek védelmére születtek, ezek a szolgáltatások mégis gyakran eredményezik a demenciával élő emberek alapvető emberi jogainak sérelmét. Annak ellenére, hogy fontos kérdések merülnek fel a demencia és a fogyatékossgal közötti viszonytal kapcsolatban, a paradigmaváltást képviselő Fogyatékossgal élő személyek jogairól szóló ENSZ Egyezmény (CRPD) minden bizonnyal érdekes és értékes a demenciával élő személyek számára abban a tekintetben, hogy elmozdulást sürget az atyáskodó szemlélettől a fogyatékossgal emberi jogi modellje felé. Ez az előadás a CRPD által alkalmazott elgondolásra építve, a demenciával élő személyek velük született méltóságának tiszteletét helyezi előtérbe.

Keywords: Demencia, Emberi méltóság

Oral Abstracts

HUN03

Date: Saturday 23 April 2016

Session: Neurokognitív Zavarok Ellátása Magyarországon I.

NEMZETI DEMENCIA STRATÉGIA - EZ A JÖVŐ ÚTJA

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Abstract:

A Nemzeti Demencia Stratégia elsődleges célja a demenciával élők és gondozóik részére olyan magas színvonalú egészségügyi és szociális szolgáltatások biztosítása, ami a 21. században is használható lesz. A demenciát minden kormánynak kiemelt jelentőségűen kell kezelnie; a demenciával minden társadalomban kiemelten kell foglalkozni, hogy hatékony változásokat érjünk el. Csak alaposan átgondolt és kidolgozott Nemzeti Demencia Stratégiával lehet eredményt elérni. Olyan stratégia kell, amit minden érintett szervezet támogat, ami mögött fenntartható, hosszú távú politikai akarat és költségvetés áll. Ezen kívül megfelelő felhatalmazásokkal és forrásokkal rendelkezik, hogy a hosszú távú gondozás rendszerét a demenciával élő emberek igényeinek megfelelően tudja módosítani. A hosszú távú gondozást igénylő emberek legnagyobb és legköltségesebb csoportját jelenleg is a demenciával élők alkotják. Nemzeti Demencia Stratégia hiányában a társadalomnak és a magyar költségvetésnek a jövőben sokkal többre fognak kerülni azok a demenciával élők és családjaik, amelyek nem kapják meg időben a megfelelő szolgáltatásokat és ellátást.

Keywords: Dementia policies, National Dementia Strategy, Awareness and stigma



HUN04

Date: Saturday 23 April 2016

Session: Neurokognitív Zavarok Ellátása Magyarországon I.

A DEMENCIÁVAL ÉLŐ BETEGEK ELLÁTÁSI NEHÉZSÉGEI MAGYARORSZÁGON

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Abstract:

Magyarországon a demenciával élő betegek száma körülbelül 250 ezer főre tehető. Ellátásuk több szintéren zajlik. Saját otthonukban, családi gondoskodással, vagy alapszolgáltatás igénybevételével. 2-4%-uk intézményi ellátásban részesül a szociális ellátás területén. Viszont a demenciával élő betegek ellátása jelentős terhet ró az egészségügyi ellátásra is. A megfizethető szakosított otthonok száma kevés, az ottani ellátásba való bekerülés akár éveket is igénybe vehet. A nappali ellátás szintén nem megoldott, egy adott intézményben a magyarországi havi átlagfizetésből kb 12 napot lehet finanszírozni. A szociális ágazatban állami támogatással a költség jóval alacsonyabb, de csak nagy szűk kör tudja igénybe venni ezt az ellátási formát. A 24 órás felügyeletet a család hosszútávon nem tudja megoldani, az anyagi, fizikai és pszichés megterhelés miatt. Így legtöbbször valamelyik kórházba, akut osztályra kerül a demenciában szenvedő beteg, majd jellemzően vándorol a különböző kórházi osztályok között, „foglalva” az aktív ágyakat. Az ápolási osztályok sem jelentenek hosszútávú megoldást, mivel az ott eltöltött idő maximum 3 hónap lehet. A kórházi osztályokon az ápolók létszáma alacsony és ebből kifolyólag mind fizikailag, mind pszichésen túlterheltek. A demenciával élő betegek sokkal több törődést, figyelmet igényelnek, amit az ápolók erőn felül próbálnak biztosítani. Másrészt a kezelésük, ápolásuk többletforrást igényelne, melyet az egyébként is alulfinanszírozott intézmények szinte képtelenek kigazdálkodni. A folyamatosan változó, egyre jobban szigorodó jogszabályi háttér szintén befolyásolja a lehetőségeket, melyeket előadásomban szeretnék bemutatni.

Keywords: egészségügyi ellátás, szociális ellátás, jogszabályi háttér

Oral Abstracts

HUN05

Date: Saturday 23 April 2016

Session: Neurokognitív Zavarok Ellátása Magyarországon II.

AZ ALZHEIMER KÓR ELLENI KÜZDELEM IRÁNYAI

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Abstract:

Az Alzheimer kór (AK) drámai végkifejlete az egyén kognitív leépülése, mely egyaránt hatalmas terhet ró a családra és a társadalomra. Az emberek, páciensek, hozzátartozók, kutatók, közgazdászok, politikusok ugyanazokat a kérdéseket teszik fel: miért? Mikor? Hogyan? Meddig? Van oka? Van rá megoldás? Hol tart a kutatás jelenleg? Sajnos mintegy 30 évnyi intenzív kutatómunka és több mint 97.000 tudományos publikáció után még mindig azt a választ adhatjuk, hogy az AK kialakulásának okai nagyrészt ismeretlenek és hatékony gyógymód a betegség ellen nem létezik.

Az AK a demencia leggyakoribb formája. A sejtek szintjén a betegség a neuronok pusztulásával jellemezhető, melyhez két jellemző patológiai jegy is társul: a béta-amiloid (A β) peptidok akkumulációja plakkokban, illetve a Tau protein rostos aggregátumainak megjelenése. A szinaptikus diszfunkció és axonopátia neurodegenerációhoz vezetnek. Nyilvánvalóvá vált, hogy a hatékony terápiához elengedhetetlen a sejten belüli biológiai targetek elérése. Ehhez a gyógyszermolekulát olyan konstrukcióval kell ellátni, mely annak a sejtmembránon történő átjutását hatékonyan képes támogatni. A modern AK gyógyszerkutatás célpontjai jelenleg az A β -termelés csökkentése, a mitokondrium és a protein-homeosztázis védelme, a szinaptikus diszfunkció kijavítása, az A β toxikus formáinak mind sejteken belül, sejteken kívül, illetve a sejtek közötti transzportban szerepet játszó exoszómákban történő neutralizálása (ú.n. „3 célpontos terápia”), valamint az A β agyból történő kiürülésének elősegítése specifikus transzporterek, valamint autofágia révén.

Előadásunkban bemutatjuk a legújabb eredményeket, trendeket, kutatási hipotéziseket, melyek középpontjában az öregedés molekuláris folyamata, mint a késői életkorban megjelenő sporadikus AK legnagyobb kockázati tényezője áll. Összefüggéseiben tekintjük át az AK-val kapcsolatos alapkutatások legújabb eredményeit az új klinikai kutatási irányvonalakkal és alkalmazásokkal (pl. exoszómák megcélozása sejtpenetráló peptidekkel, az endogén antikolinerg aktivitás helyreállításának terápiás hatékonysága, a gyulladás és fertőzések szerepének vizsgálata, a humanin és defenzin proteinek jelentősége ezekben a folyamatokban, a GABAerg rendszer központi szerepe és ezzel kapcsolatban a benzodiazepinek lehetséges alkalmazása, a rák és AK inverz összefüggéseinek felderítése, az miRNS-ek szerepe az AK-ban, valamint a táplálkozás és a tápanyagok AK-ra gyakorolt hatásának felderítése).

Keywords: Alzheimer's disease



HUN06

Date: Saturday 23 April 2016

Session: Neurokognitív Zavarok Ellátása Magyarországon II.

A MAGYAR HÁZIORVOSOK ATTITÚDJE, DIAGNOSZTIKUS ÉS TERÁPIÁS SZOKÁSAI A DEMENCIA ELLÁTÁSBAN

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Abstract:

Bevezető A neurokognitív zavarok (NKZ) alapellátásban történő felismerésének javítása a demencia ellátás egyik fontos része. Ahhoz, hogy ezen változtassunk, az első lépés, hogy képet kapjunk a hazai demencia alapellátás jelenlegi helyzetéről és az ezzel kapcsolatos háziiorvosi elképzelésekről. A vizsgálat célja megismerni a demencia alapellátás jelenlegi gyakorlatát, a magyar háziiorvosok demencia ellátással kapcsolatos attitűdjét, elképzeléseiket, elvárásait, a memória szakambulanciákkal való kapcsolatukat; valamint felmérni a demenciával kapcsolatos ismereteiket. Módszer A vizsgálatban 402 magyar háziiorvos vett részt. Önálló kérdőívet állítottunk össze, melyek a demencia szűréssel, beutalással, diagnosztikus és terápiás szokásokkal kapcsolatos kérdéseket tartalmazott. Eredmények A háziiorvosok nagy része sajnálatot, tehetetlenséget és bizonytalanságot érez Alzheimer betegekkel szemben. A háziiorvosok a demens betegek kezelését nehéznek, kihívást jelentőnek és komplex feladatnak tekintik. A válaszadók 63%-a észleli a NKZ aluldiagnosztizáltságát, s 50%-uk az alapellátás részének tartja a demencia gondozását. Bár a rendelkezésre álló szűrő-diagnosztikai eszközöket ismerik, csupán kis részük használja őket. Mégis közel 90%-uk egyetért azzal, hogy a kognitív funkciók szűrése fontos az alapellátásban, s 70%-uk véli úgy, hogy a demencia szűrés megvalósítható praxisában. A háziiorvosok fele számol be a memória szakrendelésekkel való kapcsolat hiányáról. A magyar háziiorvosok véleménye szerint ahhoz, hogy a demencia szűrés fejleszthető legyen az alapellátásban, több betegre fordított időre valamint gyorsan felvehető szűrőeszközökre van szükség. Fontos szempont, hogy a válaszadó háziiorvosok 80%-a nem vett részt NKZ-ral kapcsolatos képzésen az elmúlt 2 évben. Következtetés A WHO jelentése szerint a következő évtizedekben a NKZ prioritásának fokozódnia kellene az egészségügyi ellátásban. A háziiorvosok kapuőr funkciója miatt szerepük megnő ebben a folyamatban. Ezért a háziiorvosok képzése valamint a memória szakrendeléssel való kapcsolatának erősítése kiemelt figyelmet érdemel.

A kutatást a Magyar Nemzeti Kutatási Alap támogatta: A/2-11-1-2012-0001 'Nemzeti Kiválóság Program'

Keywords: demencia, háziiorvos, attitűd

Oral Abstracts

HUN07

Date: Saturday 23 April 2016

Session: Neurokognitív Zavarok Ellátása Magyarországon II.

A FIZIKAI AKTIVITÁS ÉS A SPORT LEHETŐSÉGEI ÉS KOCKÁZATAI A DEMENCIÁKBAN

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Abstract:

A sport és a fizikai aktivitás (továbbiakban közösen a sport) szerepe kiemelkedő az egészségvédelemben és az egészségfejlesztésben, hatása a testi és lelki egészségre alapvető. Ennek ellenére az EU-ban a lakosság 59%-a semmilyen sporttevékenységet nem folytat. (Eurobarometer 2009, 2013)

A sport pozitív hatása mellett azonban, a sporttevékenység bizonyos esetekben veszélyessé és hátrányossá is válhat, s kedvezőtlenül befolyásolhatja a személy egészségét. (Kurimay et al, Baron et al. 2013)

A rendszeres sport, akár még a későbbi életszakaszokban kezdve is, pozitív hatással bír, a szív-érrendszeri állapot fittségére és az agy fehérállományára is. (Borzynska, et al. 2014)

Az egészséges, aktív, sportos életmód a demenciák megelőzésében és kezdetének kitolásában is szerepet játszik, közvetlen és közvetett hatásaival. A rendszeres aerobic csökkenti a kognitív hanyatlást, és a demencia kialakulását késlelteti, lassíthatja a progressziót, életminőség javulással járhat. (Ahlskog et al. 2011, Bherer, 2015) Ugyanakkor, egyre több kutatás veti fel annak a kérdését, hogy a sorozatosan elszenvedett agyi mikro-traumák, agyrázkódás, az ún. traumás agysérülések, hozzájárulhatnak az AD kialakulásához, illetve az ún. Krónikus Traumás Enkefalopátia létrejöttéhez (angol nyelvterületen az ún. CTE). Ez a demencia típus gyakran hasonlít tüneteiben az Alzheimer típusú demenciához.

A sporttevékenység során elszenvedett fejtraumák, nem csak a közismerten nagyobb kockázatot jelentő sportágakban, mint pl. bokszt jelentkezik, hanem minden olyan sporttevékenység során, - pl. iskolai sportok is, - amelyben az ütközés, fejelés, stb. előfordul. A mikrotraumák, beleértve az enyhe agyrázkódást is, megelőzése, felismerése, diagnosztizálása és megfelelő terápiája fontos. (Büki, Kovács et al. 2015.)

Az előadás a sport, a demenciák megelőzésében is betöltött szerepére, a magyarországi helyzetre, a prevenció szükségességére, valamint a fejtraumákkal kapcsolatos hiányos általános ismeretekre, a tudományos kutatás folytatására és a már rendelkezésre álló diagnosztikai és terápiás módszerek alkalmazásának a szükségességére kívánja felhívni a figyelmet.

Keywords: Demencia, Sport



HUN08

Date: Saturday 23 April 2016

Session: Neurokognitív Zavarok Ellátása Magyarországon II.

THE INDA PROJECT: TOWARD TO THE HUNGARIAN DEMENTIA STRATEGY AZ INDA PROJEKT: ÚTBAN A MAGYAR DEMENCIA STRATÉGIA FELÉ

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Abstract:

As the number of people with dementia rises, societies must learn to live with this phenomenon. Developing innovative solutions to make life with this condition as good as possible for not only the frail patients and their caregivers in everyday life, but also for the whole society is essential.

The Social Cluster Association in cooperation with the Roman Catholic Church Charity Service launched the "Interprofessional Dementia Approach" (INDA) Project. The program aims to contribute in a process of social inclusion and set up interprofessional background for the foundation of the Hungarian Dementia Strategy involving experts from the social and medical services, caregivers, experts of education, also decision makers and participants of informal care.

Main parts of the project are:

1. Pilot research: data about dementia. We investigated, how many people are living with dementia in elderly homes and in daily care services and different screening tests were carried out by GP-s. A screening program was organized with collaboration of the comprehensive health tests program of Hungary – providing an opportunity to focus on important relationship between different factors.

2. Education: for both professionals and informal caregivers

The program offered an interprofessional training for social and health care professionals to have well-founded knowledge of medical, psychological and social changes associated with dementia.

Also informal caregivers have to be aware of the different symptoms of the disease – their education was also part of the program. Besides, we published detailed information brochures for them.

3. Campaign

The main question is, how to ensure that the society becomes more aware of dementia and more tolerant towards patient and its family? How to improve the knowledge about dementia in communities and how to reduce the stigmatization of the patient? The program was carried out by researchers and appeared several times in the local and national media in order to raise an attention to dementia.

The project showed how many people in the Hungarian society suffer from a lack of information or insufficiency of services and especially from the stigmatization - there are desperate families who need helps and need answers about dementia. We do believe that the attitude towards dementia can be changed – and the INDA is a possible framework to improve the quality of life for people living with dementia and also for professionals and informal careers.

Keywords: interprofessional approach of dementia ; INDA, dementia friendly community/society, quality of life

Poster Abstracts

P001

Topic: End of life care

END-OF-LIFE DECISIONS IN PEOPLE WITH DEMENTIA

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Abstract:

End-of-life decisions are influenced more and more by patients' rights, primarily self-determination. People would like to decide individually about their own end of life. Options that help decision making: (1) refusal of life prolonging treatments, (2) advance care planning, (ACP) and (3) palliative and hospice care.

1. The Hungarian Health Care Act (Act No. CLIV, 1997) under certain circumstances permits terminally ill patients to refuse life-saving/life-support interventions. Information materials are also available that make the process of decision-making easier for the patient and his/her family, and make the advance care planning possible.

2. The key issue in advance care planning: until when can the patient and how capable is the patient to decide about his/her future? Several studies confirm that in Alzheimer's patients the timing is possible in the early stage, and the patients need to talk about their future. These talks benefit the patients in various ways: their own values become clearer; they receive information about what they can expect; the possibility and degree of control from the aspect of medical treatment and their future. All these increase the likelihood of the carer and family to make a compatible decision in line with the values of the patient.

3. The palliative and hospice care are accessible primarily for terminal stage cancer patients and free of charge for the patient, financed by the National Health Insurance Fund. The palliative care of patients with dementia in health care and social institutions is a task that requires special training.

There are well-developed accredited educational programs on the communication aspects of palliative care and end-of-life care that have been used successfully for many years, and these programs are accessible for professionals in health care as well as those working in social care.

Keywords: end-of-life, decision, dementia



P002

Topic: End of life care

FACILITATED CASE CONFERENCE

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Abstract:

Background and Study Objectives. Facilitated case conference (FCC) brings together residential aged care (RAC) staff, physicians and families to plan person-centred palliative care in late-stage dementia. The IDEAL RCT: 1) compared the efficacy of FCC with Usual care in improving end of life (EOL) outcomes for people with advanced dementia; and 2) provided insights into processes influencing FCC implementation and sustainability.

Methods. IDEAL was a 6-stage, parallel cluster RCT, conducted in 20 Australian RACs using a pre/post/follow-up design over 3 years. Participants: 272 proxy-consented residents with end-stage dementia and family decision-makers, 236 RAC staff and 3 physicians. FCCs were coordinated by a funded 0.4FTE palliative care planning coordinator (PCPC) at each RAC. Primary outcomes: Family-rated symptom comfort in last 7 days of life (CAD-EOLD), symptom management (SM-EOLD) & satisfaction with care (SWC-EOLD) in the last 90 days of life. Secondary outcomes: 1) Nurse-rated CAD-EOLD and SM-EOLD; 2) Nurse-rated resident quality of life (QUALID, EQ-5D-5L); 3) Rates of inappropriate acute care treatments & length of hospital stay; and 4). cost-effectiveness. Efficacy of FCC was analysed on an intention to treat basis, employing mixed and multilevel modelling, allowing adjustment for participant & cluster-level covariates and inherent correlation within clusters. Data from semi-structured interviews focused on implementation issues were analysed with standard coding & classifying techniques & N-Vivo software.

Findings. 9 of 10 intervention RACs implemented 341 FCCs (median 28). 131 of 272 (48%) enrolled residents died. Analyses indicate a small intervention effect on EOLD. Various patient and RAC-related factors were associated with EOLD (e.g. dementia severity, staff knowledge), differing between scales and family or staff-derived measures. Qualitative data highlighted the importance of funded support, structured approach to FCC and involvement of diverse perspectives; and identified that FCC improved multidisciplinary palliative care planning, pain and symptom management and staff knowledge and attitudes to end-stage dementia care.

Conclusions/Perspectives. Differences in palliative care opportunities and outcomes for people with dementia are associated with the RAC structural features, including manager and staff abilities, willingness to support PCPCs and embrace FCC in collaboration with family members, care staff and physicians.

Keywords: End-stage dementia, Palliative care, Facilitated case conference

Poster Abstracts

P003

Topic: End of life care

FAMILY CARERS' INFORMATION AND SUPPORT NEEDS AT END OF LIFE IN ADVANCED DEMENTIA: A MIXED METHOD LONGITUDINAL STUDY

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Abstract:

Background: The need for palliative care for those with advanced dementia and their families is well recognised. This includes support and information to family carers who may experience prolonged grief. We aimed to explore carers' wellbeing, coping strategies and satisfaction with end of life care over the advanced stages of dementia and post death.

Methods: Mixed methods longitudinal cohort study. People in the UK with advanced dementia (n=85) and their family carers (n=35) were assessed using validated tools monthly for up to nine months or until the person with dementia died. Six carers looked after someone at home and 29 cared for someone in a care home. Carer assessments included the Inventory for Complicated Grief (ICG), Zarit (carer) Burden Interview, Hospital Depression & Anxiety Scale (HADS), physical health (SF-12), Satisfaction with Care at End Of Life in Dementia (SWC-EOLD) and coping strategies (Brief Coping Orientation to Problems Experienced). Thirteen carers (37%) were bereaved and 12 took part in qualitative interviews two months post death. Nine carers completed the HADS, ICG and SF-12 at seven months post death.

Results: At study entry carers reported high levels of psychological distress on the HADS (depression caseness 26%, anxiety 41%) and pre-death complicated grief (62%). Carers reported low levels of burden (median=17 [IQR 9-30]) and their physical health reflected population norms (score=50). They rarely reported using coping strategies. Carer SWC-EOLD was similar to comparable cohorts in the US and the Netherlands. Seven month post-death grief data were available for nine carers, of whom three experienced complicated post-death grief. Carers reported receiving limited information about dementia and its progression towards end of life. Carers reported no formal grief support at any time but most felt they received sufficient support through their social network. Some were disappointed, however, with the lack of formal emotional support and felt that being informed about available supports would have provided a sense of 'back-up'.

Conclusions: Despite carer satisfaction with end of life care, findings suggest that information and emotional support for carers is inadequate. We recommend health care professionals offer family carers information regarding dementia progression and availability of grief support. Grief support prior to death is particularly important given this is when grief is most common.

Keywords: end of life care, Family carer, grief



P004

Topic: End of life care

HIGH FAMILY CAREGIVER BURDEN IS RELATED TO THE DECISION OF RECEIVING HOSPICE CARE IN PATIENTS WITH DEMENTIA IN TAIWAN

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Abstract:

Objective: Patients of dementia suffered from a deteriorating disease course and had shortened life expectancy. Issues of receiving palliative care instead of life-sustaining treatment in the terminal stage of dementia is getting more discussions. In Taiwan, hospice care had already been included in National Health Insurance (NHI) payment. We sought to found out factors related to decision making of receiving palliative care in advanced dementia patients.

Methods: We recruited 84 dementia patients and their family caregivers from our memory clinic. For patients, we use Neuropsychiatric Inventory, Clinical Dementia Rating, Mini-Mental Status Examination, and Katz index of independence in activities of daily living to assess their symptoms, severity of dementia, and functions. For family caregivers, we designed a questionnaires including caregivers' knowledge of dementia course, symptoms and signs, and possible complications in terminal stage of dementia, caregiver preference of palliative care, discussions about end-of-life care with medical teams, Zarit Burden Interview (ZBI), and Center for Epidemiological Studies-Depression Scale (CESD).

Results: High ZBI score was found to be related to increased preference for receiving hospice care ($\beta = 0.24$, $p = 0.03$) by regression analysis. Among caregivers, 57% of them had the knowledge that dementia patients would deteriorated rapidly and went to an end stage. But 20% of caregivers reported to be educated about what are the symptoms of end-stage complications of dementia. Compared with hospice care in hospital, an option of hospice home care was less known (91% vs. 64%). Few caregivers (18%) knew hospice care was covered by NHI. Caregivers preferred the place of hospice is home (46%), followed by the hospital (41%). Only 14% of them have had discussed hospice issue with medical team and favor to discuss it here and now (64%).

Conclusions: The care burden of the family caregivers increased as the dementia advanced. High family caregiver burden may increase preference for hospice care. Similar findings were also reported in researches for patients with advanced cancer. Palliative care could reduce the burden and distress of the care family. Education for family caregivers about the deteriorating course of dementia and discussions between the medical team and family caregivers and patients about palliative care choices were needed for the publicity of palliative treatment in end stage dementia.

Keywords: dementia, hospice, caregiver burden

Poster Abstracts

P005

Topic: End of life care

HOW TO ACHIEVE SUCCESSFUL IMPLEMENTATION OF ADVANCE CARE PLANNING (ACP) IN NURSING HOMES: A RAPID REVIEW

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Abstract:

Aim. Advance Care Planning (ACP) is especially relevant in nursing homes as the prevalence of residents with dementia is high and they are often unable to make decisions about end of life care. Despite growing evidence of the potential effectiveness of ACP, important knowledge gaps remain regarding the process through which it can be successfully implemented. Using the Aspen Institute's Theory of Change, we aim to identify the intermediate outcomes required for successful ACP in nursing homes. Intermediate outcomes are defined as "building blocks of a change process", i.e. conditions that must be in place at different stages of the change process for long-term goals to be reached.

Rapid review methods. We searched four electronic databases for empirical studies published between 2004-2015 on ACP in nursing homes and reviews concerning ACP in general. Two authors independently screened and selected the studies. One author assessed quality and extracted data. Accuracy was checked for a 20% random sample. Results were categorised using thematic synthesis.

Results. We included 38 studies (13 qualitative, 6 quantitative, 1 mixed-method, 18 reviews) that identified more than 30 intermediate outcomes on different levels: resident, family, staff or facility. Most were facility level outcomes. The intermediate outcomes most frequently mentioned in high or medium quality studies include: to have knowledge about ACP, to be willing to participate in ACP, to be appropriately skilled as an ACP facilitator, to conduct a series of ACP conversations, to have a clear documentation, storage and retrieval system and to have a monitoring, feedback and reviewing system in place.

Conclusion. We identified numerous intermediate outcomes to be achieved on different levels to successfully implement ACP in nursing homes. Our findings support the idea that a successful ACP intervention must consist of a whole-system approach in which the facility plays an important part. Building on this, we will develop a chronological framework of change to be used in the development and evaluation of ACP interventions in nursing homes in Belgium.

Funding Research Foundation Flanders (FWO)

Keywords: Advance Care Planning, Nursing Homes, Intervention



P006

Topic: End of life care

QUALITY OF PALLIATIVE CARE IN LONG TERM CARE FACILITIES IN SIX EU COUNTRIES: FIRST RESULTS OF THE EU FP7 PACE PROJECT (2014-2019)

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Abstract:

Background: Many older people and people with dementia in particular require long term institutional care in the final phase of life. PACE (EU FP7 2014-2019) performs comparative effectiveness research concerning palliative care in nursing homes in different EU countries (www.eupace.eu).

Objectives: One of its aims is to investigate country differences in quality of care, quality of dying, staff knowledge/attitudes towards palliative care, and costs of care in the last month of life. Additionally, PACE aims to study variations in quality for people with and without dementia in these settings.

Methods: We conducted a cross-sectional study of deaths of residents using proportional stratified sampling in six EU countries (BE, UK, IT, FI, PL, NL) with data collection between April and December 2015. In each country, all participating facilities retrospectively report all deaths of residents in and outside the facilities over a past three month period. For each case, structured after death questionnaires including validated instruments are sent to 1) the administrator/director, 2) staff member most involved in care, 3) treating GP, 4) relative. Additionally, all staff members of the facility are asked to fill in a knowledge/attitudes questionnaire. Primary outcomes are staff knowledge/attitudes concerning palliative care, and quality of dying of residents. Secondary outcomes concern quality of palliative/end-of-life care and health care resource use in the last month of life. For each resident, socio-demographic and clinical variables including functional and cognitive status are surveyed.

Results: In November 2015, more than 275 long term care facilities participated across the six countries, identifying more than 1400 deceased residents, many of which have moderate or advanced dementia at time of death. In this session, we will report on the first results of this large-scale study focusing on quality of care and quality of dying for all residents in nursing homes and particularly for those with dementia.

Conclusion: PACE is the first large-scale international study describing and evaluating quality of palliative care in several types of nursing homes in Europe. Via an in depth cross-country comparison, PACE aims to identify good palliative care practices for nursing homes in terms of optimal care structures, processes and outcomes.

Keywords: Palliative care

Poster Abstracts

P007

Topic: End of life care

FACTS, FEELINGS AND FEARS: SUPPORTING FAMILIES THROUGH DEMENTIA'S END-OF-LIFE

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Abstract:

As of 2011, 747,000 Canadians are living with Alzheimer's disease and other dementias (Alzheimer Society of Canada, 2012). Many diseases can cause dementia, the most common being Alzheimer's disease. Alzheimer's disease (AD) is a fatal disease that eventually affects all aspects of a person's life: how they think, feel, and act. People with dementia can therefore benefit from a palliative approach, long before death is near. However, palliative care has typically not been available to people whose prognosis is uncertain and where the dying process is protracted (Small, 2007). Many misconceptions persist regarding palliative care and active versus comfort care among lay people as well as health care providers.

While it is human nature to avoid talking about sad and difficult topics such as end-of-life, people impacted by dementia are hungry for practical, reliable information about what to expect at this stage.

The topic of end-of-life is on people's minds. Three-quarters of Canadians (74%) report having thought about end-of-life (Canadian Hospice Palliative Care Association, 2013).

Health care providers have an important role to play in preparing people with dementia and families for end-of-life. Resources are available to assist health care professionals in supporting a person centred approach to palliative end-of-life dementia care as well as strategies that can lead to a more comfortable end-of-life experience for the person with dementia.

Keywords: dementia, end-of-life, support



P008

Topic: Hospital care

FACTORS WHICH INFLUENCE THE STATUS OF IMPLEMENTATION OF IN-SERVICE EDUCATION FOR NURSES CARING FOR PATIENTS WITH DEMENTIA

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Abstract:

Background and Objectives of the study: The population aging rate in Japan is 26.7%, and it is increasing now. The number of patients with dementia is increasing also in hospitals, and BPSD (behavioral and psychological symptoms of dementia) affects the cessation of treatment and prolongs hospitalization, so that the improvement of the quality of dementia care has become the problem to be solved. In order to improve the quality of dementia care, the fulfillment of education is important. Therefore, it is important to clarify the status of implementation of in-service education for nurses in regard to dementia and its influencing factors.

Methods: A self-descriptive questionnaire survey was conducted on 2,678 nursing administrators of hospitals. The X2 tests were performed for the status of in-service implementation of education for the care of dementia and its relationship with the existence (or non-existence) of Memory clinics, that of dementia-specific doctors, and Certified Nurse in Dementia nursing. The freely described contents of the education for the care of dementia were qualitatively analyzed. An approval was obtained from the Ethical Committee of the university that the hospital belongs to.

Results: Two hundred and thirty hospitals (collection rate was 12%) were analyzed. The average number of hospital beds was 256.9 ± 176.8 . The institutions were classified into an in-service dementia nursing education performing group and a non-performing group and the existence (or non-existence) of Memory clinic, and that of dementia-specific doctors and Certified Nurse in Dementia nursing, were tested by the X2 test. As a result, there were significant differences ($p < 0.05$). The contents of the education implemented were the clinical conditions and symptoms of dementia, the curative drugs of dementia, caring method of dementia, and the method corresponding to delirium, Humanity, and case studies. In the hospitals where in-service nursing education regarding dementia was implemented, there was a good human environment, having doctors and nurses with expert knowledge and practical skills for clinical conditions and symptoms and caring methods.

Conclusions: It was suggested that encouraging the promotion of cultivating human resources having the practical skills of dementia care, contributes to the fulfillment of the in-service education.

Keywords: dementia nursing, in-service education

Poster Abstracts

P009

Topic: Models of care

ADAPTIVE IMPLEMENTATION OF THE MEETING CENTER SUPPORT PROGRAMME IN POLAND

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Abstract:

Background: The JPND-MEETINGDEM project aims to adaptively implement and evaluate the community based Meeting Centres Support Programme (MCSP) to practically, emotionally and socially support people with dementia and their carers, in three EU countries: Italy, Poland and the United Kingdom. The MCSP was developed in the Netherlands and because of its proven effectiveness disseminated across this country. Benefits of MCSP include high user satisfaction, reduced behaviour and mood problems, delayed admission to residential care, and improved integration of care and welfare services.

Methods: In the first project phase, an initiative group involving care, welfare and voluntary organizations in the field of dementia care was established in each country with the objective of identifying potential facilitators and barriers to setting up a Meeting Centre and to prepare country specific implementation plans. After solving the barriers four fully operational pilot MCSP's were set up in Italy (n=2), Poland (n=1) and UK (n=1). The presenters will focus on the implementation of the first MCSP in Wrocław, Poland.

Results: Barriers were identified at different levels, e.g. at macro (law, division between the health care and social systems) and micro (people's mentality such as stereotypes and fear of changes). Overcoming these barriers with initiating cooperation between social care and the health care of the City of Wrocław, the first Meeting Center was set up successfully. It encapsulates the essential features of the MCSP, both for people with dementia and the informal carers to help them to adapt to the consequences of dementia and to optimise their quality of life. It includes an easily accessible non-stigmatising, 3-day per week, social club located in a new built Day Care Facility providing a programme of evidence-based enjoyable activities, including a psychomotor therapy. The small trained staff works together with volunteers and families providing support attuned to the individual needs of people living with dementia and their informal carers for whom the informative meetings, discussion groups and individual consultation are offered.

Conclusion: Phase one was completed successfully, resulting in a country specific implementation plan and a first Meeting Center in Poland. Future dissemination of MCSP in Poland will require careful implementation, utilizing available facilitators, while finding solutions for barriers and by making the necessary adaptations.

Keywords: carers, day care, early intervention



P010

Topic: Models of care

DEMENTIA CONNECTIONS – SUPPORTING FAMILIES AFTER DIAGNOSIS

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Abstract:

Introduction: On receiving a diagnosis of dementia, many families are initially reluctant to accept services. This is particularly pronounced when diagnosis occurs early in the dementia pathway and families do not see the need to immediately engage with the service system. As time passes, information provided at the point of diagnosis may become lost or forgotten. New needs may have emerged for which different supports are required. Many families fail to link to needed supports until well advanced down the care pathway and family burden is significant. The Dementia Connections Project aimed to establish a continuum of care from diagnosis and trial a proactive outreach model for linking families to services. The project was delivered in partnership with 3 Cognitive, Dementia & Memory Services and Alzheimer's Australia Vic.

Methods: Eligible families were those who refused referral to formal services at the time of diagnosis. 113 families were referred by the 3 specialist diagnostic services between October 2012 and June 2013. A 2 day per week health professional contacted 55 families on 1-4 occasions (total of 95 follow ups) between October 2012 and July 2013. Families were typically contacted by phone, with an average interval of 9 weeks between contacts. Follow up support focused on the outcome of diagnostic service recommendations; and identification of emerging needs, impact & support options.

Results: 114 Changing or emerging needs were identified on 74 occasions across the areas of behaviour, cognition, care situation, physical function, formal services, informal supports and impact on carer.

Conclusions: A proactive outreach model of follow up support is an effective way of supporting families to understand and respond to the diagnosis, continuing changes, their emotional impact and practical implications, and options for support. The model also promotes more effective, appropriate and efficient use of services.

Keywords: Families, continuum of care, post diagnosis

Poster Abstracts

P011

Topic: Models of care

DEVELOPING A CULTURALLY APPROPRIATE MODEL OF DEMENTIA CARE FOR THE MOST DISADVANTAGED AND ISOLATED INDIGENOUS COMMUNITIES IN FAR NORTH QLD, AUSTRALIA

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Abstract:

Background and Objectives: Australia is similar in size to North America or Europe but is sparsely populated, with most of its 20 million inhabitants living in urban communities close to the major southern capital cities. Comprising 2.5% of the population, Indigenous Australians experience disproportionate economic, social and health disadvantage; have higher rates of chronic disease, poorer health outcomes, and lower life expectancy than the general population¹. Aboriginal and Torres Strait Islander peoples aged over 45 years are also up to five times more likely to develop dementia than other Australians². In Far North Queensland, many Indigenous Australians live in remote, isolated communities where they can maintain a cultural connection to country. For clinicians working up to 800km away in Cairns, there are significant challenges in providing effective healthcare to older Indigenous adults living with dementia and their carers in the region.

The aim of this paper is to outline and invite feedback on a culturally appropriate, community driven model of care for older Aboriginal and Torres Strait Islanders living with dementia, and their carers, throughout remote communities in the Far North of Queensland. The model will adopt a holistic framework that addresses their spiritual, emotional, cultural, physical and mental wellbeing needs and will include Indigenous perspectives of dementia and the caregiver role. There will be a focus on the use of innovative technologies; community engagement and capacity building; the development of culturally appropriate assessment tools and education/training materials; and the implementation of culturally appropriate, locally specific interventions by local health workers to reduce the risk of dementia.

References:

¹Australian Institute of Health and Welfare (2011). The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011, cat. no. IHW 42, AIHW, Canberra.

²Smith, K, Flicker, L, Lautenschlager, N, Almeida, O, Atkinson, D, Dwyer, A & LoGiudice, D (2008). High prevalence of dementia and cognitive impairment in Indigenous Australians, *Neurology*, vol. 71, pp. 1470-1473.

Keywords: cross cultural models of care, dementia, Aboriginal and Torres Strait Islander people



P012

Topic: Models of care

DIGNITY-PRESERVING CARE FOR PERSONS LIVING WITH DEMENTIA

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Abstract:

Background and Objectives of the study: People living with dementia are among the most vulnerable patient groups. Over time, this vulnerability may threaten their sense of dignity. According to recent research, healthcare professionals should emphasize crucial aspects of care enhancing dignity-preservation among individuals living with dementia. However, there is a need for increased understanding of the underlying components of dignity-preservation to better prepare caregivers towards developing dignity-preserving interactions within these relationships. The overall objective of this PhD study was to develop an empirical-theoretical model of dignity-preserving care for persons living with dementia, grounded upon the perceptions of nurses, allied healthcare professionals and persons living with dementia.

Methods: This research utilized Noblit and Hare's meta-ethnographic approach to develop a metasynthesis of nurses and allied healthcare professionals' perceptions of dignity-preserving dementia care. Moreover, qualitative interviews were conducted exploring perceptions of eleven persons living with dementia concerning crucial aspects and essential relational interactions preserving their everyday sense of dignity. Gadamer's philosophical hermeneutics was utilized as methodology for data material collection and interpretation. In developing a theoretical understanding of the empirical data collected for this research, Katie Eriksson's Theory of Caritative caring and her perspectives of dignity-preservation for the suffering human being, served as a helpful framework.

Results: The results document how confirming human worth and equality inherent in each person with dementia is the overall foundation for dignity-preserving care. Human worth and equality can be preserved within caring communions that recognize absolute dignity and promote relative dignity for every individual, by supporting personal becoming and enhancing personal meaning through acts of intervening that shelter intrapersonal dignity, acknowledge historical dignity, and uphold interpersonal dignity.

Conclusions/Perspectives: On this basis, a model of dignity-preserving care for persons living with dementia is developed, entitled: «Dignity Horizon Model: Caring for persons living with dementia». Recommendations for dignity-preserving care practice are formulated.

Keywords: Dignity, Care, Dementia

Poster Abstracts

P013

Topic: Models of care

FOOD SERVICE PROVISION IN RESIDENTIAL AGED CARE FACILITIES IN AUSTRALIA: HOW ARE DEMENTIA SPECIFIC UNITS CATERING FOR RESIDENTS WITH DEMENTIA?

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Abstract:

Background and Objectives: While there is growing evidence that mealtime practices, such as dining environment manipulations, feeding assistance, and more flexibility in serving meals can provide improvement in food and nutritional intake and weight status, there is little information about how widespread the implementation of these strategies is in residential care settings. The aim of this study was to describe the current food service practices in residential care facilities across Australia with specific dementia focus.

Methods: An online web-based survey was distributed to residential aged care facilities across Australia (n=2,057). The responses from facilities self-identifying as dementia specific were compared with facilities that did not. Chi squared test was used to assess for differences in practices in food services provision between the groups.

Results: Of the 204 responses to the survey, 63 (31%) indicated that their facility was dementia specific. A higher proportion of dementia specific facilities indicated residents made food choices at meal time (n=16, 25.4%), compared to non-specific facilities (n=19, 13.5%), although this did not reach statistical significance (p=0.059). There were no significant differences between the groups for the method of distributing food to residents, or flexibility in times meals were offered. Dementia specific facilities were more likely to indicate use of high contrast plates (n=25, 40%) compared to non-dementia specific facilities (n=26, 18% p=0.002), although there was little difference in the use of other techniques to improve meals and dining for residents.

Conclusions/Perspectives: These results indicate relatively similar practice in food service provision between dementia specific and other facilities in Australia. There is a need for health professionals to support the translation of current research on the best ways to support food intake in the residential care setting for people with dementia into practice.

Acknowledgement: This study is supported by funding provided by the National Health and Medical Research Council (NHMRC) Partnership Centre on Dealing with Cognitive and Related Functional Decline in Older People (grant no. GNT9100000). The contents of the published materials are solely the responsibility of the Administering Institution, Flinders University, and the individual authors identified, and do not reflect the views of the NHMRC or any other Funding Bodies or the Funding Partners.

Keywords: Dementia, Aged care, Malnutrition



P014

Topic: Models of care

FROM EARLY DETECTION SERVICE TO SHARED CARE MODEL: THE HONG KONG EXPERIENCE

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Abstract:

The benefits of early intervention and care in dementia are receiving increasing attention. Even in higher-income areas such as Hong Kong, however, a number of barriers need to be overcome to realize this vision. These include a high under-diagnosis rate at 89% in the community and long waiting time to access specialist diagnostic consultation services, and lack of awareness in the general public to detect early symptoms and signs to initiate timely help-seeking. A recent study in Hong Kong has demonstrated the potentials of an Early Detection Service by trained social workers and occupational therapists that collaborates with general practitioners and medical specialists in the community. A shared care model is being developed and piloted by the Hong Kong Alzheimer's Disease Association (HKADA) in an age-friendly district. The aims are to build up care capacity in the district, to develop a district-based community shared-care model for future replication in other districts, and to strengthen medico-social and public-private interfacing through the shared-care model.

A 3-year project designed with multiple interdependent components is being evaluated. The components include public education and awareness, early detection and diagnosis, and early interventions including advance care planning and coordination, drug treatment, and non-drug interventions provided at a specialized dementia day centre in the district. A total of 120 families with dementia are enrolled into a 2-year follow-up study to investigate the quality of life and intention of ageing in place among participants in the project as compared with those receiving traditional forms of services in Hong Kong. Assessments will be done at baseline, 6-month, 12-month, and 24-month follow-up. Cost of care is measured in a subsample of 30 families to estimate the direct and indirect costs associated with the shared-care model compared with traditional services among community-dwelling families with dementia in Hong Kong. Focus groups, interviews and questionnaire survey with stakeholders (families with dementia, general practitioners, dementia care planner, NGO staff) as formative evaluation to generate ideas for continual improvement and roll-out in other districts. Data collection has started in November 2015. This paper presents the preliminary findings from focus groups and questionnaire survey with stakeholders, as well as baseline and 6-month data available from the 2-year follow-up study.

Keywords: Shared care, Early detection, Community-based model

Poster Abstracts

P015

Topic: Models of care

GETTING EVIDENCE INTO ADMIRAL NURSING SERVICES (GEANS)

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Abstract:

Admiral Nurses play a pivotal role in the care management of people with dementia through a relationship centred approach to include whole families. Last year, it was not uncommon for the Prime Minister (PM), in PM question time, to boast of the benefit of clinical nursing specialists in cancer (Rahman & Harrison Denning, in press). However, simultaneously, it is a consistent finding that individuals with dementia and their family and friends struggle to preserve a pre-dementia self whilst at the same time accommodating the diagnosis and assimilating the disease into a new identity (Bunn et al., 2012). Clinical nursing specialists have, in general, considerable knowledge of the healthcare organisation in which they work, and of partner organisations (Read, 2015). There is now, more than ever before, a desperate need for a trained specialist workforce to work alongside families affected by dementia.

The evidence base for Admiral Nursing is constantly challenged in the UK commissioning processes and, whilst the evidence base for this model of care is slowly developing, it remains limited (Bunn et al, 2013), as it is for all disease specific, specialist nursing models in the UK. This paper will present a pilot project entitled Getting Evidence into Admiral Nursing Services (GEANS), employing a methodology recently and successfully used in Multiple Sclerosis Nursing (Generating Evidence in MS Services – GEMSS)¹. GEMSS aimed to address the gap in evidence whilst also building the skills and confidence of health professionals themselves in collecting and analysing data and using this to develop insights about the services and care they deliver. Traditionally Admiral Nurses have not seen this as an element of their role and this can lead to their services being decommissioned due to lack of this very type of evidence. The project methodology uses a co-production approach to defining key performance indicators jointly with nurses, and supports nurses through the collection of data, analysis and presentation of the case for continuation of a service through a report and dissemination strategy.

This paper will present an overview of the pilot and some early learning

Keywords: Dementia, Specialist nursing intervention, evaluating models of care



P016

Topic: Models of care

IMPROVING THE DEMENTIA CARE PATHWAY FOR SOUTH ASIAN FAMILIES IN THE UK: A BEHAVIOUR CHANGE APPROACH

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²Bradford District NHS Foundation Trust, UNITED KINGDOM

Abstract:

Background & aim: Research has shown that people from minority ethnic groups are under-represented in dementia services, due to a range of well-rehearsed barriers to access. However, following awareness-raising and service change in Bradford UK, our figures now indicate that people of South Asian background are proportionately as likely as the 'white' population to attend initial appointments at memory assessment and treatment services (MATS); but 40% then drop out, compared with 9% of 'white' people. This is not ideal, as post-diagnostic dementia support is important for all sections of multi-cultural societies. In this study we aim to identify, co-design, implement and evaluate improvements to post-diagnostic dementia information and support for South Asian families. This paper reports on the two initial steps of this process.

Method: We are employing a theory-informed behaviour change approach, the Theoretical Domains Framework (TDF, Michie, 2005), to achieve our aims. This focuses on stakeholder involvement, co-design principles, and a systematic theory and evidence-based approach to generation of behaviour change solutions. The research team comprises academics, practitioners and community members, including multi-lingual researchers familiar with a range of the most common South Asian languages. Data on reasons for drop-out from services are being collected from a sample of 40-50 participants, through 8 family interviews and 3 focus groups. In participating families, the person with dementia must be 65+ years, and have attended at least one appointment at MATS. Data collection is being guided by a TDF based schedule, focusing on barriers and facilitators experienced by participants. Barriers will be mapped to the TDF's 12 domains. This mapping will then be used to prompt discussion of evidence-based, theory-informed, practical strategies for behaviour change to overcome barriers to post-diagnostic support.

Results: Results of the thematic mapping of barriers and facilitators will be presented alongside information about proposed behaviour change solutions. Data analysis will be complete by February 2016.

Conclusions: The conclusions will highlight ways we can move from discussion of barriers to co-design of feasible change in support and services; and consider lessons learned from the application of a systematic, theory-informed, behaviour change approach to improving post-diagnostic support for people with dementia from ME communities.

Keywords: culture, minority ethnic, co-design

Poster Abstracts

P017

Topic: Models of care

MEMORYCARE: CAREGIVER INVOLVEMENT IN AN OUT-PATIENT, COMMUNITY-BASED DEMENTIA CARE PROGRAM

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Abstract:

Background and Objectives: Absent a cure or effective disease modifying treatment for dementia, developing cost-effective models of care that address needs of caregivers alongside medical management of the disease is necessary to maximize quality of care, address safety issues, and enhance patient/caregiver experience.

MemoryCare is a community-based non-profit organization providing integrated medical and care management services to older adults with dementia and their families. With a comprehensive, inter-professional approach engaging patient and caregiver, needs are identified and formally addressed over time. MemoryCare supplements primary care services to facilitate highest quality, affordable dementia care.

Methods: The program collects basic socio-demographic and clinical data on all patients and caregivers served. We conducted an outcomes survey of randomly selected primary caregivers, compiled results and compared to prior years. Quality evaluation efforts included internal chart audits to assess program fidelity across providers and site of service delivery and to verify provider compliance with Physician Quality Reporting Systems dementia measures group. Hospitalization rates were examined retrospectively for the subset of patients who had been enrolled a minimum of two years at the end of 2014 to allow a minimum of one year exposure to the program. By reviewing an online database of our local hospital system we identified all MemoryCare patients with any admission in 2014 requiring an overnight stay and compared findings with published hospitalization rates for those with dementia and with data from the local hospital system regarding length of stay, readmission rates, and costs.

Results: Observational data on 944 patients and 3276 caregivers served by MemoryCare in 2014 reveal high levels of satisfaction, increased dementia-specific knowledge, improved ability to manage challenging behavioral aspects of dementia and lengthened time in the home setting. Data suggest lower hospitalization rates, reduced length of stay and readmission rates for those who are admitted, and related cost savings.

Conclusions: MemoryCare offers a high-quality, cost-effective means of managing one of the greatest healthcare challenges of our time. Data suggests that the inclusion of caregivers in the medical model of care for those with dementia may improve overall outcomes and warrants further study of broader integration of caregivers into clinical care models.

Keywords: dementia caregiver, integrated dementia care model, dementia care management



P018

Topic: Models of care

TESTING THE ELDERLY CARE MODEL: “THE FLOWER OF LIFE”

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Abstract:

Background: Person-centered care is a standpoint to maintain the resident to be better than providing rigid care and doing other routines of work. Furthermore, care is not viewed as an end but instead is an ongoing process.

Method: The purpose of this study was to test the elderly care model, “The Flower of Life”, it includes One people with person centered care.; Two resources of support (experts with the family); Three Taboos (without constraints, without bed, without diapers); Four needs (water, exercise, nutrition, stool); Five aids (children/animals, plants, religion, art, music).

Results and Conclusion: After attending the elderly care model with self-determination training, the cases have made significant progress in ADL scores. As the result, we recommend that it can be promoted by the national policy in the future.

Keywords: Person-centered care, Self-determination training

Poster Abstracts

P019

Topic: Models of care

“I WANT TO BE AT HOME ”- NEW ROLES TO HELP TO DO THIS

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Abstract:

I was successful in achieving a Florence Nightingale leadership scholarship focussing on developing the first of their type specialist roles to enable people with dementia to remain in their own homes for as long as possible living positive and healthy lives. Working in a diverse area highlights the unmet needs of the population we serve. The density of London can mean that peoples voices are hidden and that the most vulnerable and isolated people are often unable to access the services available to them. Hounslow is one of the most diverse and deprived Boroughs in London whereas the Royal Borough of Richmond Upon Thames is one of the most affluent. However, the needs of people living there are often the same. On diagnosis and at the latter stages of the disease help is available, but there are many years in-between this where parents and carers are self managing at home. Whilst services are available this is variable dependent on where you live and on your ability to access them. My project describes a “learn as you go approach” to adapt new roles to meet the needs of patients and their carers at home. Community care is unique in that clinicians are guests in people’s homes and working with patients and their families in partnership. The usual restrictions of patient / nurse relationships don’t exist and we are honoured to be welcome guests. Our mission statement is to provide services that we and our families want to use and it’s this belief that’s driven the enthusiasm and commitment to developing new roles. Using quality outcomes, we are helping commissioners to understand why and which services people who have dementia and their families are using and if not, why not? This is imperative to enable future needs are met and isolation is reduced.

To date over 75% of our staff have been trained in bespoke training on dementia including children’s and specialist’s services. Our community Hospital has been invested in to be dementia friendly and we are exploring individualised methods of communication for patients and their carers at home including carers access to social media and the use of music and essence therapy. Dementia isn’t an adults only condition - it affects everyone and the need for holistic care is paramount.

It is envisaged that by the time of the conference we will have concrete evidence of success and a clear understanding of the impact the roles have made on both the Trust and our patients and carers.

Together we can make a difference.

Keywords: Community care, Partnership , Florence Nightingale



P020

Topic: Models of care

CONSTRUCTION OF NURSING CARE FOR ELDERLY WITH DEMENTIA RECEIVING HEMODIALYSIS

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Abstract:

Purpose: To clarify the subjective experience how elderly with dementia express what kind of pain during hemodialysis through a participant-observation.

Design: Qualitative and Inductive study technique

Approach: Subjects were 12 elderlies with dementia receiving hemodialysis. They were elderly people over 65 years old and more than CDR (Clinical Dementia Rating) 1 who took less than 23 points in MMSE (Mini Mental State Examination). The investigation period was between August and September in 2015. In the investigation, we conducted a participant-observation that seven nurses who had an experience of caring for dementia escorted subjects during their hemodialysis. The examination site was a hemodialysis unit in two general hospitals located in the central of Japan.

Result: The elderlies with dementia as subjects were three males and nine females. Their average age (SD, Range) was 84.08 (\pm 43.21, 73 to 99) . In their severity, there were three in mild and four in moderate and 35 in severe.

As a result we described the contents of a participant-observation and categorized them qualitative and inductive, we found those facts such as “The subjects always tried to find someone beside them every time when they opened their eyes and felt at ease if they found during hemodialysis”, “The detection for the change of the subjects was delayed because their complaints with the change of their physical condition were very few in the latter half of hemodialysis”.

Keywords: Hemodialysis, Dementia, Nursing

Poster Abstracts

P021

Topic: Models of care

HUA MEI DEMENTIA CARE SYSTEMS

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Abstract:

The Tsao Foundation's Hua Mei Dementia Care System (Hua Mei DCS) is an initiative to engage and support seniors with dementia living in the community and their family members/caregiver(s) to attain the wellness. The model is founded on principles and practice of person-centred care, supporting caregivers, biosychosocial approach to health and overcoming barriers to care. It is a transitional physician-enhanced dementia-specific care management program.

The team in Hua Mei DCS comprises a social worker, a nurse clinician, an assistant social worker and 2 therapy assistants who engage the persons with dementia with activities designed specifically for the persons with dementia. A physician provides medical oversight and clinical consultation for the programme.

The first year pilot programme saw a total of 29 clients accepted. There was 100% reduction in 'Behavioural and Psychological Symptoms of Dementia' (BPSD) as measured using the Revised Memory and Behaviour Problem Checklist (RMBPC). There was 70% reduction in caregiver stress as measured using the Zarit Caregiver Burden Scale. When the results were compared with another programme that provides team-managed home-based primary care (Hua Mei Mobile Clinic), it appeared that persons with challenging behaviours experience improvement in overall risk of institutionalization under Hua Mei DCS compared with patients of the same group receiving the usual team-managed home-based primary care.

Keywords: models of care, patient-centred care model, home based intervention



Poster Abstracts

P022

Topic: Models of care

MODELS OF CARE: INTEGRATION AND VANGUARDS

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Abstract:

Background: In January 2015 NHS England instigated 'vanguard' sites, geographic areas where health and social care work together to lead development of new care models - one of the first steps in delivering the NHS Five Year Strategy and supporting integration of health and care services.

The Alzheimer's Society has been key in ensuring people affected by dementia are central to the vanguard sites and plans. Evidence tells us that referrals information and local support for people with dementia is not consistent, leaving people unsure how to access services.

We have developed a new model of care that when delivered as part of the vanguard offer will ensure all people affected by dementia in an area receive the care and support they need at the point at which they need it.

Objectives:

- Health and care commissioners in the vanguard site understand the complexities people affected by dementia face
- A consistent support pathway in each area: from the point of diagnosis - as people move through community care and support - during hospital stays - and into residential and nursing care
- All health and social care professionals in an area understand dementia
- Standard information at the point of diagnosis
- People affected by dementia have a consistent and supportive offer which prevents them falling through the gaps
- User groups to support the development of the vanguards

Method: Development and delivery of a new model of care consisting of:

A single point of contact to help people navigate through care and support services

Access to information in a timely way to ensure people with dementia have choice and control over important decisions in their life

Increased access to services enabling people to stay active, engaged with their communities and empowered

Provision of dementia specific training for staff in health and social care

Development of Dementia Friendly Communities

Access to on-line/telephone advice, information and peer support

Results: Evaluation will take place in the future. We anticipate the following results:

An established dementia pathway

Increased awareness of support services available

A good and timely diagnosis

Consistent approach and single point of contact for dementia services

Dementia trained work force

Support in acute care (hospitals)

Quality dementia care in residential homes

We anticipate findings will be beneficial across countries in terms of integration and new models of care

Keywords: Integration, Vanguards, Care

Poster Abstracts

P023

Topic: Models of care

SETTING UP A COMPREHENSIVE DEMENTIA CARE SERVICE IN CHENNAI, INDIA - OUR EXPERIENCE

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Abstract:

India currently has about 4.41 million persons with dementia. However, only less than 10% receive diagnosis and appropriate care. The City of Chennai in South India has a population of about 9 million with an estimated number of elderly of over 770,000.

We present our experience of starting and sustaining a comprehensive dementia service in Chennai.

Dementia Care in SCARF (DEMCARES) is a project of Schizophrenia Research Foundation India, a leading non-governmental organisation in mental health care and research in Chennai, India. The DEMCARES project aims to provide:

1. Clinical care for persons with dementia
2. Support for caregivers
3. Training for professional caregivers such as domiciliary health care assistants
4. Materials to raise awareness among local communities & encourage dementia friendly communities using information leaflets, film on dementia & our website (www.dementiaindia.org)
5. Opportunities for networking among professionals

We have set up outpatient clinics for dementia and are in the process of setting up a day hospital for persons with dementia. We have organised post-diagnostic support programmes for newly diagnosed persons with dementia and their families. We have facilitated the formation of a caregiver support group that meets monthly. We have developed modules for training health care assistants who care for persons with dementia in their own homes.

We have developed innovative interventions to raise awareness and develop dementia aware communities by providing opportunities for university students to work with persons with dementia and their families as volunteers. We also are actively networking with various professionals and organisations involved in providing services for elderly and those with dementia in Chennai and across India.

Keywords: Dementia service, India, Lower Middle Income Country



P024

Topic: Models of care

SUPPORT GROUP TO FAMILY CAREGIVERS IN THE FRAMEWORK OF RESPITE CARE AT AN ADULT DAY CENTER FOR ELDERLY INDIVIDUALS SUFFERING FROM DEMENTIA

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Abstract:

Background and Objectives: According to our previous study (2007) we concluded that supervision has beneficial effect on burn-out phenomenon experienced by health visitor nurses of Hungarian Family Protective Services. Nurses - who were supported by supervision in the in the year preceding the assessment - had showed significantly less depersonalisation attitude toward clients comparing to those who were not supported in these way. Professional and non- professional helpers may experience - due to many stressors- emotional exhaustion, depersonalization, and reduced personal accomplishment, as features of burn-out. As individuals become family caregivers for relatives suffered from dementia, they are exposed to multiple stressors and must face immense challenges of the so called „The 36-hours day „ service (Mace and Rabins 2012).

Our experiences gained over 6 years with support group run on a monthly basis to family caregivers who cared of their elderly relatives suffered from dementia. The service was provided through an adult day centre (ADC) which is maintained by the Urban Social Services of local government of Debrecen and operates 6 days a week and are open 8 hours a day. The service represents of out-of home respite to family caregivers for individuals suffering from Alzheimer's disease or other forms of dementia. During the support group counselling and education element were also introduced.

Main methods and aims of the interventions were: Discussions of troublesome events, problems and situations regarding daily caring. Discharging and alleviating negative emotions. Reducing twitch of conscience. Discussing forms of instrumental assistance. Reinforcing mutual emotional supports.

Some special pragmatic tasks which were introduced: Presentation of significant photos of relatives about and memorable personal objects the cared ones. Writing autobiography on behalf of the cared relatives.

The leadership of support group applied the psychological principle of small-group dynamics. Two professional conducted the group: a clinical psychologist and a graduate nurse who is also social-gerontologist and mental-hygienic professional. The gains of support groups include the chance for caregivers to have their oppressive experiences normalized and to receive encouragement and validation for their further efforts. They family caregivers are satisfied with the services they receive.

Keywords: family caregivers, INDA project , support group

Poster Abstracts

P025

Topic: Non-pharmacological interventions

A DEPRESCRIBING INTERVENTION TO REDUCE THE INAPPROPRIATE USE OF ANTIPSYCHOTICS TO MANAGE BPSD IN RESIDENTIAL AGED CARE: THE HALT PROJECT

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Abstract:

Background/Objectives: Inappropriate use of antipsychotic medications to manage Behavioural and Psychological Symptoms of Dementia (BPSD) continues despite evidence for the associated risks and side-effects including apathy, stroke and death. The aim of the HALT project was to identify residents of aged care facilities on antipsychotic medications, and undertake an intervention to deprescribe antipsychotic medications and improve non-pharmacological behaviour management. Training was provided to nursing staff using a train-the-trainer model, and to pharmacists and Gps.

Method: Twenty-four Residential Aged Care Facilities (RACFs) were recruited across metropolitan and regional areas. Potential participants were aged over 60 years, on regular antipsychotic medication, and without a primary psychotic illness or too severe neuropsychiatric symptoms, defined as total Neuropsychiatric Inventory (NPI) score above 50, with individual symptom scores of 12 and occupational disruptiveness scores of at least 4 in at least two of the domains delusions, hallucinations, agitation/aggression, anxiety and disinhibition. Consenting participants were assessed one month and one week prior to commencement of deprescribing. Training was provided for nurses on how to manage neuropsychiatric symptoms and a dose reduction schedule was sent to and approved by GPs before deprescribing commenced. Participants were re-assessed 3, 6 and 12 months later. The primary outcome measure was reduction of regular antipsychotic medication without use of substitute psychotropic medications. The secondary outcome measures were NPI total and domain scores and Cohen-Mansfield Agitation Inventory score.

Results: To date, of 137 residents recruited, 126 had commenced deprescribing of antipsychotic medication. Of these, 109 had achieved cessation; 22.2% had not or later recommenced an antipsychotic medication. Preliminary analyses of 71 participants assessed 6 months after deprescribing showed NPI and CMAI scores remained stable from baseline to follow-up, including those for whom an antipsychotic was recommenced.

Conclusion: Deprescribing of antipsychotics in nursing home residents with previous BPSD is feasible; however one quarter of those whom commence deprescribing either do not reach cessation, or are later recommenced on an antipsychotic medication. Preliminary results show BPSD do not significantly change in the 6 months after deprescribing.

Keywords: Behavioural and psychological symptoms of dementia, Psychotropics medications, Aged care



P026

Topic: Non-pharmacological interventions

A PROCESS EVALUATION OF A PSYCHOMOTOR DANCE INTERVENTION TO REDUCE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS IN DEMENTIA: VIEWS FROM PARTICIPANTS

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Abstract:

Introduction: Findings from the preliminary development of a psychomotor dance therapy intervention (DANCIN) applying a multiple-baseline single-case design in ten care home residents mean age of 84.4 years with mild to moderate dementia, showed that from 32 individualised items, 21 had a positive small to medium effect, eight items showed no change and three items adverse changes. Following the Medical Research Council Framework this paper reports the results of a complementary process evaluation to elicit the attitudes and beliefs of care home staff, residents and family members with the aim of refining the content of DANCIN in dementia care to inform a phase II feasibility study.

Methods: On completion of the 12 week DANCIN approach, an independent researcher collected bespoke questionnaires from 32 care home staff (nurses, senior/junior carers, administrative, housekeeping), 10 residents and 3 family members across the 3 participating centres. Each participant was administered a closed-open response questionnaire with additional space to provide feedback. Photographic material of the sessions was used to prompt residents. The Behaviour Change Technique Taxonomy v1 (BCTs) provided a theoretical framework for identifying active components of the DANCIN approach warranting further exploration, development and implementation.

Results: DANCIN was favourably received by care home staff, residents and family members. The staff group identified that the 12 week programme had led to improvements in residents' behaviour and mood, staff job satisfaction and supported new staff to connect with residents and get to know about their lives. Potential barriers to long term implementation of the DANCIN approach included the lack of management support to include DANCIN sessions as part of staff working duties; no barriers from residents or family members were reported. Five component BCTs were mapped with participants' responses: 1) Habit formation; 2) Restructuring the social environment; 3) Social support (emotional); 4) Focus on past success and 5) Verbal persuasion to boost self-efficacy were identified as potential techniques for the intervention. Recommendations for the future development of the DANCIN sessions included the addition of more musical genres from 40s to 70s decades.

Conclusion: This paper has provided an enhanced understanding of the potential barriers and facilitators surrounding the development of a psychomotor dance therapy intervention.

Keywords: Psychosocial Research, Staff Training, Behaviour Change

Poster Abstracts

P027

Topic: Non-pharmacological interventions

A SYSTEMATIC REVIEW ON THE EFFECTIVENESS OF PARTICIPATORY ARTS IN IMPROVING COGNITION, MOOD, AND PSYCHOLOGICAL WELL-BEING IN OLDER ADULTS

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Abstract:

Objective: To conduct a systematic review of the efficacy participatory arts interventions on cognition, mood, and wellbeing in older adults with or without dementia. This study aims to provide insight on the potential benefits of different art forms on multiple mental health outcome domains to inform future application and intervention design.

Design: Systematic review on randomized controlled trials and quasi-experiments of the effects of participatory arts on cognitive, mood, or psychological well-being in older adults (defined as age >60 years) with or without dementia.

Method: We searched PsycINFO, PubMed, SpringerLink, JSTORE, Frontier, SAGE, Taylor and Francis, and Science Direct and identified 1,087 papers. A total of 20 studies were fulfilling our criteria were included in the analysis.

Results: A wide range of participatory arts forms have been studied with different intervention design and outcome measurements. Dance appeared to improve attention and reaction. Theatre arts may benefit language-related word recall, reaction, and problem solving. Music showed an impact on memory and reaction. Participatory arts in general appeared to improve mood, although their effects on general psychological wellbeing is less robust.

Conclusion: Participatory arts improve mood in older adults with or without dementia. Different art forms may have different cognitive benefits, possibly delivered through different mechanisms of change. These findings can be further developed into research studies and practices of targeted participatory arts interventions.

Keywords: participatory art, cognition, mood, psychological wellbeing , depression



P028

Topic: Non-pharmacological interventions

BRAIN FITNESS AND THE ART OF ACTING IN PATIENTS WITH MILD COGNITIVE IMPAIRMENT

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Abstract:

Background: The art of acting seems to be an effective technique of cognitive training for healthy elderly. However, further studies are needed to examine the effectiveness of acting, in patients with Mild Cognitive Impairment.

Objective: The effectiveness of acting cognitive training applied to amnesic and multi-domain Mild Cognitive Impairment (mdMCIa) patients.

Methods: Twenty patients with mdMCIa were classified in one experimental and one comparison group. The groups were matched in age, gender, education, cognitive, functional and emotional performance. They attended 24 weekly three hours sessions of classical cognitive training, enhancing primarily parameters of executive function. The experimental group further attended 24 weekly, one hour sessions of acting. Ten sessions of them included cognitive training through theatre workshops, activating abstract thinking, reasoning, working memory, processing speed, parameters of attention and executive function. The remaining 14 sessions, included further enhancing verbal and visual memory, comprised acting lessons in the framework of a theatrical play. The duration of the study was six months.

Results: At the end of the acting training, the experimental group (N=10) showed better performance than the comparison group (N=10) in visual constructive abilities ($p=0.035$), visual selective attention ($p=0.043$) and verbal fluency ($p\leq 0.043$). The experimental group improved in verbal memory ($p\leq 0.028$), visual selective attention ($p=0.016$), and verbal fluency ($p=0.024$). The comparison group improved in verbal ($p\leq 0.038$) and episodic memory ($p=0.050$).

Conclusion: Classical cognitive training accompanied by acting can be more beneficial for the cognitive performance of mdMCIa patients than if it is applied alone.

Keywords: Acting, Cognitive training, Mild Cognitive Impairment

Poster Abstracts

P029

Topic: Non-pharmacological interventions

BRAIN HEALTHY NUTRITION SLOWS AD, REDUCES RISK AND CAN BE SUCCESSFULLY IMPLEMENTED

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Abstract:

Using available evidence, we designed whole foods Memory Preservation Nutrition® program (MPN) featuring synergistic contributions of more plant foods, especially spices and vegetables, omega-3's, and fewer toxic foods e.g. excess sugar, trans fats, nitrates, excess animal foods, processed foods.

MPN Six Strategies

1. Increase amount & variety of anti-oxidants: Spices, green leafy vegetables, nuts & seeds, whole grains, berries, fruits
2. Reduce Insulin Resistance: Reduce sugar, refined grains and starches, avoid nitrates, eat complex carbs & whole grains, fish, nuts, seeds, beans & lentils, spices, vegetables,
3. Reduce LDL cholesterol and animal saturated fats: Avoid trans fats and nitrates. Reduce cholesterol by eating less sugar and refined carbohydrates and more brain foods.
2. Increase Omega-3s and healthy fats: Fish, fish oil, canola oil, olive oil, coconut oil, flax, chia, hemp seeds & walnuts; decrease omega 6s-no corn oil,
3. Reduce Inflammation: More Fish, fish oil/omega-3's, berries, green tea, spices; Less sugar, animal foods .
6. Assure adequate B, C, D & 8-part E vitamins

Eat more plant foods & fewer animal foods.

We've implemented the MPN in several U.S. Assisted Living communities, in Adult Day Health for persons with AD, MCI, stroke, etc, and in a religious residential congregation.

This is a multi-faceted clinical intervention which includes training and educational sessions with all facility staff, with residents, families and referral sources. Periodic assessments and continuous improvements are made with respect to menus, recipes, pantry contents, dining experience and customer service, as well as brain healthy delicious foods that people enjoy eating.

The practical success of the Memory Preservation Nutrition program is well established; brain health and preserving memory is a powerful motivator to try new foods and eat healthier for people in assisted living, adult day health, and residential communities, including those with Alzheimer's and MCI.

This model nutritional program has been proven to be feasible and accepted by older adults, and as a bonus, serves as an effective employee wellness program.

Staff and referring providers appear eager to learn about better nutrition for themselves. Brain healthy food tasting events appear to be good teaching models for both residents and staff.

In addition, the marketing success of this brain and body healthy nutrition program is outstanding.

Keywords: nutrition, treatment, Alzheimer's



P030

Topic: Non-pharmacological interventions

COMPUTER BASED COGNITIVE INTERVENTIONS FOR PEOPLE LIVING WITH DEMENTIA: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Abstract:

Objectives: To estimate the efficacy of computer based cognitive interventions for improving cognition in people with dementia (PWD).

Method: Existing literature was searched for potentially relevant studies. Inclusion criteria were before and after studies, RCTs, quantitative and mixed method and case control studies whose participants included people with dementia of any type and any age, living in community and care settings published in peer reviewed journals between 2000 and 2014. A systematic review, quality assessment and meta-analyses were conducted.

Results: 12 studies were identified. Their methodological quality was acceptable according to Downs & Black (1998) criteria. Interventions were categorised as: cognitive recreation, cognitive rehabilitation, cognitive stimulation or cognitive training. The meta-analyses indicated cognitive interventions lead to beneficial effects on cognition in PWD (SMD -0.69; 95% CI = -1.02 to -0.37; $P < 0.0001$; $I^2 = 29\%$), depression (SMD 0.74; 95% CI = 0.31 to 1.17; $P = 0.0008$; $I^2 = 41\%$) and anxiety (SMD 0.55; 95% CI = 0.07 to 1.04; $P < 0.03$; $I^2 = 42\%$). They benefited significantly more from the computer based cognitive interventions than from non-computer based interventions in cognition (SMD 0.48; 95% CI = 0.09 to 0.87; $P = 0.02$; $I^2 = 2\%$) and depression (SMD 0.96; 95% CI = 0.25 to 1.66; $P = 0.008$; $I^2 = 54\%$).

Conclusion: Computer-based cognitive interventions have moderate effects in cognition, depression and anxiety in PWD, however no significant effects were found on activities of daily living. Further research is needed on all four types of interventions, particularly in the overlooked areas of computer based cognitive recreation, and in the undeveloped area of computer based cognitive stimulation. There is also a need for longer-term follow-up to examine the retention of treatment effects, and for the design of specific outcome measures. Most importantly what we need are high quality RCTs.

Keywords: Cognitive, Dementia, Computer

Poster Abstracts

P031

Topic: Non-pharmacological interventions

CREATING A PICTORIAL LIFEBOOK TO EVOKE GEROTRASCENDENCE IN ELDERLY INDIVIDUALS WITH DEMENTIA

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Abstract:

Background and Objectives of the study/Introduction: The researchers hypothesized the care paradigm for people living with dementia could be enriched by incorporating understandings revealed using reminiscence, and preserving memories through the art therapy process of creating a pictorial lifebook.

Methods: This was a mixed-methods, quasi-experimental, pretest and posttest, control group, field study. The treatment and control groups were pre-tested and post-tested for both cognition and mood. Pre-test and post-test assessments used Sections C and D of the Minimum Data Set (MDS) 3.0. Qualitative data were collected during a series of individual meetings with participants.

Results: Qualitative findings demonstrated that using reminiscence to document the participant's life narrative through the therapeutic process of creating a pictorial lifebook enhanced well-being, improved mood, and cognition. Participants were able to contemplate the over-arching narrative of their lives, exhibited self-awareness, demonstrated the ability to recognize and integrate changes within themselves, and evinced Gerotranscendence. Quantitative data demonstrated the intervention of creating a pictorial lifebook improved cognition, yet did not provide significant evidence that the intervention improved mood.

Conclusions/Perspectives: Creating a pictorial lifebook enhanced well-being in participants, strengthened relationships between people with dementia and their family members, and facilitated development and deepening of relationships with professional caregivers. Pictorial lifebooks helped caregivers understand the uniqueness of each person living with dementia. Creating a pictorial lifebook proved to be a practical, person-centered approach to dementia that focused on the whole person by illuminating and preserving each person's life narrative. The researchers recommend specialist education and training for professional caregivers working in care homes, hospitals and in peoples' own homes, as well as training for family members and friends to facilitate creating pictorial lifebooks with people living with dementia.

Keywords: well-being, art therapy, mixed methods



P032

Topic: Non-pharmacological interventions

EFFECT OF RESISTANCE TRAINING IN COMBINATION WITH COGNITIVE TRAINING ON SUBJECTIVE SLEEP QUALITY AND MOOD IN WOMEN WITH MILD COGNITIVE IMPAIRMENT: A P

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Abstract:

Objectives: Physical exercise is a widely accepted approach to improving overall health, physical function, mood and sleep quality. Recent studies have showed that moderate- intensity aerobic exercise improves total sleep quality. Lower intensity interventions, such as yoga and weight training, also improve self-reported sleep quality and depression in older adults. Therefore, this study sought to investigate the effects of moderate-intensity resistance training on subjective sleep quality among women with mild cognitive impairment (MCI).

Methods: A total of 17 women with MCI were recruited and randomized to the exercise group (EG, n=8) and to the control group (CG, n=9). Both groups followed the same cognitive training. The resistance training programme, 45-min, twice per week, for 12-weeks, consisted of basic key strength exercises. The CG did not receive any physical exercise.

MMSE was administered to all participants to evaluate cognitive performance. Pittsburg Sleep Quality Index (PSQI) was used to evaluate sleep quality. The Beck Depression Inventory (BDI) was used to explore the changes in mood levels. Functional fitness performance was measured with Senior Fitness Test. All tests were conducted before and after interventions. Anova repeated was used for between groups comparison. Wilcoxon test was used to investigate within group changes after the intervention.

Results: EG (75.6±4.2 yrs) and CG (74.5±5.5 yrs) did not differ at baseline in terms of age and MMSE scores. Post intervention EG showed a significant improvement in mood (p=0.03), leg strength (p=0.05) and agility-dynamic balance (p= 0.02), while CG did not show improvement in any outcome measure. Between group comparison revealed that EG improved in mood (F1,14=8549, p=0.01), leg strength (F1,15=7.791, p=0.002), arm strength (F1,15=12.26, p=0.003) and agility-dynamic balance (F1,15=16.65, p=0.001).

Conclusion: This study suggests that resistance and cognitive training may provide an effective method for improving mood in MCI women. The study results do not provide support for the hypothesis that resistance training is related to improvement in rated sleep quality and it may take more than 12 weeks to achieve such an effect.

Keywords: physical exercise, sleep quality, mood

Poster Abstracts

P033

Topic: Non-pharmacological interventions

EFFECTS OF GROUP THERAPY BASED ON KOREAN TRADITIONAL PLAY FOR DEMENTIA PATIENTS

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Abstract:

Objectives: Although cognitive enhancers have demonstrated efficacy, their effect were not good enough to maintain function of dementia patients. Therefore, this study investigated the efficacy of group therapy based on Korean traditional play for dementia patients.

Methods: We enrolled 11 dementia patients and administered 4 sessions of group therapy based on Korean traditional play that subjects have enjoy when they were young. Comprehensive assessments were administered before and after main sessions. So, overall program was consisted of 6 sessions. Pre/post assessments were consisted of Mini-mental status examination(MMSE-DS), geriatric depression scale(GDS-K), dysexecutive questionnaire(DEX-K), Zarit burden interview, neuropsychiatric inventory(NPI-K), and instrumental activities of daily living (DCAP-IADL). 4 main sessions were consisted of making a straw rope (Sekki) and sharing related memories, making a pasteboard card (Dakgi) and playing it, making a traditional shuttlecock (Jegi) and playing it with the feet, and making a sling shot (Sechong) and playing it.

Results: Among subjects, 8 subjects(72.7%) were diagnosed as Alzheimer's disease. 1(9.1%) was vascular dementia and 2(18.2%) were other dementia. Mean age of subjects was 77.18 ± 7.0 . 10 subjects(90.9%) were female. Mean education years were 2.6 ± 3.2 . There were no significant differences in MMSE-DS, GDS-K, DEX-K, and DCAP-IADL. But, there were significant improvements in NPI-K(pre-test= 6.3 ± 6.9 , post-test= 1.6 ± 2.7 , $p=0.017$, Wilcoxon signed ranks test) and caregiver burden(pre-test= 21.1 ± 16.0 , post-test= 10.8 ± 12.0 , $p=0.033$, Wilcoxon signed ranks test).

Conclusions: Group therapy based on traditional play for dementia patients might be effective on reducing neuropsychiatric symptoms and caregiver burden. Further research will be required to confirm the effects of group therapy.

Keywords: Dementia, Group therapy, Traditional play



P034

Topic: Non-pharmacological interventions

LET THE MUSIC PLAY: THE USE OF MUSIC AS A WAY OF SUPPORTING PEOPLE LIVING WITH DEMENTIA IN HEALTH CARE SETTINGS

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Abstract:

The documentary film 'Alive Inside', showing the work of the American Charitable Organisation Music and Memory, showed powerful the impact of music on a person living with dementia. This presentation will discuss the adoption of personalised music into health care settings and how the use of music formed part of a dementia education programme.

25% of people who occupy a hospital bed may have a dementia or cognitive impairment. Over 65% of care home residents will be living with dementia. A recent report from the Arts for Dementia Charity suggests that music is not accessed nearly often enough by people who could really benefit from it.

6 screenings of the film were arranged as part of a hospital trusts dementia education programme.

The screenings were attended by 400 health and social care staff and over 400 members of the public, including people living with dementia and carers. In addition, educational days were run in the hospital setting - promoting the use of person centred approaches and relationship based care.

The screenings were held with a guest speaker before each showing, including a person living with dementia and people working in the field. A facilitated discussion and an invitation to make pledges of what people would do having seen the film followed.

The presentation will explore the pledges and the feedback from those who took part in this education programme, and how a hospital trust achieved this level of engagement with the community it serves.

The screenings led to the introduction of music sessions on a medical ward for people with dementia, and this has developed into a regular session enjoyed by people being cared for, staff and visitors.

The presentation will explore the qualitative feedback from those who took part in this education programme. How a hospital trust achieved this level of engagement with the community it serves will also be explored. The impact and potential influence of the introduction of personal music in changing cultures in care settings will be discussed within the presentation.

The screenings led to the introduction of music sessions on a medical ward for people with dementia, and this has developed into a regular session enjoyed by people being cared for, staff and visitors. The presentation will discuss this as a key way of enhancing wellbeing.

The presentation will conclude with a short film showing the work of the Musicians in Health Care Programme in the hospital setting.

Keywords: Music, Dementia , Health

Poster Abstracts

P035

Topic: Non-pharmacological interventions

MEMORY PALACES TO IMPROVE QUALITY OF LIFE IN ALZHEIMER'S DISEASE

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Abstract:

Objectives: Among elderly adults, retrieval of proper names is a source of unease and distress. Even more so for their environment. This naming deficit is an early symptom of patients coping with neurodegenerative disorders such as Alzheimer's disease (AD). The objective of this project is to examine whether the addition of (virtual) reality to communication strategies (Method of Loci, Face-Name Mnemonic) can enhance recall and recognition of familiar faces in early AD subjects.

Methods: This study will combine two powerful communication strategies (i.e. MoL and FNM) with (virtual) reality to improve the memory of significant others. We intend to externalize and customize memory palaces for subjects in early AD. Professional architects will construct virtual scale models of the house these subjects presently live in. They function as memory palaces in which photos of significant others are connected to the architectural, spatial environment. In addition we decorate the actual houses in accordance with the scale models. Thus (virtual) reality supports and facilitates participants during their familiar walk along the loci route.

Results: The end result of our intervention is a tailor-made and externalized memory palace. We propose this technology to be a relevant instrument to support the memory of early AD subjects to recognize familiar faces.

Conclusions: We hypothesize that the postponement of the naming deficit in early AD will temporarily slow down the rate of diminished communicative functioning. We expect to improve the quality of life of early AD subjects and their significant others.

Keywords: Quality of life, Alzheimer's disease, Method of loci



P036

Topic: Non-pharmacological interventions

PSYCHOLOGICAL AND PSYCHOSOCIAL INTERVENTIONS IN EARLY STAGES OF DEMENTIA: NEED, EVIDENCE, PROVISION AND AVAILABILITY

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Abstract:

Methods of diagnosing dementia have improved steadily, diagnosis rates are improving and early diagnosis is becoming more widely available. With this an ever growing number of people are living with early stage dementia, often for many years. The adjustment to a dementia diagnosis poses unique challenges at a time when the person's intellectual abilities are deteriorating. In addition previous coping strategies for managing trauma, anxiety or depression are more difficult to maintain, increasing the need for psychological therapies at this point and posing specific challenges for therapists as well as clients.

The evidence base for some of the traditional psychological therapies adapted to early stage dementia has been growing, as has a range of wider psychosocial interventions that address emotional needs, maintain good mental health, improve cognitive functioning, counter social isolation, help to develop resilience or to manage dementia symptoms. People with a new diagnosis and their families are often unaware of the non-drug based treatment options available and therefore unable to ask for or chose what might be most appropriate for them. Furthermore, health systems in times of austerity may be unable to offer the full range of options and promote a more narrow range.

People with dementia working with the Faculty of the Psychology of Older People and with Dementia Action Alliance in the UK were surprised at the range and wealth of psychosocial interventions and asked for a "catalogue" that would assist in choosing non-medical treatment options in line with their preferences and needs. This Guide to Psychosocial Interventions in Early Stages of Dementia will be discussed.

The presentation is going to give an overview of evidence based psychosocial interventions alongside examples from clinical practice that illustrate how different people might benefit from different psychosocial interventions at distinct points in time. This is a joint presentation with a person living with dementia who will comment on each aspect from her unique perspective.

References:

Guss, R. et al, Clinical Psychology in the Early Stage Dementia Care Pathway. The British Psychological Society, Leicester, 2014

Guss, R. et al, A Guide to Psychosocial Interventions in Early Stages of Dementia. The British Psychological Society, Leicester 2014

Keywords: Psychological Therapies, Psychosocial Interventions, Early stages of dementia

Poster Abstracts

P037

Topic: Non-pharmacological interventions

THE EFFECTIVENESS OF WORKING MEMORY TRAINING ON RESIDENTS WITH AMNESTIC MILD COGNITIVE IMPAIRMENT IN LONG-TERM CARE FACILITIESHua-Shan Wu¹¹Asia University, Department of Nursing, Taichung, TAIWAN**Abstract:**

Background: Previous studies have demonstrated the prevalence of residents with mild cognitive impairment in nursing home and proved that working memory training can improve the performances of single cognitive tasks and daily life on the elderly with normal cognition in the community. But, the prevalence of residents with amnesic mild cognitive impairment (aMCI) and the effectiveness of working memory training on residents with aMCI are rarely explored.

Objectives: The first aim was to survey the prevalence of residents with aMCI in long-term care facilities and confirm the predictors of aMCI. The second aim was to investigate the effectiveness of working memory training in institutionalized residents with aMCI.

Methods: The participants were recruited from four large-scale (> 100 beds) long-term care facilities in central Taiwan. A total of 141 eligible residents were screened by Barthel index, Chinese version verbal learning test (CVVLT) and the chronic care facility adaptation of the Clinical Dementia Rating scale (CDR-CC). The participants who had (1) CDR-CC 0 to 0.5, (2) a score on Barthel index ≥ 90 , (3) a score on the CVVLT ≤ 5 and (4) no dementia diagnosis on their charts were defined as "amnesic MCI case". Afterwards, a double-blind, experimental design was used. The amnesic MCI cases were randomly assigned to the experimental or control groups. They received 35- to 40-min adaptive and non-adaptive working memory training sessions for 8 weeks, 3 times a week in the experimental and control groups, respectively. The digit span, spatial span, verbal learning test, cognitive abilities screening instrument and geriatric depression scale were collected between pre- and post-interventions.

Results: The prevalence of residents with amnesic MCI in long-term care facilities was 17.7%. The slight improvement was found in the working memory abilities, overall cognitive abilities and geriatric depression status of aMCI cases in the experimental group.

Conclusions: About one-sixth of residents in long-term care facilities may have aMCI. The effectiveness of working memory training in aMCI cases was also be confirmed. In the future, this non-pharmacological and independent intervention could be applied in long-term care facilities by staffs.

Keywords: amnesic mild cognitive impairment, long-term care facilities, working memory training



Poster Abstracts

P038

Topic: Non-pharmacological interventions

ALZHEIMER SOCIETY MUSIC PROJECT: EXPLORING THE POWER OF THE iPod

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Abstract:

Music can allow a person living with dementia to rediscover pleasure in the world.

The Alzheimer Society Music Project was created in response to overwhelming evidence showing the beneficial effects of music and stimulation on people living with dementia.

Launched in 2013, the Alzheimer Society of Toronto's Music Project provides personalized playlists on iPods, to support persons living with dementia in community and residential settings—with a goal of improving communication, cognition and reducing responsive behaviours, generally improving their quality of life. All program materials are provided at no cost to families.

The program is viewed as a pivotal contributor within the culture change movement, nourishing the mind and spirit, and offering a person-centered care approach, in a manner that honors the individual's 'life story' as told through music.

This session will explore the Music Project evaluation results, the potential of personalized music to improve the lives of older persons with ADOD, and the residual impact on their caregivers.

Keywords: non-pharmacological behaviour management, innovative, music as a therapeutic intervention

Poster Abstracts

P039

Topic: Non-pharmacological interventions

CREATIVE STORY TELLING AT THE FOREST CENTRE, OUR EXPERIENCE OF THE TIMESLIPS METHOD

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Abstract:

Background: Traditionally, NHS hospitals are run on a medical model of care, with an emphasis on titrating medication. However, the tide is turning, and care is becoming more person-centred. The Forest Centre is a purpose built 24 bed unit providing acute mental health assessment and treatment to older adults, including eight specialist dementia beds. Using a person-centred approach, treatment is provided for patients in the early stages of dementia, through to those with more complex needs, in preparation for discharge to either their own home with support, or to an appropriate care provider. As a dynamic service, staff provide meaningful activities to promote the wellbeing of their patients. A collaboration with the University of Northampton led to a trial of an innovative method of engaging with people with dementia: TimeSlips.

TimeSlips, devised by Anne Basting (1998), is a storytelling method using photographic images as a vehicle to create an imaginative story using a series of open questions. Rather than the pressure of using memory, participants are encouraged to contribute to the development of a story evoked from the picture.

Method: Weekly sessions are run, lasting approximately 30 minutes. The group comprises patients diagnosed with dementia, the group size varying from two to ten. Everyone's contribution is recorded verbatim, however obscure, creating a colourful tapestry of words. The story is regularly re-told, with the final story typed and distributed to patients, staff and families to share and enjoy.

Outcomes: Observations demonstrate that patients take pride in their involvement in the storytelling process, sharing stories with their visitors. Often the patient will be surprised at their own creativity, despite initially believing they could not tell stories. There is a feeling of ownership, of something quite special: no longer a patient, but a co-author. Staff look forward to reading the latest edition. Through the story, a glimpse is seen of the person behind the condition, often containing intelligent observation, humour, a morsel from the past, elements of creativity and imagination. It is seen by some as a highlight in the week.

Conclusion: TimeSlips has proven to be an effective intervention and it is now hoped to expand its use into the sister wards and dementia services in the county. It has been a breath of fresh air to find an activity which has so captured the hearts and imaginations of patients and staff alike.

Keywords: Dementia, Storytelling, TimeSlips



P040

Topic: Non-pharmacological interventions

PROVIDING DOLL THERAPY FOR PATIENTS IN DIFFERENT STAGES OF DEMENTIA

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Abstract:

Doll therapy is a non-pharmacological intervention aimed at reducing behavioral and psychological disorders in patients with dementia. Although it is known for more than 20 years, the debate discussing potential pros and cons of using doll therapy in dementia care still continues. During doll therapy the patient with dementia is engaged with others and his/her levels of communication are increased, which can enhance the patient's well-being. Doll therapy was found useful also in reducing episodes of challenging behaviors. On the other side, using doll therapy may bring up some stressful moments as is confusion over the ownership of the doll, which is particularly arising in dementia care facilities. Another sort of its problematic use is the lack of professional knowledge and the uncertainty among healthcare professionals about how to use the doll. We also have to mention ethical consideration of doll therapy in dementia care. One of the most serious ethical question is whether providing the doll therapy does not disturb the dignity of a person with dementia. Another issue is preservation of patient's autonomy. Despite a number of concerns the doll therapy has positive outcomes in patients with dementia especially when using for its symbolic significance. The poster focuses on different symbols as representing special needs of patients in different stages of dementia. Use of doll therapy is therefore described through potential benefits and risks according to the most common needs in particular stages of dementia.

Keywords: Doll therapy, Residential dementia care, Dementia stages

Poster Abstracts

P041

Topic: Non-pharmacological interventions

SOCIAL SKILLS TRAINING IN DAY HOSPITAL FOR PATIENT WITH ADRD

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Abstract:

Alzheimer disease affects memory, thinking, language and communication, and also social life of people who are living with dementia and their family caregivers. The change of a social role to a dependent role and the inability to recall memories or events can cause a person to experience a reduced confidence or to have doubts about his or her identity especially when symptoms become more severe.

In our Day Hospital for seniors with Alzheimer's disease and related dementia (ADRD) we focus on complex care and activation program for seniors with ADRD. Our daily programme consists of kinesiotherapy, relaxation, occupational therapy, cognitive stimulation, reminiscence therapy, music therapy and social skills training. With regard to the fact that in patient with ADRD, the capacity to experience the full range of emotions and social habits persists for a long time, we consider activation and training in the field of social skills as important aspect of our non-pharmacological intervention in people with dementia.

Our objective is to use the methods of social skill training to help patients of the Day Hospital to maintain or even develop their social skills, thus diminishing their feelings of loneliness. This is achieved by improving connection and communication between members of the Day Hospital, strengthening relationships and by increasing self-esteem. Social skills training has been trialed as a psychosocial intervention aimed at reducing isolation, depression, behavioral disturbance and improving quality of life for older people with dementia. In addition we organise seminars for care givers that help them to understand their family members.

This paper outlines the rationale behind development of our social skills training programme, what it entails and possible ways to evaluate its impact. We also suggest various techniques that could be used to help patients to maintain their social skills and develop their relationships.

Disclosure of potential conflict of interest:

This study was supported by the project „National Institute of Mental Health (NIMH-CZ)“, grant number ED2.1.00/03.0078, the European Regional Development Fund and „Development programmes in fields of science at the Charles University in Prague (Prvok)“ number P03/FF (Improvement and Support of Psychological Sciences, subprogramme Clinical psychology).

Keywords: Social skills, Self-esteem, Behavioural and Psychological Symptoms of Dementia



P042

Topic: New research methodologies

MOVING BEYOND QUALITY OF LIFE: POSITIVE PSYCHOLOGY AND DEMENTIA

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Abstract:

Introduction: Increasingly, the aim of psychosocial dementia research has been to promote quality of life for people with dementia. However, the outcome measures used within these studies assess neuropsychiatric symptoms such as agitation and depression, thereby inferring quality of life by the reduction or absence of these behaviours. Despite positive psychology being increasingly recognised as an important agent in well-being, there are no standardised outcome measures developed for psychosocial dementia research. This review aimed to identify robust outcome measures in populations with shared characteristics that would be suitable for potential adaptation or use within a dementia population.

Methods: A systematic search and psychometric property appraisal of published positive psychology outcome measures for people with chronic illness, traumatic brain injury and older adults was undertaken. Studies that reported the development of a measure were subject to a standardised quality criteria that assesses the development procedure of measures. Studies that reported a psychometric assessment of a scale within the above populations were subject to an appraisal to assess the degree of translatability.

Results: 16 positive psychology outcome measures (and eight further psychometric assessments of these) were identified within the constructs of resilience, self-efficacy, religiousness/ spirituality, life valuation, sense of coherence, autonomy, resourcefulness and a combined measure (CASP-19). Scores on the quality criteria were relatively low, ranging from 2 to 9 out of a possible 18. The CASP-19 was awarded the highest score (9/18).

Conclusions: The use of robust positive psychology outcome measures is essential to better understand the potential role of positive traits within well-being for people with dementia. Such measures may aid the facilitation of more appropriate psychosocial intervention studies that move beyond quality of life. This review identified a wide range of measures within the constructs of positive psychology as having potential utility for psychosocial dementia research. It is recommended that such measures are adapted for use and additional scales are developed robustly.

Keywords: Positive psychology, psychometrics, outcome measure

Poster Abstracts

P043

Topic: Non-pharmacological interventions

ABOUT MY SUPPORT GROUP CARPE DIEM FOR PERSONS WITH YOUNGER-ONSET DEMENTIA

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Abstract:

The fate of young people living with some type of dementia is noteworthy on several levels. First, because of the difficulties encountered at the different stages of the disease: the rarity of their situation (4% of all dementia cases) in the face of the vast majority involving older patients makes them problematic exceptions; the final diagnosis often comes after burn-out or depression treatments; the consequences of the disease are much more severe: layoff, social isolation, financial hardship, impact on dependents (often still minors).

Young patients are also unique with respect to their specific needs, namely, the desire to pursue professional, sport, and leisure activities; to maintain social relationships with their loved ones and peers; to view themselves as useful contributors to society; to secure specific support for themselves, but also for their significant others and children.

Given the specific nature of these challenges and needs, I have created a support group targeted specifically to young patients.

I have given it the name Carpe diem, and it was established in 2011 in the French-speaking part of Switzerland. Fifteen patients (9 men and 6 women), with an average age of 55, have participated in it. The main requirements for acceptance are autonomy, the capacity to reflect on their disease, and the desire to share their experience with other patients. In keeping with the Hearthstone method, meetings take place on a monthly basis in an art gallery that I manage at the hospital. I take on the double duty of logistics and mediation.

Through the sharing of their personal experiences, young patients find therapeutic benefits that professionals could never offer them. As an example, here are some of the noteworthy themes discussed in the group: the management of day-to-day activities, their choice to no longer drive a car, the side effects of treatments, couple intimacy, their inability to contribute to their children's education, the option of assisted suicide, the anguish related to the progression of the disease and its consequences for their significant others and children.

The relationship among the members of the group is unique and irreplaceable for a variety of reasons. There is richness coming from its multiple, diverse, and complementary components: mutual support, encouragement, and – most precious of all – friendship.

Marianna Gawrysiak, psychologist, Alzheimer's Association Switzerland

Keywords: Support-Group, Younger-onset, Dementia



P044

Topic: Social care systems today and of the future

MODELS OF CARE AND HEALTH OUTCOMES IN RESIDENTIAL AGED CARE – A NATIONAL SURVEY

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Abstract:

Background and objectives: An aging population imposes great challenges for aged care. Residents eligible for care in Swedish aged care facilities need extensive support to manage daily living. Cognitive and physical impairments are the most important factors for admission. There is a shortness of nationally representative data into the prevalence of symptoms that may inhibit experiences of health. There is also a shortness of data on positive outcomes in aged care and care of people with dementia such as experiential health and thriving, as well as data on characteristics of residential aged care provision in terms of staffing, organisation and content of care. Addressing this knowledge gap our research group has developed a national survey on resident health and quality of life, as well as on models of care and person-centredness. The aim of this presentation is to outline the content and focus of the Svenis study. Based on data for the average number of care facilities in the 290 Swedish municipalities and on sample size calculations, 60 Swedish municipalities were randomly selected of which 38 gave informed consent to participate, and 188 out of 194 aged care facilities participated in data collection between November 2013 and September 2014, using a three part survey developed from well-regarded, and internationally used assessment scales as well as newly constructed research tools: 1) The Resident Survey provided information on resident characteristics, functional and cognitive status, health indicators, quality of life and thriving obtained from staff proxy raters; 2) The Staff Survey provided self-reported information on person-centredness and leadership obtained from direct care staff; 3) The Facility Survey provided information on the organisation, staffing levels, care and activity content, and mortality, obtained from telephone interviews with managers. The Svenis study is novel in several aspects; it provides nationally generalizable data that enables analyses of resident health and quality of life in relation to different care practices and organisational structures; the data set indicates that proxy ratings are possible in this population; and it enables international collaboration on the content and health outcomes of person-centred care in residential aged care facilities. Challenges encountered in recruitment and coordination of the data collection is currently considered for adjustment to facilitate repeated longitudinal measures.

Keywords: National Survey, Residential Facilities, Health Outcomes

Poster Abstracts

P045

Topic: Social care systems today and of the future

ALL UNDER ONE ROOF. MEMORY CENTRE, MODEL INSTITUTION FOR CARING OF PEOPLE WITH DEMENTIA IN SLOVAKIA. EXPERIENCES AND VISIONS

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Abstract:

The presentation introduces the first specialized facility for people with dementia and memory impairment in Slovakia, one of its kind in terms of complexity of services. Comprehensive activities of this centre combine the key actions needed for people at risk of dementia or diagnosed with dementia: prevention and early diagnostics, care and therapy, education and destigmatization. For the purpose of prevention, cognitive stimulation activities are organized for groups of cognitively intact older adults and through this first contact the awareness of dementia symptoms is raised. Free screening of cognitive functions for general public is provided to ensure the access to early diagnostics which is based on the cooperation of psychologists, ambulance of curative pedagogue and ambulance of psychiatrist. Care and therapy is offered in day care centre for people with Alzheimer's disease, where complex system of therapies is realized (music therapy, ergotherapy, cognitive rehabilitation, reminiscence therapy, validation etc.). Individual and group cognitive or expressive therapies for people with mild cognitive impairment and dementia are available also for persons outside the day care centre. Important part of our therapeutic services are also support groups for family care-givers and for people with mild cognitive impairment and dementia. In the educational activities for professionals and care-givers of people with dementia, several accredited courses are organized every year, focused mostly on various activation programmes and social services in caring for people with dementia. All of these services are centred under the one roof and available for general public. To follow actual needs of people with or at risk of dementia, our vision of enhancement of the centre of this type is mostly being more involved in evidence-based research, promoting projects aimed at destigmatization, and improving early diagnostics by neuropsychological assessment. Some of the projects focused on the future direction of the institution are going to be presented.

Keywords: complex social care, specialized facility for people with dementia



P046

Topic: Social care systems today and of the future

ALZHEIMER'S AND RELATED DISEASES IN THE AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES

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Abstract:

Background and Objectives: The American Indian and Alaska Native population encounters unique issues when suffering from Alzheimer's and related diseases. A review of literature from the past 15 years was conducted on this topic in order to examine traditional and cultural views of Alzheimer's disease and aging, caregiving, urban American Indians and aging, and program models that have been developed to address Alzheimer's disease in this population. A brief review from countries in addition to the United States was also conducted in order to identify efforts to address Alzheimer's disease in other countries indigenous populations. The objectives of the literature review were to identify and study the inequities the American Indian and Alaska Native population faces when dealing with Alzheimer's and related diseases, as well as to identify solutions.

Several themes are present throughout the literature such as lack of access to care, lack of knowledge about the disease, and cultural understandings about the disease. Access to care is an issue in both rural and urban settings. Lack of knowledge about the disease in this population is prevalent because of the few programs that are available that incorporate cultural knowledge about Alzheimer's. For some American Indians, cultural beliefs, such as interpreting signs of dementia as normal aging, are factors to consider when addressing the diagnosis and treatment process. This review also demonstrates that little is known about urban American Indians and aging. Furthermore, this population is also severely impacted by risk factors for dementia such as smoking, obesity, heart disease, poverty and unemployment. From other countries, it is evident that there is data on the extent of the problem and risk factors, but few programmatic solutions.

Moving forward short term and long term goals need to be identified in order to form solutions to address Alzheimer's and related diseases in the American Indian and Alaska Native population. As other diseases are addressed such as obesity and heart disease, this population will continue to age. Culturally appropriate programs and services must be in place in order to assist those suffering with Alzheimer's and related diseases.

Keywords: American Indian and Alaska Native, Alzheimer's and Related Diseases

Poster Abstracts

P047

Topic: Social care systems today and of the future

DEMENTIA HAS NO RESPECT OF RACE - AFRICAN ISSUES

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Abstract:

It is difficult to understand that even till today, dementia and the symptoms of it, are not regarded as a disease in Sub Sahara Africa. Yes, that is it! It might seem incredible but that is the truth! The mixture of superstitious beliefs, cultural inclination and traditional practices with mundane attitudes help to see to it that any of the manifest symptoms of dementia is immediately taken as witchcraft. What is worse? Witchcraft itself is abominable and anybody engaged in it 'is less deserving of life'. In the process, many dementia patients have been, and are being put to death even when they deserve to live and even when the various constitutions across the continent guarantee everyone the right to life and dignity. VOSAW is averse to this and is engaged in intensive dementia awareness campaign across the continent (beginning from Ghana). The efforts, though herculean and restricted, in the main, by inadequate recourses, are rewarding.

The Reality:

That Africa, more than a decade into the 21st century, remains the wretched of the earth is not in question and indeed, it is no news. That it remains, pitifully, the backyard of the contemporary world is also well known. The indices of low per capita income, crippling poverty, squalor and diseases that characterize it, ably depict this. What is much more worrying and which is the subject matter of this paper is the sickening ignorance that still surrounds its understanding of the nature and symptoms of certain sicknesses and diseases, amongst which are dementia and Alzheimer. In the larger African society, they simply do not exist in the dictionary. Malaria they know; yellow fever they know but dementia and its symptoms? It is something else! It is not as if sufferers of the disease are not there; they are there in their great number.

Indeed, Africa is no less infested by it than the rest of the world. But whereas the African is prepared to send anybody that shows symptoms of malaria and yellow fever to the hospital (where they do exist) for immediate treatments, any symptom of dementia is quickly branded witchcraft' and treated as such! The sad story of this is that at a time the rest of the world is daily advancing researches into the search for a cure, Africa is yet to come into the reality of its existence as a separate disease!

We are talking about the unfortunate perception in African societies that dementia patients are agents of witchcraft and evil spirit.

Keywords: Dementia not Witchcraft, Dementia not Madness



P048

Topic: Social care systems today and of the future

IMPROVING DEMENTIA CARE IN DORSET, UK: HEALTHCARE PROFESSIONALS' VIEWS

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Abstract:

An important public engagement strategy in a region of England was to survey of care professionals across Dorset about their opinions on healthcare services related to dementia. It would be useful to develop better knowledge of challenges and implications of providing effective dementia care services. This was conducted between March and April 2015. The survey was important in exploring potential collaborations throughout the region and identifying areas of local concern and to explore progress over time. This paper discusses issues of concern to staff from the statutory, private and third sector from a range of professional backgrounds.

In total 46 respondents joined this Survey. 32 participants identified their gender, including 27 females (84.4%) and 5 males (15.6%). Also, 32 respondents labelled their age categories, with 29 of them are between 25-64 years old. Different quantitative and qualitative methods were used to analyse the information provided by the participants according to the format of information.

29.4% of respondents did not agree that politicians see dementia as a priority, but over two-thirds (67.65%) of respondents agreed that dementia is an organisational priority. Over 82% of them believed that insufficient carer support is a main issue in Dorset, followed by 'lack of funding' (73.5%), 'lack of public awareness' and 'inappropriate care and services' (both 67.6%). To improve dementia care services, 44% of participants prioritised better carer and family support, followed by 24% of respondents who would like to gain better access and support for people with dementia. No respondent prioritised training and funding.

Near 36% of respondents believed that training and education should be Bournemouth University Dementia Institute (BUDI)'s most priority to provide support to Dorset to make changes in terms of dementia. Around 30% of respondents even believed that BUDI should act as a central resource on dementia in Dorset. Only less than 8% of respondents suggested that engaging with research was a number one priority for BUDI. BUDI has responded to the survey findings by providing more training and education, including a new MSc course, various Masterclasses and public engagement events.

Keywords: Dementia care, Healthcare professional, Dorset

Poster Abstracts

P049

Topic: Social care systems today and of the future

ISSUES AND REALITIES CONCERNING “ALZHEIMER’S CAFE” IN NARA IN JAPAN

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Abstract:

Introduction. In 2015, a comprehensive strategy to promote measures to cope with dementia (New Orange Plan) has been developed in Japan. One of the measures being promoted is the placement of “Alzheimer’s Cafes”. The purpose of “Alzheimer’s cafe” is the creation of a facility to aid the reduction of care burden on the families of dementia patients. As of January 2015, “Dementia Café” facilities have been implemented in four municipalities in Nara prefecture, Japan. The purpose of this report is to clarify the future challenges concerning the four “Alzheimer’s Cafes” in Nara.

Methods: A qualitative summary of activities analysis, and an analysis of future challenges were categorized. Consent of the participants was obtained.

Results.

1. The Café’s undertakings include lectures on dementia, activities, peer counseling, care consultation, and memory loss screening.
2. Future challenges include the improvement of recruitment methods, the introduction of transportation to the facilities, maintaining the continued participation of dementia patients and their families, and budget funding.

Conclusions. In the future, there is a need for the creation of a proposed program model for the management and practices of “Alzheimer’s Cafe”, so that not only local residents but other dementia patients and their families can benefit.

Keywords: Alzheimer’s cafe, people with dementia, family support



P050

Topic: Social care systems today and of the future

MONETARY COSTS OF COMMUNITY CARE OF DEMENTIA: A PILOT MICRO-COSTING STUDY IN HONG KONG CHINESE

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Abstract:

Background: Rational plans and policies for dementia require accurate costing for health economic analysis or prediction. Depending on local culture, infrastructure and services availability, dementia care costs can vary greatly. The present study aims to investigate the direct and indirect costs associated with community care for dementia and to identify personal, caregiver and care system factors contributing to costs of dementia care in Hong Kong Chinese.

Methods: Family caregivers of people with dementia who were attending day care center and/or using home-based services were recruited. The caregivers were invited to have a face-to-face interview to understand their expenses for dementia care, the amount of formal care time provided by agencies, and informal care time provided by family members in the past 30 days. Care needs, disease severity and functioning levels of the persons with dementia were assessed using a comprehensive assessment schedule (interRAI) and Mini-Mental State Examination. Socio-economic status and use of domestic helper for elder care (a common practice in Hong Kong) were recorded.

Results: There were 21 caregivers participated in the study (mean age = 61.9 ± 11.6 years, 20 women), more than half were adult children caregivers and nearly 40% wives of the person with dementia; 76.2% were not working. Mean MMSE score of the persons with dementia was 9.7 ± 7.4 . Mean monthly expenses (direct payment) in caring was HK\$3,270 \pm 1,895 (US\$419 \pm 243). Monthly expenses of caregivers who employed domestic helpers were significantly higher than those without a domestic helper. On the other hand, the group without domestic helper spends more on the community care services. For expenses on medical cost and necessities, there was no significant difference between two groups. None of the 21 caregivers paid for any caregiver support services.

Conclusion: Employment of domestic helpers for dementia care at home significantly increases the cost of caring and appears to be in lieu of community care services use, but not medical and necessities costs, to some extent. The lack of spending in caregiver support services may reflect inability or unwillingness to pay for these services in a Chinese community. These findings provided initial insights into ways of readdressing community services financing and support to ensure quality of care in dementia.

Keywords: Dementia, Micro-costing, Community Care

Poster Abstracts

P051

Topic: Health economics

CAREGIVER BURDEN ASSOCIATED WITH THE COMORBIDITIES OF ALZHEIMER'S DISEASE PATIENTSRezaul K Khandker, Xiaohan Hu¹, Edward Witt²¹Merck, Rahway, UNITED STATES;²Kantar Health, 1 Independence Way Suite #220, Princeton, NJ, USA, UNITED STATES**Abstract:**

Background and objective: Patients with Alzheimer's disease (AD) not only experience progressive cognitive decline, but are also more likely to have comorbidities than those without AD. The presence of multiple comorbidities in AD patients could place a greater burden on caregivers than AD alone. This analysis aimed to study the burden of AD-associated comorbidities, as well as the impact on quality of life (QoL) of their caregivers. **Methods:** This is a secondary database analysis of the Kantar Health Alzheimer's Caregivers Syndicated Select study, which collected information from 1,079 adult, non-professional caregivers of diagnosed AD patients in the U.S. via a self-administered internet survey in 2009. The survey contained information on demographics, physical and mental health status, QoL and healthcare resource use of caregivers and patients. The characteristics of caregivers were analyzed descriptively in terms of frequencies for categorical data, and means and standard deviations for continuous data. **Results:** A total of 1,079 caregivers (mean age of 50.7, 69.1% female) were included in this analysis. 89.1% of patients were reported by their caregivers to have been diagnosed with ≥ 1 comorbidities (high blood pressure, arthritis, high cholesterol, depression, diabetes, age-related macular degeneration, stroke, Parkinson's disease or hypertensive retinopathy). Caregivers of patients with comorbidities were more likely to report that they had received physician diagnosis of ≥ 1 chronic condition themselves than caregivers of patients with AD alone (72.6% vs 56.0%; $p < 0.05$). In the past 6 months, caregivers of those with comorbidities had more frequent ER visits and hospitalizations for their own health condition than caregivers of patients with no comorbidities (0.5 vs 0.2 and 0.6 vs 0.1; both $p < 0.05$). QoL was worse among those who provided care for AD patients with comorbidities (EQ-5D index: 0.9 vs 0.8; $p < 0.05$), and they also felt more burdened than caregivers of AD patients with no comorbidities as measured by Zarit Caregiver Burden Scale (37.0 vs 33.2; $p < 0.05$).

Conclusions: Caregivers of AD patients with comorbidities reported an increased healthcare resource use and worse QoL than those caring for patients with AD alone. Despite significant burden caused by AD alone, associated comorbidities are likely to be additional burden to patients as well as their caregivers.

Keywords: Caregivers, Alzheimer's disease associated comorbidities, Healthcare resource utilization



P052

Topic: Health economics

DIFFERENT PERCEPTIONS OF ALZHEIMER'S DISEASE SEVERITY AND ITS ASSOCIATION WITH PATIENTS' AND CAREGIVERS' QUALITY OF LIFE

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Abstract:

Background and Objective: Alzheimer's disease (AD) has negative humanistic consequences on patients and their caregivers. The objective of this analysis was to investigate the association between AD severity as perceived by caregivers and physicians, and the humanistic burden of patients and caregivers.

Methods: Data were taken from the Adelphi Real World 2013 Dementia Disease Specific Programme, a cross-sectional survey of patients over 50 with cognitive impairment (CI) and their physicians in France, Germany, Italy, Spain, the UK and the US. Physicians completed patient record forms for patients with CI. Same patients and their caregivers were asked to complete patient self-completion or caregiver self-completion (CSC) forms, both containing EQ-5D and the CSC included the Zarit Burden Interview (ZBI). Physicians and caregivers were asked to indicate their perception of patient's current stage of CI (very mild, mild, moderate or severe) and patients' current Mini Mental State Examination (MMSE) score was also collected. Weighted kappa statistics ($\hat{\kappa}$) were used to measure how well 3 measures of CI agreed with one another. Spearman's correlation ($\hat{\rho}$) was examined between disease stage and patients' and caregiver's QoL and also caregiver burden.

Results: 4,041 patients (median age 79; 57.7% female) were included in the analysis. Concordance analysis indicated that physician's and caregiver's perception of patients' CI had substantial agreement ($\kappa=0.67$) and physician's perception and MMSE score had moderate agreement ($\hat{\kappa}=0.49$). Caregiver's perception and MMSE score only had fair agreement ($\kappa=0.37$). Patients' quality of life (QoL) (EQ-5D) had a moderate correlation with MMSE score ($\rho=-0.39$) and caregivers' perceived stage of disease ($\rho=-0.45$). Caregivers' QoL (EQ-5D) had a weak correlation with MMSE score, physician's perception and caregiver's perception of disease stage ($\rho=-0.04$, -0.02 and -0.07 , respectively). Caregiver burden (ZBI) had a weak correlation with current MMSE score, physician's and caregiver's perceptions of disease stage ($\rho=0.17$, 0.16 and 0.24 respectively).

Conclusion: Reduced QoL and increased burden are likely to be the outcome for AD patients and their caregivers. It is critical to integrate all aspects into diagnosis and treatment decision in order to provide better care for AD patients and reduce caregiver burden.

Keywords: Quality of life, Caregiver perception, Caregiver burden

Poster Abstracts

P053

Topic: Law and ethics

CONSIDERATIONS FOR THE USE OF ADVANCE DIRECTIVES AMONG OLDER PERSONS WITH DEMENTIA

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Abstract:

Dementia has been identified by the World Health Organisation (WHO) as one of the world's most burdensome conditions for older persons. In a study conducted by Harvard University School of Public Health and the Alzheimer's Europe consortium, it was identified that the second leading health concern among adults, after cancer, is Dementia. Patients of dementia suffer from progressive deterioration of cognitive and physical competences which are closely linked to daily functioning, including decision making skills. The loss of cognitive abilities leads to impairments in memory, reasoning, planning, and behaviour, and as such renders those suffering from advanced dementia the loss of mental capacity to make sound choices and critical decisions concerning their wellbeing. The increase in prevalence of dementia and its 'burdensome' condition does not only affect the patient, but extends to their family members and medical practitioners who are often inadvertently challenged to face dilemmas of making critical decisions regarding types of medical treatment, care services and end of life decisions on behalf of the patient in hope that substitute decisions made would serve the best interest of the patient.

Keywords: Dementia Policy, Law and Ethnics



P054

Topic: Alzheimer's disease and other dementias

A NOVEL AND COMPREHENSIVE HEALTH PLAN FOR ADULTS WITH DOWN SYNDROME

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Abstract:

Objectives: Most patients with Down syndrome (DS) develop presenile onset Alzheimer disease (AD), frequently associated with epilepsy, due to the presence of an extra copy of the amyloid precursor protein gene and increased life expectancy. However, AD diagnosis represents a diagnostic challenge due to the intellectual disability associated with DS and to a lack of appropriate instruments. We have developed a health plan (HP) with periodical evaluations for adult DS subjects to assess AD and other medical and neurological disturbances. We present preliminary results of the HP.

Methods: Setting: Specialized Down Medical Centre. Target population: All DS subjects over the age of 18 in our region (3500 estimated). Procedures: A standardized medical, neurological and neuropsychological evaluation (which includes the CAMDEX-DS and the CAMCOG as well as other tests evaluating every cognitive domain), an electroencephalogram (EEG), and a blood test. Patients with neurological or other medical disturbances are referred to a tertiary hospital that centralizes specialized care. Patients are also offered to participate in a research biomarkers initiative. This HP was launched in May 2014.

Results: Between May 2014 and October 2015, 297 subjects have been evaluated. The mean age is 42 years (SD 12), 55.1% are male. Forty-eight patients have Alzheimer type dementia, 40 have cognitive impairment that does not meet dementia criteria, 31 have behavioural disorders that suggest a psychiatric aetiology, and 178 do not present cognitive impairment. The majority of them had not complained of cognitive impairment. Nineteen had presented generalized epileptic seizures (9 of them had concomitant AD dementia). 108 underwent an EEG and 16 of them had epileptic activity. Seventy-eight patients accepted to participate in the research initiative.

Conclusion: AD represents the main medical problem in DS adults. It is under ascertained and under diagnosed. A longitudinal health plan is needed for early detection, correct management and research purposes in AD in the DS population.

Keywords: Alzheimer, Down syndrome, Health plan

Poster Abstracts

P055

Topic: Alzheimer's disease and other dementias

ALZHEIMER'S DEMENTIA WITH CEREBROVASCULAR DISEASE: IMMUNE STATE

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Abstract:

Background. There is a great deal of evidence suggesting an important role for systemic inflammation in the pathogenesis of Alzheimer's disease and close communication between systemic and central innate immune systems. The objective was to study some clinical and immunological characteristics of Alzheimer's dementia with cerebrovascular disease (mixed dementia, MD) compared with vascular dementia (VaD). Materials and methods. Mixed dementia was diagnosed in 33.2% since Vascular dementia was in 26.5% of patients with mild/moderate dementia firstly admitted to the psychogeriatric unit. Some indices of an innate immunity including leukocyte elastase activity (LE), the functional activity of α 1-protein inhibitor (α 1-PI), C-reactive protein (CRP) and interleukin-6 (IL-6) concentration were measured in blood plasma of in-patients. Results. Both forms of dementia (MD, VaD) are characterized by the appearance of inflammatory markers (LE, α 1-PI, CRP and IL-6) in patients' plasma. The level of these markers was found to depend on the severity of dementia. Mild MD was characterized by the significant increase in activity of α 1-PI, but not the level of CRP, IL-6 and activity of LE. Patients with moderate MD were characterized by the significant increase in activity/level of α 1-PI, CRP and IL-6. The significant positive correlation between the level of CRP and IL-6 were found in the groups of patients with moderate dementia MD only. Increased levels of CRP and IL-6 are probable the biological markers of mild VaD. An open study of citicoline (1000 mg i.v.) combined with multimodal long-term treatment with neurotransmitters (IChE or memantine) and vascular risk factors correction was carried out in 20 in-patients (9 with VaD and 11 with MD). A positive therapeutical effect of citicoline use was shown on CGI-I assessment in mild/moderate VaD and mild MD. Conclusion. Thus inflammatory mechanisms are involved in the progression of the disease: α 1-PI increased functional activity is only noticed in mild MD, while in moderate and severe MD LE reduced activity and increased activity/level of α 1-PI, IL-6, and CRP are detected. Correlations of therapeutical effectiveness with innate immune indices are needed to study.

Keywords: mixed dementia, vascular dementia, immune state



P056

Topic: Alzheimer's disease and other dementias

AN INTENSIVE ALZHEIMER BIOMARKER PROGRAM IN DOWN SYNDROME

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Abstract:

Objectives: Most patients with Down syndrome (DS) develop presenile onset Alzheimer disease (AD). AD is thus, the main medical problem in DS adults and more common cause of death. The natural history of AD in DS, however remains under ascertained. We present the preliminary results of an intensive research initiative in DS adults.

Methods: We offered the biomarker program to all DS subjects periodically assessed at the Down Medical Centre. These periodical evaluations include neurological and neuropsychological assessments, an electroencephalogram and a blood test. The biomarker program consists of a cerebrospinal fluid (CSF) study to determine core AD biomarkers, a magnetic resonance imaging (MRI), a positron emission tomography (PET) with Florbetapir (FBP-PET), a F18-deoxyglucose PET (FDG-PET), and a sleep study with a polisomnography.

Results: Between January 2013 and October 2015, CSF study was obtained from 64 adults with DS (median age: 44,7, 61.5% male), 27 with dementia, 37 without dementia. Fifty-two patients underwent an MRI (mean age: 45.1, 65.4% male). Eighteen underwent a FBP-PET and 12 a FDG-PET. A polisomnography was performed in 28 subjects.

CSF analyses show abnormal biomarker levels in 79.8% of the subjects, mainly due to low CSF A β 1-42 values. All three core AD biomarkers (A β 1-42; total tau and phospho-tau) correlate with age. The structural MRI analyses show accelerated aging in AD vulnerable areas. FBP-PET was positive for amyloid retention in 9/12 patients, FDG-PET shows severe temporo-parietal hypometabolism in 6/18 patients. Polisomnography reveals several sleep disturbances, mainly sleep apneas with an apnea-hyponea index of more than 5 in 72% of the subjects.

Conclusion: Our preliminary results are in agreement with the recent conceptualization of DS as a form of preclinical AD. The intensive AD biomarker program will provide insights into the natural history of AD in DS allowing for better and earlier AD diagnosis.

Keywords: Alzheimer, Down syndrome, Biomarkers

Poster Abstracts

P057

Topic: Alzheimer's disease and other dementias

ASSOCIATION BETWEEN DEPRESSION AND PAIN IN NURSING HOME PATIENTS WITH DEMENTIA

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Abstract:

Background: The co-occurrence of depressive symptoms and pain in cognitively intact patients is associated with mutually increased symptom severity and negatively impacts treatment prognosis. In patients with dementia, current knowledge about the nature of this relationship is limited.

Aims: To investigate whether any association between depressive symptoms and pain severity can be found in nursing home patients with dementia.

Methods: The Resource Use and Disease Course in Dementia (REDIC) cohort study recruited patients at admission for long term stay in nursing homes in several municipalities in Norway from March 2012 to December 2013. Eligible patients were ≥65 years or had a dementia diagnosis, with life expectancy >6 weeks. Cross-sectional data from baseline assessments, including depression (CSDD>7) and pain (MOBID-2), were analysed using Mann-Whitney U test.

Results: 698 patients were included, 446 (64%) women, mean age 85 years (SD 7.5). Mean MMSE score was 15.7 (SD 6.5). Mean CSDD score was 6.6 (SD=5.3). Preliminary results suggest that patients with depression (N=251, 36%) had significantly higher levels of pain than non-depressed patients (mean MOBID-2 score 2.7 (SD 2.3) and 1.8 (SD 2.0), respectively, P<0.001 two-tailed).

Conclusions: Patients with depression seem to have significantly more pain compared to non-depressed patients. Prospective studies are needed to determine the presence and direction of any causal relationship between pain and depression in these patients, with important implications for clinical practice.

Keywords: depression, pain, dementia



P058

Topic: Alzheimer's disease and other dementias

AWARENESS OF STIGMA IN DEMENTIA WITHIN THE POLISH SOCIETY

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Abstract:

Introduction: Stigma in mental illnesses, such as dementia, is an increasing issue of concern being debated around the world. There are many publications on this subject, including international reports, studies and campaigns in scientific journals, and national papers. Dementia awareness in Poland is still low and there are no scientific data about stigma experienced by patients with dementia. While the symptoms of the classic variant of AD are generally known among the Polish society, people are not aware of its early signs and do not seek help early enough. Furthermore, memory impairment is considered to be a normal symptom of aging.

Methods: Analysis of scientific papers (PubMed, Google Scholar), review of activities related to dementia and stigma by professional associations, official reports and national programmes considering "dementia" and "stigma".

Results: Data shows that the Polish GPs are not alert enough to early symptoms of dementia and resist referring people to psychiatrists or neurologists. Patients are usually diagnosed with dementia at a moderate stage of the disease. The Polish Alzheimer's Society proposed a National Dementia Strategy in 2013 but it is still not part of the national health policies in Poland. This causes several problems including failing to provide timely services for people with dementia and their caregivers. Another problem is the lack of facilities specialised in help for people with dementia. They generally use services for elderly or disabled people that do not meet the specific needs of dementia patients and their families. In day care centres, residential care or nursing homes provided by welfare organisation, there is not enough places to meet the demand. There are no consultation services with information about different types of dementia and possible methods of care and treatment. Information is mostly web-based and not widely available. Patients and carers usually need to look for information by themselves.

Conclusions: The general awareness of dementia in Poland is low and little is known about the experience of stigma. This undiscovered area needs to be investigated and debated. People with dementia, their carers and families may feel stigmatised because of the lack of information, scarce services specialised in dementia treatment and also because of the wording used in Poland: For example, the Polish term for dementia 'otępienie' suggests deeply mentally disturbed and has negative connotations.

Keywords: stigma, dementia, awareness

Poster Abstracts

P059

Topic: Alzheimer's disease and other dementias

CATATONIA IN GERONTOPSYCHIATRIC PATIENTS

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Abstract:

Introduction: Over the past years, an increasing attention has been focused on catatonia. This is also reflected in DSM-5, which broadened the concept of catatonia and decoupled it from schizophrenia. Most often affective disorders serve as a background for a catatonic syndrome, but several medical conditions could also cause catatonic signs and symptoms. Cases of „organic catatonia” are estimated to form 20-30% of all cases with catatonia, and are frequently observed in elderly patients.

Objectives: In our study we aimed to determine the prevalence of catatonia in patients over 65 years, referred to a psychiatric centre of a general hospital.

Methods: We examined all patients over 65 years, admitted to the Centre for Psychiatry and Addiction Medicine (CPAM) of Szent István and Szent László Hospitals, from 01/04/2015 to 31/07/2015. We used Bush Francis Catatonia Screening Instrument (BFCSI) for the assessment of catatonic signs. In case of reaching 2 or more points on BFCSI, the severity of catatonia was rated with Bush Francis Catatonia Rating Scale (BFCRS). The diagnosis was set up with the use of the Structured Clinical Interview for DSM-IV, Mini Mental State Examination and Clock Drawing Test.

Results: in the study period altogether 81 patients over 65 years were admitted to CPAM. 13.5% of them could be diagnosed with catatonia according to the BFCRS. The mean score on BFCRS was 8.81 points. 7.4% of the patient sample also fulfilled DSM-5 diagnostic criteria of catatonia. 72.7% of the catatonic patients suffered in a subtype of dementia (majority mixed type), 18.2% had catatonia due to a medical condition and 9.1% had schizophrenia. Majority (81.81%) of the patients were female.

Conclusion: in our sample the prevalence of catatonia was slightly higher in comparison with those published in the literature. In three-quarters of the patients dementia syndrome formed the background of the symptoms. These results highlight the frequent co-morbidity of these conditions. As catatonia has a specific therapy, it gives a special importance to the recognition of the syndrome.

Keywords: catatonia, dementia, geriatry



P060

Topic: Alzheimer's disease and other dementias

CHANGE IN STAFF DISTRESS IN RESPONSE TO TREATING PAIN IN NURSING HOME PATIENTS WITH DEMENTIA: A CLUSTER RANDOMIZED TRIAL

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Abstract:

Background and Objective: Patients suffering from dementia often have neuropsychiatric symptoms (NPS), which might be triggered by pain. We explored the association between NPS in nursing home (NH) patients and staff distress, and whether the distress was reduced by systematic treatment of pain.

Methods: We included 352 patients with advanced dementia and significant agitation, from 60 NH units (i.e. 60 clusters) in 18 NHs of Western Norway. Clusters randomized to the intervention group received individual pain treatment for 8 weeks, with follow-up after a 4-week wash-out period. The control group received treatment as usual.

Outcome measures: NPS-related staff distress (dependent variable, scores on Neuropsychiatric Inventory - NH version (NPI-NH)); pain (scores on Mobilization-Observation-Behaviour-Intensity-Dementia-2 Pain Scale), and cognitive functioning (Mini Mental State Examination). A hierarchical regression analysis investigated the association between staff distress, NPI items, age, gender, pain, and cognitive functioning at baseline. To investigate group differences we performed multiple linear regression. Changes within groups were analyzed by paired samples t-test.

Results: At baseline, all NPS items were related to distress ($p < .001$) in the regression model, apart from euphoria. Agitation/aggression had the largest contribution ($\hat{\alpha} = .24$) to staff distress. Reduction of total distress in both groups was found at week 8 ($p < .05$), but when comparing the groups, the intervention group showed a higher mean reduction. Total distress score ($\beta = -2.85$), distress related to agitation ($\beta = -.48$), anxiety ($\beta = -.35$), apathy ($\beta = -.49$), disinhibition ($\beta = -.30$), aberrant motor behaviour ($\beta = -.38$), and appetite ($\beta = -.30$) (all $p < .05$).

Conclusion: NPS-related staff distress decreased when systematic pain treatment was given to NH patients with dementia. Improvements in the control group at week 8 suggest that other factors like being a part of the study and work conditions also affect staff distress.

Keywords: Staff distress, Dementia, Nursing Homes

Poster Abstracts

P061

Topic: Alzheimer's disease and other dementias

COGNITIVE CHARACTERISTICS IN PERSONS WITH YOUNG ONSET ALZHEIMER'S DISEASE AND FRONTOTEMPORAL DEMENTIA IN NORWEGIAN MEMORY CLINICSLara Hvidsten^{3,4}, Knut Engedal³, Geir Selb ck¹, Torgeir Bruun Wyller², Hege Kersten¹¹Ageing and Health, Norwegian Centre for Research, Education and Service Development, T nsberg, NORWAY;²University of Oslo, Institute of Clinical Medicine, P.O. Box 1171, Blindern, 0318 Oslo., NORWAY;³Vestfold Hospital Trust, PO box 2168, 3103 T nsberg, NORWAY;⁴Vestfold Hospital Trust, Ageing and Health, PO box 2136, 3103 T nsberg, NORWAY**Abstract:**

Background and Objectives: Young onset dementia is defined by symptom debut before the age of 65 years, and often present with atypical symptoms. The objective of this study is to characterize and compare the cognitive function in persons with young onset Alzheimer's disease (AD) and Frontotemporal dementia (FTD).
Methods: The study population is part of a two-year observational multicentre study of community-dwelling persons consisting of 50 persons with AD and 24 with FTD and their families, recruited from seven Norwegian memory clinics from February 2014 to July 2015.

Comprehensive cognitive assessments were made at baseline according to the standardized diagnostic manual of the Norwegian Dementia Registry, including the Mini Mental Status Examination-Norwegian Revised (MMSE-NR), Clock Drawing Test (CDT), The Consortium To Establish A Registry for Alzheimer's Disease (CERAD) visuospatial figures (CERAD-VC) and Word List Recall Test (CERAD-WLRT), and the Trail Making Test-A and B (TMT-A/B).

Results: At inclusion the two groups did not differ with regard to age, gender, education or occupational status. Further, no significant differences in medical or mental co-morbidity, or use of drugs were present. Median age was 64,0 years for the AD-group, and 63,5 years for FTD. Median Clinical Dementia Rating (CDR)-global score was 0.5 for both groups.

Preliminary findings showed that persons with FTD performed significantly better on the MMSE-NR, CDT, CERAD-WLRT, and TMT-B compared to persons with AD.

Conclusion: The FTD-group had significantly better results than the AD-group on most cognitive tests, including the CDT and the TMT-B, suggesting executive dysfunction as a more prominent cognitive disability in early stages of AD compared to FTD.

Keywords: Alzheimer's Disease, Young Onset, Cognition



P062

Topic: Alzheimer's disease and other dementias

COGNITIVE DYSFUNCTION AMONG DIABETIC

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Abstract:

Background: Diabetic with cognitive dysfunction have severe problems in managing their daily activities. They take incorrect dose or timing of insulin injection, oral medication and also have omission of meal leading to hypoglycemia. Therefore they cannot control diabetes and have more mortality than diabetic without cognitive dysfunction. Moreover cognitive dysfunction not only affects the diabetic but also has a great impact on care givers. The economical cost of diabetic with cognitive dysfunction are enormous. To prevent cognitive dysfunction in diabetic, there is a need to describe the association of cognitive dysfunction among diabetic and its attendant risks such as duration of diabetes, age, presence of complications and glycaemic control.

Objective: The aim of this study was to determine the relationship between diabetes and cognitive dysfunction in respect of social demographic factors, duration of illness, type of treatment, complications of diabetes mellitus and the effect of glycemic control on cognitive dysfunction.

Method: In this study, 90 diabetic who taking anti-diabetes treatment at diabetic clinic of Yangon General Hospital were examined clinically for the evidence of cognitive dysfunction by Mini Mental State Examination.

Result: 18.9% of studied diabetic have cognitive dysfunction. Cognitive dysfunction is statistically associated with age group, gender, glycemic control, and complications of diabetes. But cognitive dysfunction is not statistically associated with duration of illness and type of treatment.

Conclusion: So the results of this study suggest that poor glycemic control and complications may cause cognitive dysfunction in diabetic and cognitive dysfunction occur more in elderly age and females.

Keywords: Cognitive Dysfunction, Diabetic, MMSE

Poster Abstracts

P063

Topic: Alzheimer's disease and other dementias

EFFECT OF MONOTERPENE MYRTENAL ON EXPERIMENTAL DEMENTIA IN MICE

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Abstract:

Background: Alzheimer's disease (AD) is most common form of dementia causing problems with memory, thinking and behavior. Until now there is no unified theory for AD pathogenesis. Treatment is mainly with acetylcholinesterase (AChE) inhibitors, NMDA receptor blockers, antioxidants (AO) etc. Some natural products have a strong neuroprotective effect and can decrease the risk of AD (1). New studies demonstrated that Myrtenal (M), a compound of many plant essential oils, combines both AO and anti-AChE activity (2). Objectives: To evaluate the preventive effect of Myrtenal on cognitive impairment of mice with experimental dementia.

Materials and Methods: Chemically induced experimental model of dementia from AD type was produced on male Albino mice (scopolamine 1 mg/kg ip, 11 days). The rodents were treated simultaneously for 11 days with M (20 mg/kg, ip), and two referent compounds - galantamine (1 mg/kg, ip) and lipoic acid (30 mg/kg, ip). Changes in their cognitive functions were evaluated using behavioural tests (for learning and memory), determination of AchE-activity and lipid peroxidation in brain. Data were analyzed using t-test of Student-Fisher and ANOVA.

Results: Scopolamine treated animals demonstrated severe memory-loss, increased both AchE-activity (by 15%) and lipid peroxidation (by 83 %) in brain. Co-treatment with M produced a significant restoration of cognitive function (with 33% - comparable with the effects of both referents) of dement mice. Applied together M and Lipoic acid (LA) demonstrated better prevention on memory than when administered alone (by 50%). M alone has no effect on AchE brain activity in vivo but combination with LA reduced AChE-activity with 25%. M decreased the lipid peroxidation in brain (with 20%) of healthy animals. Established correlations between parameters (cognitive and biochemical) discover new details in preventive mechanism of M on AD progression.

Conclusion: Myrtenal can be promising effective agent for AD prevention.

Referents:

¹Essa et al., Neurochem Res 2012, 37:1829-1842

²Kaufmann et al., J Pharm Pharmacol. 2011; 63(10):1368-71

Keywords: Alzheimer's disease, antioxidants, Myrtenal



P064

Topic: Alzheimer's disease and other dementias

EFFECTIVENESS OF COGNITIVE RETRAINING FOR PATIENTS WITH MCI, FTD AND PD: A INDIAN STUDY

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Abstract:

Evidence has been found that specifically designed cognitive retraining programmes reduce the risk of rapid cognitive decline in individuals with cognitive impairment. The cognitive stimulation/training programs address the deficits in cognition in individuals with age-related cognitive decline or due to pathological processes such as Mild Cognitive Impairment (MCI), Frontotemporal Dementia (FTD) and Parkinson Disease (PD). The rationale for retraining is the notion that practice on carefully selected tasks promotes recovery of the disrupted neural circuits and restores functions in the impaired cognitive processes themselves. Thus, the two main objectives were (a) to develop a cognitive training programme to improve cognitive functions (b) to evaluate the impact of 30-session cognitive training on the cognitive and functional performance of older adults with MCI, FTD and PD.

A pre-post experimental design was employed. The sample consisted of 3 case studies of Mild Cognitive Impairment, Frontotemporal Dementia and Parkinson Disease (with memory issues) from the geriatric clinic of NIMHANS, Bangalore. Their socio-demographic data was collected and further, they were assessed on Neuropsychological test for the Elderly (Tripathi, Kumar, Bharath & Marimuthu, 2012) and other rating scales (GHQ, HMSE, AD8, EASI, CDR, NPI and NIMHANS Geriatric Screening Proforma).

Results support the effectiveness of the cognitive retraining in improving cognitive abilities and functional performance. The result of the present study reveals a significant difference in Verbal memory, Logical Memory, Delayed Visuospatial memory and Visual working memory when pre and post intervention scores were compared.

Keywords: cognitive retraining, cognitive impairment, neuropsychology

Poster Abstracts

P065

Topic: Alzheimer's disease and other dementias

INCREASED CYTOKINE LEVELS IN BA21 BRAIN REGION OF AFRICAN AMERICANS RELATIVE TO CAUCASIANS WITH ALZHEIMER'S DISEASE (AD)Sherry A Ferguson¹, John J. Panos¹, Vijayalakshmi Varma²¹National Center for Toxicological Research/Food and Drug Administration, Neurotoxicology, Jefferson, UNITED STATES;²National Center for Toxicological Research/Food and Drug Administration, Systems Biology, UNITED STATES**Abstract:**

Introduction: Although some studies have indicated few or no differences in AD neuropathology between African Americans and Caucasians, minorities are disproportionately affected by AD, exhibiting an earlier age of onset and more severe symptoms. However, many research studies do not explicitly state the race or ethnicity of their subjects. Because neuroinflammation is thought to play a significant role in AD, we measured the levels of inflammatory cytokines in the BA21 brain region of African Americans and Caucasians with AD. This temporal lobe brain region has been implicated in cognitive task performance of those with AD (Amanzio et al., 2011).

Methods: Post-mortem BA21 brain tissue (n=6/sex/race) was obtained from five U.S. brain banks which also confirmed the AD pathology. Mean age at death was 81.1 years for African Americans and 81.6 years for Caucasians. Tissue was pulverized under liquid nitrogen, homogenized in lysis buffer, and centrifuged to obtain tissue lysates. Protein concentration was determined prior to analysis of cytokines using a multiplex assay system (Bio-Rad 200) and a 40-plex human cytokine panel. Levels of cytokines were analyzed via 2-way ANOVAs with sex, race, and the interaction as factors.

Results: Levels of IL-1 β were 109% higher in African Americans ($p < 0.01$) and levels of IL-8 were 35% lower in African Americans ($p < 0.03$). Neither of those levels was significantly affected by or interacted with sex. Levels of CCL25, CCL26, and CX3CL1 were decreased 18-32% in women relative to men ($p < 0.05$ for all).

Conclusions: IL-8 may play a protective role in AD pathology in that it appears to inhibit A β -induced apoptosis and increase BDNF (Ashutosh et al., 2011). Increased levels of IL-1 β may contribute to increased AD severity in African Americans by resulting in increased deposition and decreased clearing of A β plaques. These results implicate increased neuroinflammation in African Americans. More specifically, the NLRP3 inflammasome controls levels of IL-1 β and previous studies have implicated this specific inflammasome in AD pathogenesis. Our future studies include measurement of neurodegenerative endpoints in this brain region as well as investigation of potential mechanisms, including potential race-related SNP differences in NLRP3 genes.

Keywords: Cytokine, Inflammatory proteins, Ethnicity



P066

Topic: Alzheimer's disease and other dementias

LIVING WITH CANCER AND DEMENTIA IN A NURSING HOME: A CROSS-SECTIONAL STUDY

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Abstract:

Background: Life expectancy, and thereby the likelihood to develop dementia or cancer, is increasing continuously. Both cancer and dementia are serious conditions that give manifold symptoms. The interaction of these conditions is, however, complex and less explored.

Objective: To investigate if and how patients with both a cancer diagnosis and dementia differ from other patients groups living in nursing homes (NH), with regard to neuropsychiatric symptoms, level of physical function, depressive symptoms and the daily use of medication, in particular analgesics. Furthermore, the study investigates if differences in the use of medication influence such symptoms.

Methods: A cross-sectional study of Norwegian NHs (N=1825). Participants were categorized according to degree of dementia (CDR >1), cancer diagnoses and differences in neuropsychiatric and other symptoms, as well as use of medication were explored.

Results: 84% of patients had dementia and 6.5% had both dementia and a cancer diagnosis. Patients with both cancer and dementia received significantly more analgesics compared to patients with only dementia. Patients with both cancer and dementia had significantly more neuropsychiatric symptoms and have reduced physical function, compared to patients with only cancer. Also, patients with both dementia and cancer used less medication than patients with neither of these conditions. Being female and displaying more depressive symptoms are also factors that are associated with receiving significantly more analgesics.

Conclusions: Patients with both cancer and dementia receive more analgesics than patients with only dementia, but this does not reduce NPI symptoms or symptoms of depression.

Keywords: Dementia, Neuropsychiatry, Cancer

Poster Abstracts

P067

Topic: Alzheimer's disease and other dementias

VALIDATION OF THE HUNGARIAN VERSION OF TYM (TEST YOUR MEMORY) TEST (TYM-HUN)

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Abstract:

Background: There are only a few dementia screening or diagnostic tests available in Hungarian language. The most commonly used test is the MMSE in Hungary, which is not sensitive enough for mild cognitive impairment (MCI). The TYM test is a self-administered dementia/MCI screening tool developed at the University of Cambridge.

Objectives: To present the adaptation and validation process and results of the Hungarian version of the TYM test.

Methods: The translation and back translation from English into Hungarian was performed by 2 independent translators. Patients over 50 years of age were recruited at the Department of Psychiatry, University of Debrecen, in primary care practices and in care homes. The TYM test was compared to MMSE test.

Results: The results of 174 adults aged 51-98 years (86 patients with dementia, 88 healthy control persons) were analysed. The total TYM-Hun scores significantly correlated with the MMSE scores ($r = 0.8461$, $p < 0.0001$).

Conclusions: The Hungarian version of TYM is a useful tool for the early diagnosis and screening of dementia in Hungary.

Keywords: Alzheimer's Disease, early diagnosis, screening test



P068

Topic: Alzheimer's disease and other dementias

OXIDATIVE STRESS IN DEMENTIA PATIENTS – STUDY USING DROMS AND BAP TEST

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Abstract:

Objectives: The oxidative stress and biological antioxidant potential of Alzheimer's disease (AD) patients were measured using a free radical elective evaluator (FREE).

Subjects: The subjects of this study consisted of 48 untreated AD patients examined at the Department of Geriatric Medicine of the Hachioji Medical Center (19 men, 29 women, average age: 79.6 years).

Methods: All subjects underwent an Alzheimer's Disease Assessment Scale-cognitive component-Japanese version (ADAS-Jcog), oxidative stress was assessed by measuring serum dROM levels (oxidative stress), BAP (biological antioxidant potential) and BAP/dROM ratio (latent antioxidant potential) using FREE, and correlations between ADAS scores and oxidative stress indicators were tested. Degree of dementia was determined by using ADAS scores to categorize the subjects into three groups consisting of a mild group (ADAS score: 0-9 (13 subjects)), moderate group (ADAS score: 10-19 (26 subjects)) and advanced group (ADAS score: 20 or higher (9 subjects)), and analyzing variance for dROM levels, BAP and BAP/d-ROM ratio among each group.

Results: The average ADAS-Jcog score for all subject patients was 15.1. The average values for d-ROM levels, BAP and BAP/d-ROM ratio were 441.8, 2497.1 and 6.06, respectively, and when compared with each of their reference values, d-ROM levels indicated severe oxidative stress while BAP values indicated appropriate biological antioxidant potential. There was no correlation obtained between ADAS scores and d-ROM values, and a negative correlation was observed with BAP values ($r=0.313$, $P=0.03$). An analysis of variance among the three groups yielded a relationship such that BAP/d-ROM ratio was significantly higher in the advanced group in a comparison between the mild group and advanced group ($P=0.048$).

Conclusions: Elevated d-ROM levels and normal BAP values suggest an increase in oxidative stress accompanying chronic inflammation. A correlation between this finding and the chronic inflammation theory associated with AD is extremely interesting.

Keywords: Oxidative stress, BAP/d-ROM, ADAS-jcog

Poster Abstracts

P069

Topic: Alzheimer's disease and other dementias

SPEAKING THE SAME LANGUAGE: AN UPDATE TO THE DEMENTIA OUTCOMES MEASUREMENT SUITE (DOMS)

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Abstract:

Intro: We present the findings of an update to the Dementia Outcomes Measurement Suite (DOMS) project. In 2007 DOMS was created with the aim of standardising the assessment, diagnosis, screening and outcomes monitoring of dementia conditions. The aim and benefit of DOMS is to help dementia workers "speak the same language", while simultaneously identifying new research areas to fill gaps in clinical practice. Recommended instruments are currently presented on the DOMS website: www.dementia-assessment.com.au

Methods: The following types of instruments were initially reviewed: cognition, dementia staging, behavioural and psychological symptoms (BPSD), function, social isolation, health-related quality of life, multi-attribute utility measures, and patient and carer satisfaction with treatment. Selected instruments were chosen for in-depth analysis. Quality ratings are based on the psychometric validity, extent of adoption by health professionals, ease and speed of administration, and appropriateness to a diverse range of practice settings and patient types. Based on website usage and feedback from expert health professionals we focused the update on the domains of cognition, staging, BPSD, and function.

Results: We present the complete ratings and recommendations of the updated DOMS review for all four domains. Focusing on measures of cognition, for example, the recently introduced Montreal Cognitive Assessment (MoCA) achieved a similarly high DOMS rating (40/48) to the top-ranked Modified Mini Mental Status Examination (3MS; 41/48), General Practitioner Assessment of Cognition (GPCOG: 40/48), and Rowland Universal Dementia Scale (RUDAS; 40/48). The MoCA is widely adopted, easy to administer and sensitive to early dementia. In addition, new informant-based instruments such as the Ascertain Dementia 8 (AD8) may provide a quicker alternative to the equally rated (37/48) Informant Questionnaire on Cognitive Decline (IQCODE).

Conclusions: There is no one size fits all approach when it comes to dementia. Yet, globally accessible web platforms like the DOMS website can help clinicians and researchers to speak the same language.

Keywords: dementia, screening, instruments



P070

Topic: Alzheimer's disease and other dementias

TELOMERE DYNAMICS IN NEURODEGENERATION: A TELOSCOPIC VIEW OF COGNITIVE IMPAIRMENT

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Abstract:

Background and Objective: Telomere Length (TL) is considered to be one of the most promising emerging pathognomic indicators for age-related diseases. While telomere loss occurs during normal ageing, the rate of telomere attrition is highly increased due to pre-disease mechanisms such as inflammation and oxidative stress resulting in accelerated cellular ageing. Only a few studies have investigated telomere dynamics in brain tissues and showed conflicting results.

Methods: In this study, brain tissues from temporal lobe neocortex with the middle temporal gyrus were collected at autopsy. Based on clinical and pathophysiological examination the patients were classified as Alzheimer's disease (AD, n = 10, 72-98 years), Parkinson's disease dementia (PDD, n = 15, 78-89 years) and dementia with lewy body (DLB, n = 16, 70 – 92 years). 13 age-matched neurologically normal controls (76-96 years) with only mild, age-associated pathological changes and no history of psychiatric diseases were included.

Neuropathological assessment including neurofibrillary Braak stage, neuritic plaques (CERAD scores), Lewy bodies and neuritis, amyloid- β deposition and Mini Mental State Examination Scores (MMSE) was performed at the time of diagnosis. Terminal telomere restriction fragment length analysis, which is the gold standard for TL measurement was performed.

Result: TL inversely associated with plaque pathology score ($p = 0.034$, $r_s = -0.0336$) in the brain tissues. Interestingly, tangle score, Braak stage and Lewy body score also showed a tendency for a negative relationship with TL. Average TL of control subjects (7556 bp) was longer than that of AD patients (6824 bp), but the difference did not reach statistical significance.

Conclusion: An inverse association was observed between TL and plaque pathology score. Promising results from this study suggest that neuronal loss due to amyloid beta plaques may occur via telomere induced senescence in neurological diseases.

Keywords: Telomere length, Amyloid beta

Poster Abstracts

P071

Topic: Alzheimer's disease and other dementias

THE GAP-EFFECT IN PEOPLE WITH DEMENTIA: A LONGITUDINAL EYE-TRACKING STUDY

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Abstract:

Background and Objectives of the study/Introduction: Eye tracking provides a convenient and promising biological marker of cognitive impairment in patients with neurodegenerative disease. Here we report a longitudinal study of saccadic eye movements in a sample of patients with Alzheimer's disease and elderly control participants who were assessed at the start of the study and followed up 12-months later.

Methods: Eye movements were measured in the standard gap and overlap paradigms, to examine the longitudinal trends in the ability to disengage attention from a visual target. The Mild-to-moderate dementia group (N=14; age range = 71-88; mean = 78.21; SD = 4.4; male n=7; female n=7). The Elderly (EC) group participants (N=25; age range = 62-80 years ; mean = 70.6; SD = 4.9; male n=8; female n=17).

Results: Overall patients with Alzheimer's disease had slower reaction times than the control group. However, after 12-months, both groups showed faster and comparable reductions in reaction times to the gap, compared to the overlap stimulus. Interestingly, there was a general improvement for both groups with more accurately directed saccades and speeding of reaction times after 12-months.

Conclusions: Eye movements provide a potentially useful methodology for monitoring the cognitive assessment, but there have been few longitudinal studies to evaluate the viability as tool for monitoring the progression of Alzheimer's disease. A carefully selection from the multiple oculomotor paradigms that are now available and are grounded detailed neurophysiological and brain imaging research have opened up new opportunities for gaining new insight into the complexities of cognitive changes in Alzheimer's Disease.

Keywords: attention, eye-movement, Longitudinal



P072

Topic: Alzheimer's disease and other dementias

THE ROLE OF NEUROLIGIN-1 IN THE PATHOLOGY OF ALZHEIMER'S DISEASE

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Abstract:

The most common cause of dementia in elderly people is Alzheimer's disease (AD). The typical symptom of AD is the decline of cognitive abilities, which is caused by a loss of synaptic function.

Amyloid- β oligomers play a significant role in the development of this synaptic dysfunction. Neuroligin (NLGN)-1 is a post-synaptic cell-adhesion molecule located in excitatory synapses and involved in the maintenance and modulation of synaptic contacts. Recently it was found that A β interact with the soluble N-terminal fragment of NLGN-1, whereas almost no association was observed with NLGN-2, an isoform present at inhibitory synapses.

The present study was aimed to elucidate the role of NLGN-1 in A β -induced neuropathology. Employing Surface Plasmon Resonance (SPR) approach and competitive ELISA we confirmed the high affinity binding of NLGN-1, but not NLGN-2, to A β peptide. We also identified a sequence motif representing the NLGN-1 binding site for A β -peptide and showed that a synthetic peptide modeled after this motif, β A termed neurolide, binds to A β -peptide with high affinity comparable to NLGN-1:A β interaction. In order to study the effect of neurolide in vivo we implemented a well-known mouse model of AD, the 5xFAD mice, containing 5 familial AD mutations.

Unexpectedly, in vivo studies demonstrated an increase in A β plaque formation in the cortex of neurolide treated 5xFAD mice compared to the control. Further study showed that the neurolide can reduce the activity of neprilysin, the predominant A β -degrading enzyme in the brain, in the neprilysin activity assay. These results let us to suggest that neurolide represents the NLGN-1 binding site for A β -peptide, and acts as an inhibitor of neprilysin activity. Based on these data we confirm the involvement of β NLGN-1 in AD development and suggest the mechanisms of NLGN-1-induced A plaques formation.

Keywords: Alzheimer's disease, Amyloid-beta

Poster Abstracts

P073

Topic: Alzheimer's disease and other dementias

THE USEFULNESS OF LONG-TERM EEG IN DETECTION OF EPILEPSY IN PATIENTS SUFFERING FROM ALZHEIMER'S DISEASE

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Abstract:

Introduction: Alzheimer's disease (AD) is the major cause of neurocognitive decline in the ageing society. In the recent decades, many studies highlighted elevated risk for developing epileptic seizures in AD. Likely, epilepsy is a comorbidity of AD and has a crucial role in the progression of the disease due to the deposition of amyloid generated by hyperexcitability. We aim to identify the best way for improving the diagnostic accuracy for detection of epileptiform potentials in AD. We proposed that long-term EEG may increase seizure detection rate as also seen in temporal lobe epilepsy.

Methods: We selected 30 patients meeting the criteria for probable AD of the revised NINCDS-ADRDA. The patients underwent rigorous clinical investigation including neurological and general medical examination, routine blood check, brain MRI scan, neuropsychological tests, routine 30 min long EEG, long term (24hours) and video EEG monitoring. The correlation between the length of EEG and the number of detected epileptiform EEG patterns was calculated by Pearson- correlation. The sleep-related distribution of the epochs containing epileptiform patterns as well as the relation of the epochs to REM or different states of nonREM sleep were analysed and calculated using general linear model.

Results: We identified epileptiform EEG signs in 30% and epileptic seizures in 16% of AD patients. The correlation was significant between the time of recording and the number of epileptiform EEG signs ($r: +0.98$; $p: 0.000$). Epileptiform signs were presented mostly as bitemporal spikes and frontal rhythmic slow waves. EDs were more frequent in non-REM sleep (70%) compared to wakefulness (18%) and REM-sleep (12%). 55% of EDs were related to stage 3.

Discussion: AD patients have a higher risk for developing epileptic seizures and their EEG frequently present epileptiform signals. In AD, epileptiform activity and seizures are principally related to slow-wave sleep. Thus, monitoring of sleep is essential in the diagnosis of epilepsy in AD. Distribution of epileptiform EEG potentials during the day follows the quantity of slow-wave sleep according to the sleep homeostasis model of Borbely. Based on our clinical experience, long-term EEG is a safely and easily useable diagnostic approach for AD-related epilepsy.

Keywords: epilepsy, Alzheimer's disease, long-term EEG



P074

Topic: Alzheimer's disease and other dementias

TRANSIENTLY INCREASED CIRCULATING TGF- β 1 IN YOUNG MICE CAUSES MEMORY IMPAIRMENT IN THE ADULTHOOD

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Abstract:

Background: Transforming growth factor- β 1 (TGF- β 1) was recently shown to be involved in physiological mechanisms underlying synaptic plasticity, vasculogenesis and memory in the brain. In addition, TGF- β 1 gene polymorphisms were in association with sporadic Alzheimer's disease. The exact role of increased TGF- β 1 on memory function and synapsis formation, however, is unknown. Our aim was to investigate the effect of transiently increased serum TGF- β 1 level on hippocampal function and synapses.

Methods: Nine month-old, male C57Bl6-TGF- β 1 transgenic mice were used for the study with the same age control C57Bl6 mice for the memory tests and for the rt-PCR studies. Serum TGF- β 1 levels were measured in 2 week-old and 9 month-old mice. Hippocampal-dependent memory tests (Y-maze and novel object recognition test) were used as functional tests. Real-time PCR was performed using hippocampal tissue to investigate the gene expression of the pre-synaptic marker, synaptophysin and the dendritic marker, MAP-2 (microtubule-associated protein 2). Renal function was assessed in the adult animals involved in this study to exclude the effect of kidney injury in the pathogenesis of memory loss.

Results: Transgenic mice had increased serum TGF- β 1 level at the age of 2 weeks with normal serum level at the age of 9 months, compared to the control group. In addition, these animals showed memory impairment and increased activity in the open field, Y-maze, and novel object recognition test. Also, a significantly decreased hippocampal synaptophysin gene expression was found in the transgenic mice with no change in MAP-2 expression. Kidney function tests were in the normal range in both groups.

Conclusion: Transient increment in circulating TGF- β 1 level in the young mice has a long-term negative effect on memory function. In addition, decreased hippocampal synaptophysin expression was found in the transgenic mice. Further investigations on the background of impaired memory in the transgenic mice are in progress at the time of the abstract submission.

Keywords: TGF- β 1, memory, synaptophysin

Poster Abstracts

P075

Topic: Alzheimer's disease and other dementias

A DATA SET FOR RECRUITING TO DEMENTIA STUDIES: AN ANALYSIS OF THE FIRST 60 STUDIES USING THE UK JOIN DEMENTIA RESEARCH RECRUITMENT SERVICE

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Abstract:

Identifying suitable people to take part in dementia studies is a pressing issue for researchers. Causes for this include the specificity of study inclusion and exclusion criteria, and the methods traditionally used to identify potential participants. Creating registers of people who have given consent to be contacted and for their data to be used to screen them against study criteria has the potential to increase speed of cohort creation, reduce costs and increase equality of access to clinical research for people with dementia.

Join Dementia Research is a national "consent-for-approach" service that has been set up in the UK to facilitate the identification and recruitment of people to dementia studies. The results of an expert Delphi exercise and public consultation to design the data set for Join Dementia Research were presented at ADI2014. Now this data set has been in use in the live Join Dementia Research service for 12 months, we present an analysis of how the data set has been used, both by volunteers entering data and by researchers as criteria for matching volunteers to studies. The analysis cover 60 studies recruiting through Join Dementia Research, and 13,000 volunteers who have signed up to the service.

The analysis shows that half of the 27 data items have not been used for matching to studies at all, 8 are used infrequently, 5 frequently and one for all studies ($n = 58$). The results have an implication for dementia research systems across the world, demonstrating the data items necessary and collectable in order to speed recruitment and increase access to research for people with dementia. The results will also inform the next stage of the development of Join Dementia Research, as both the data set and data collection methods are refined.

Keywords: Research, Data, Recruitment



P076

Topic: Alzheimer's disease and other dementias

EXPOSURE TO LIGHT AND BEHAVIOURAL AND PSYCHOLOGICAL PROBLEMS IN DEMENTIA - THE OPTIMAL LIGHT DESIGN

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Abstract:

Background and Objectives of the study/Introduction: In this presentation the author analysis recent research on the importance of light on human behaviours and the possibility of using light treatment to minimise behavioural and psychological problems among people who are living with dementia. The author describes the current status of research about how different light exposure affects psychological wellbeing of patients with cognitive impairment as well as how specific lighting characteristics affect the circadian rhythms.

The literature review aims to discuss the results in the context of importance of the best lighting design used in rest-homes and in private homes to prevent and minimise behavioural symptoms such as disturbed sleep-wake patterns, nocturnal wandering, agitation, sundowning and physical or verbal abuse among the patient suffering from dementia.

Keywords: lighting, dementia, behaviour

Poster Abstracts

P077

Topic: Alzheimer's disease and other dementias

LIVING WITH DEMENTIA AND TIME PERCEPTION AND EXPERIENCE - CLINICIAN'S PERSPECTIVE

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Abstract:

Background and Objective of the study/introduction: Time is the unnamed and unspoken core of our existence, it is perceived very differently in different psychopathological syndromes which results in different symptomatology. Yet experiencing time is rarely described in textbooks and addressed in psychiatric assessments. In this presentation the author is going to discuss how the pathology of disorders that affect memory/cognition influence the perception of time. In the light of recent scientific finding and modern technological achievements the author is going to talk about differences in semantic, spatial and other memories in different psychopathological syndromes and its consequences to the experience of time. The importance of cultural aspects of time perception is going to be addressed as well as aspects of New Zealand's multicultural society. The author also analysis aspects of the therapeutic clinician - patient relationship from different time experience perspectives. The presentation is solely based on personal reflection and clinical experience.

Keywords: time perception, dementia, psychiatry



Poster Abstracts

P078

Topic: Alzheimer's disease and other dementias

POLYPHARMACOTHERAPY IN GERONTOLOGY INSTITUTE – TREATMENT OF DEMENTIA

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Abstract:

Objective: Dementia is disorder that effects how the brain works. Symptoms of dementia vary from person to person, but can include: loss of memory, difficulties control movements of the body, confusion and agitation, halutations and delusions. Dementia is more likely to affect older people, but younger people can also develop the condition. The aim of this study was to investigate the correlation between the number of type of psychotropics drugs in the treatment of patients with dementia, acuteness of beginning. Hypothesis how the patients is older and acuteness begginig of current episode is, the number of psychotropic drugs in th treatment of dementia increases.

Method: The study included all male patients diagnosed with dementia (F 00.1- F09 to ICD-10) who were treated at the Gerontology Institute of psychiatric department and chronical department during the year 2010- 2013. We analyzed their tretman and type of psychotropic drugs, to 86 male, 52 up 75 yars old.

Results: There is statisticcally significant correlation between patient age and number of prescribed psychotropic medication, with a significant reduction in the number of psychotropic drugs over 75 years.

Conclusion: Polypharmacotherapy is reality in treatment of dementia disorders. These studies, aimed to look for the reasons for polypharmacoteraphy, should facilitate the creation of therapeutic recommendation that would to better treatment with fewer side effects.

Keywords: dementia, agitation, polypharmacotherap

Poster Abstracts

P079

Topic: Alzheimer's disease and other dementias

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

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Abstract:

In the UK, the majority of long-term care for frail older people is provided by staff working in care homes. Approximately 376,000 people in the UK live in care homes, which is around 4% of the population aged 65 years and over, and rising to 20% in those aged over 85.

Residents need good care and research can help make this a reality. By bringing together researchers with care home staff and residents, and establishing the 'Research Ready Care Home Network' we have been able to:

- Help researchers ask research questions that are important to the people they'd like to help.
- Give residents and care homes a voice in deciding what should be researched.
- Get advice from care home staff, which will help ensure a research study will work in a real world setting.
- Ensure care home staff and residents know about all the current research taking place in their region, providing them with the opportunity to become involved.
- Save time and money, ensuring studies are delivered quickly and easily recruit to new studies.
- Researchers, research funders and government are beginning to wake up to the importance of the care home sector and the needs of their resident communities.

Around 1/3rd of all the research funding the recent Dementia Themed Call and Prime Ministers Challenge on Dementia in the UK has been channelled into studies, which will directly involve or impact care home residents. This is over £12m in the past year alone.

The network isn't all about dementia research, despite 80% of care home residents suffering from the condition (Alzheimer's Society, February 2013). Around 25% of care home residents will have previously suffered from a Stoke (National Audit Office (NAO), 2010), and 5% will have Parkinson's disease (Parkinson's UK, 2013) and these are all areas where care home residents can contribute to new research.

Managing someone's care as they approach the end of their life is also an area of great interest to researchers - approximately 60% of all deaths that occur each year are expected and predictable. In England, that's around 85,000 deaths and 17% of everyone who dies, lives in a care home (National Audit Office (NAO), 2010).

So why does the Research Ready Care Home Network exist? Because through it we can play vital role in helping researchers to connect with care homes and residents, making studies better; and helping the care homes connect with researchers making the lives of residents better.

Keywords: care home, care, research



P080

Topic: Alzheimer's disease and other dementias

X CHROMOSOME SKEWING MAYBE RELATED TO AZHEIMER DISEASE IN WOMEN

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Abstract:

Background/Aims: X chromosome instability has been a long established feature in Alzheimer's Disease (AD). Changes in the X chromosome have been related to aneuploidy and to cohesion related alterations named premature centromere division (PCD). PCD of chromosome X has been found in peripheral blood lymphocytes and neuronal tissue in female AD patients. Interestingly, mostly only one chromosome of the X pair has been affected. These results raised a question: "Is the X chromosome inactivation pattern non randomly distributed or skewed in peripheral blood lymphocytes in women affected by AD?"

Methods: To address this question we used the androgen receptor on the X chromosome in order to explore the methylation status by using q PCR. This method would show us any deviation from the 50:50% X inactivation status in peripheral blood lymphocytes of 10 AD women compared to age matched controls.

Results and Conclusion: Our results showed skewed inactivation patterns (>90%) in AD women but not in age matched controls. These findings suggest that an epigenetic alteration on the inactivation centers of the X chromosome (or skewing) relates not only to aging, by might be a novel property that could account for the higher incidence of AD in women.

Keywords: X chromosome skewing maybe related to Alzheimer Dis

Poster Abstracts

P081

Topic: Alzheimer's disease and other dementias

DEMENTIA SCREENING: CONCEPTS OF HUNGARIAN GENERAL PRACTITIONERS

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Abstract:

Background: Improvement of recognition of neurocognitive disorders (NCD) by general practitioners (GPs) is an important element of dementia care. In order to increase the effectiveness of GPs in the diagnosis of NCDs the first task is to learn their general views on the current state of dementia care and assessing their knowledge of the available screening tools. Therefore the aims of this study were to analyse the practices, the concepts and expectations of Hungarian GPs about dementia screening and screening tools; to assess their knowledge of NCDs and the availability of specialised dementia services for primary care.

Methods: A questionnaire was locally developed which included questions about dementia screening, the referral habits and the diagnosis and therapy of NCDs. The characteristics of the family doctor district were also asked. The survey was completed by 128 Hungarian GPs anonymously. 25% coming from rural and 75% from non-rural.

Results: 65% of the respondents realize the underdiagnosis of NCDs and 50% of them consider dementia management as the part of primary care. Almost 90% of interviewed GPs agree that screening of cognitive functions is important in primary care. 70% of respondents agree that dementia screening is feasible in his/her practice and 80% of them are willing to use early dementia screening tools. However, 50% of asked GPs didn't hear about mild cognitive impairment. GPs were more likely to prefer paper-pencil, self-completion screening tools, that takes 5 minutes and contains informations from relatives. One third of the respondent reported the lack of relationship with dementia specialist. According to the opinion of Hungarian GPs, more time spent with patients and rapidly performed dementia screening tools are needed in order to improve dementia screening in primary care. Increasing the number of specialized assistants or available facilities are less important.

Conclusions: Hungarian GPs have only some special expertise in both dementia management and screening of NCDs. Therefore they need more professional training to acquire proficiency in the use of routine screening tools. Additionally, stronger contact with dementia specialists would be important.

This work was supported by the Hungarian National Research Fund: A/2-11-1-2012-0001 'National Excellence Program'.

Keywords: dementia management, primary care, attitude



P082

Topic: New and future treatments

AFFECT RECOGNITION TRAINING IN PEOPLE WITH DEMENTIA

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Abstract:

Introduction: It's been suggested that training in affect recognition may have direct effects over the improvement of general cognitive functions. It would be relevant to evaluate if people living with dementia (PWD) can improve their affect recognition capacity, due to its potential implications for better treatments.

Objective: To assess if affect recognition capacity in PWD can be improved through a computerised treatment, and if the training has effects over general cognition.

Methods: 32 patients with dementia of the Alzheimer type were assigned to three groups: 11 received cognitive stimulation and affect recognition training (40 sessions), 10 received cognitive stimulation (40 sessions), and 11 received treatment as usual. Training sessions lasted 90 minutes and were held twice a week. No significant differences were found in between groups in age ($M = 77.53$, $SD = 5.43$), cognitive function, gender and education.

The treatment consisted of the "Affect cognition training" designed by Wölver & Frommann from Düsseldorf University. It's a computer based treatment with several tasks. It also includes a set of 150 pictures depicting different facial emotions and 24 large size pictures representing social situations and more complex emotions. The pictures are used for categorization and analytical strategies.

To assess affect recognition we used "Affect GRADIOR", a touchscreen test designed by INTRAS Foundation that assesses the six basic emotions and neutral expression consisting of 92 stimuli.

Results: Data was analysed with nonparametric statistics. The three groups were equivalent at baseline in the recognition of the six basic emotions.

After treatment, the group that received affect recognition training improved in general affect recognition ($p = .05$), especially in the recognition of anger ($p = .012$) and neutral expressions ($p = .046$). Cognitive capacity did not change ($p > .05$).

The groups that received cognitive stimulation and treatment as usual did not improve affect recognition ($p > .05$) or cognitive capacity ($p > .05$).

Conclusions: The capacity of PWD to recognise facial expressions of affect can be improved through specific training, this might be relevant to quality of life and social interactions of people living with dementia. Affect recognition training does not affect cognitive capacity measured with MMSE.

Keywords: dementia, affect recognition, cognitive stimulation

Poster Abstracts

P083

Topic: New and future treatments

ELECTROPHYSIOLOGICAL CHARACTERIZATION OF GABAAALPHA5 NEGATIVE ALLOSTERIC MODULATORS IN HIPPOCAMPAL NEURONS

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Abstract:

GABAA receptor alpha5 subtype selective negative allosteric modulators (GABAA5 NAMs) improve cognition in animal models. As hippocampus is believed to be involved in learning and memory, we examined effects of newly synthesized GABAA5 NAMs on neuronal activity in mouse hippocampal cell culture and compared them with those of compounds acting on GABAAR and pro-cognitive drugs using microelectrode array (MEA) neurochips. In addition, we evaluated effects of these GABAA5 NAMs on long term potentiation (LTP) in rat hippocampal slices.

Primary neuron and glia co-cultures were prepared from E17 NMRI mice. After establishing a stable neuronal activity pattern on MEA chips, GABAA5 NAMs (ONO-A, ONO-B, MRK-016, RO4938581; NAM activities of ONOs were higher than those of others), GABAAR NAM (DMCM), benzodiazepine antagonist (flumazenil), donepezil, galantamine, memantine, and D-cycloserine were applied and recorded for 1 hour at each concentration. Neuronal network activity was analyzed in the four categories: general activity, burst structure, synchronicity and oscillatory behavior, according to the pattern recognition algorithm. For LTP study, hippocampal slices from Crl: CD (SD) rats (6 to 7 weeks old) were prepared. Field EPSP (fEPSP) slopes induced by the test stimulus, which produces 30 % of maximal fEPSP, with 30 sec interval were recorded for 40 min after theta burst stimulus (100 Hz 4 times, 200 msec interval, 10 times).

ONO-A was functionally more similar to RO4938581 than MRK-016, DMCM and flumazenil. ONO-B was functionally more similar to RO4938581 and DMCM than MRK-016 and flumazenil. Flumazenil exhibited a different profile as parameters were mainly affected into opposite directions. RO4938581 exhibited a high functional similarity to donepezil and galantamine. In contrast, MRK-016 datasets are mostly classified as control. ONO-A exhibited a higher similarity to pro-cognitive compounds than ONO-B. All GABAA5 NAMs significantly increased fEPSP slopes compared with control. Among them, ONO compounds exhibited higher efficacy compared with RO4938581.

GABAAR NAMs show functional similarity to acetylcholine esterase inhibitors on neuronal network activity in mouse hippocampal cell culture. The GABAA5 NAM with higher efficacy potentiates LTP more efficiently in rat hippocampal slices.

Keywords: GABAAalpha5, Electrophysiology, Long term potentiation



P084

Topic: New and future treatments

ELECTROPHYSIOLOGICAL STUDIES OF GABAAALPHA5 NAMS ON THE ABETA-INDUCED EFFECTS IN HIPPOCAMPAL NEURONS

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Abstract:

Introduction: We confirmed that GABAA receptor alpha5 subtype selective negative allosteric modulators (GABAA α 5 NAMS) show functional similarity to acetylcholine esterase inhibitors on neuronal network activity in mouse hippocampal cell culture. In this study, we examined effects of GABAA α 5 NAMS and co-application of GABAA α 5 NAMS and donepezil on Abeta1-42-induced changes in mouse hippocampal culture using microelectrode array (MEA) neurochips. Additionally, we examined effects of GABAA α 5 NAM and donepezil on Abeta 25-35-induced deficits of LTP induction in rat hippocampal slices.

Methods: Primary neuron and glia co-cultures were prepared from E18 NMRI mice. The native activity was recorded followed by acute cumulative addition of Abeta 1-42. DMSO, GABAA α 5 NAMS (ONO-A, ONO-B, MRK-016, RO4938581), benzodiazepine receptor antagonist (flumazenil), donepezil, galantamine and ONO-A+donepezil were then applied and the putative reversal of Abeta-effects was followed for 6 hours. Slices for LTP study were prepared from F344 rats at >5 weeks after bilateral injections of Abeta 25-35 and ibotenate solution into 4 sites of hippocampus. Field EPSP (fEPSP) slopes induced by the test stimulus, which produces 30 % of maximal fEPSP, with 30 sec interval were recorded for 40 min after theta burst stimulus (100 Hz 4 times, 200 msec interval, 10 times). Blood brain barrier permeable compound, ONO-C, and donepezil were evaluated in LTP study.

Results: Monomeric Abeta 1-42 peptides significantly affected functional activity revealed by MEA analysis. ONO-A, ONO-B, MRK-016, RO4938581, and donepezil rescued Abeta-induced functional effects. The effects of ONO-A and ONO-B were temporally delayed for 1 to 2 hours but more constantly preventing temporal Abeta effects compared to donepezil. In contrast, neither flumazenil nor galantamine significantly rescued Abeta effects directly after addition. Combination of ONO-A and donepezil significantly rescued Abeta-induced effects more constantly compared to each compound alone. ONO-C and donepezil significantly increased fEPSP slopes compared with control.

Conclusion: GABAA α 5 NAMS rescue Abeta-induced changes of hippocampal neuronal network activity in vitro.

Keywords: GABAA α 5, electrophysiology, Abeta

Poster Abstracts

P085

Topic: New and future treatments

IS WHOLE-BODY CRYOTHERAPY USED IN NEUROLOGY AND RHEUMATOLOGY VALUABLE FOR MEMORY LOSS? – PRELIMINARY REPORT

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Abstract:

Background: Searching for new, supplementary therapy strategy or preventive method for memory loss is ongoing task for many scientists. Well known reasons as vascular lesions, oxidative stress, inflammatory processes and abnormal neurotransmission are associated with the development of dementia. Short exposure for extremely low temperature has anti-inflammatory (via modification of the pro-inflammatory cytokines concentration) and antioxidative effects and has some impact on hormonal and lipid changes. Such mechanisms may play an important role in preventing or inhibiting pathophysiological processes leading to dementia. The aim of the study is to evaluate the influence of whole – body cryotherapy (WBCT) on persons with mild cognitive impairments (MCI) with the assessment of psychometric, somatic and laboratory parameters.

Methods: Persons with MCI enrolled to the study undergo 10 sessions of WBCT (2-3 minutes each day) in experimental (-110°C till -160°C) and placebo group (-20 till -50°C). The CDR, MoCA, TYM, DemTect and SLUMS scales are used to measure cognitive functions at baseline and in follow-up meeting, as well as the WHOQoL – BREF, HAM-D and laboratory levels.

Results: Our hypothesis was that after a series of WBCT, cognitive scores will significantly improve. The preliminary results based only on experimental group evaluation confirmed our hypothesis.

A significant improvement was observed between both measures points in:

1. DemTect - subscale 5: 'Word List Delayed Recall', memorizing and reproducing a list of 10 words,
2. TYM - task 3: semantic knowledge and task 10: anterograde memory, the recall of a previously copied sentence,
3. SLUMS - task 10: logical memory (remembering the material in the form of mental structures which take into account the relationships between its elements) that after reading the stories participant is asked to answer four questions related to it.

Discussion: Short exposure for extremely low temperature of persons with memory deficits can probably reduce those impairments and the method is worth to be explored and its' efficacy verified in random controlled study.

Keywords: whole-body cryotherapy, memory loss, new treatment



P086

Topic: New and future treatments

PHARMACOLOGICAL AND TOXICOLOGICAL INVESTIGATIONS OF 4-AMINOPYRIDINE DERIVATES COMPRISING PEPTIDE MOIETY DESIGNED FOR PREVENTION AND TREATMENT OF ALZHEIMER'S DISEASE AND MULTIPLE SCLEROSIS

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Abstract:

Introduction: Alzheimer's disease (AD) is a progressive neurodegenerative disorder that causes memory loss, deterioration of cognition, and dementia. Pymadine (4-aminopyridine), a potassium channel blocker stimulates the acetylcholine release at both peripheral and central synapses. This drug is useful in the treatment of multiple sclerosis, Alzheimer's disease, and other neurodegenerative disorders. The main problem with this drug is its high toxicity and large number serious adverse effects.

This study is devoted to the synthesis and consequent estimation of toxic and pharmacological effect of hybrid compounds including 4-aminopyridine and also modified dipeptides holding the residue of the N-(3,4-dichlorophenyl)-D,L-Ala-OH.

We suppose that the synthesis of these newly compounds most probably would lead to: decrease of side reactions and inhibition effect on the gamma-secretase activity due to the peptide fragment, and on the other hand they can block potassium channels due to the presence of 4-aminopyridine fragment, in this way leading to restoration of the demyelinated axons and increasing the acetylcholine release in the brain.

Methods: Acute toxicity of the compounds in mice was evaluated using the OECD 425-FDA-USA method. Compounds were evaluated for their influence of the dynamics of learning and memory by Gemini active and passive avoidance system in mice.

Results: The results from the pharmacological and toxicological tests indicate a significant decrease in the acute toxicity and facilitation of cognitive processes in the central nervous system.

Conclusion: The new compounds are promising for future investigations as a potential application in the treatment of neurodegenerative diseases such as Alzheimer's disease and multiple sclerosis.

Keywords: Alzheimer's disease, multiple sclerosis, 4-aminopyridine derivatives

Poster Abstracts

P087

Topic: New and future treatments

THE INFLUENCE OF DAY CARE CENTRE PROGRAMS DESIGNED FOR PEOPLE WITH DEMENTIA ON QUALITY OF LIFE AND DEPRESSIVE SYMPTOMS

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Abstract:

Background and objectives: Attending day care centres designed for persons with dementia is believed to postpone admittance to nursing home and increase quality of life and well-being. The aim of this study was to investigate the influence of day care centre attendance on the persons with dementia's quality of life (QoL) and depressive symptoms at baseline.

Methods: The study was a quasi-experimental trial with a comparison group. Persons with dementia, living at home and receiving home care services were included. Participants in the day care group attended day care at least twice a week, for at least one but no longer than 12 months. A total of 261 participants with dementia were included at baseline. Follow-up measurements will be made after one and two years. Measures of cognition, activities of daily living (ADL), QoL and depressive symptoms were made. Independent sample t-test, Mann-Whitney U test and Chi-Square test were used to compare the groups.

Results: The sample comprised 183 day care attendants and 78 persons in the comparison group. Mean age was 81.4 (SD 6.6) and 65 % (169) were women. The mean score of Mini Mental Stage examination (MMSE) was 20.3 (SD 3.6). There were no significant differences between the groups according to age, MMSE or ADL. There were significantly more women in the comparison group (74%) compared to the day care group (60%) (p-value 0.035). Mean scorings of QoL, as rated by the participants using Quality of Life- Alzheimer's Disease (QoL-AD), were significantly higher in the day care users (38.9 (SD 4.9)) compared to the group not attending day care (36.1 (SD 5.0)) (p-value <0.001). However, there was no difference between the groups when QoL-AD was rated by the family carers. Depressive symptoms, as measured by Montgomery Asberg Depression Rating Scale (MADRS), were significantly higher in the comparison group with mean 6.9 (SD 5.6) compared to 4.7 (SD 4.8) in the day care user group (p-value 0.036)

Conclusions: Baseline data comparing day care centre users with a comparison group, not attending day care, reveal significantly higher self-reported QoL in the day care group. The participants in the comparison group have more depressive symptoms. Follow-up data after one and two years will add more knowledge on the change of these important variables in the groups.

Keywords: dementia, day care, quality of life



P088

Topic: New and future treatments

DOES ECOTHERAPY IMPROVE THE QUALITY OF LIFE FOR CLIENTS WITH A DIAGNOSIS OF DEMENTIA? A PILOT STUDY

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Abstract:

The advancement of quality of life for people with a diagnosis of dementia is widely accepted as an important outcome in dementia care (Department of Health 2013). Although there is a growing body of research being undertaken into the benefits of ecotherapy with working age adults, there is currently very little evidence demonstrating the effectiveness of ecotherapy group work with dementia clients.

Hypothesis: Clients who attend an ecotherapy group programme will experience an increase in their quality of life compared to a control group of participants

Methodology: This is a non-randomised control study of Ecotherapy in patients with mild to moderate dementia. Patients will be allocated on the basis of their memory service to either 8 weeks of Ecotherapy Group Intervention, or 8 weeks Treatment as Usual. Participants will have a diagnosis of mild to moderate dementia, able to self-mobilise (with or without aid), able to converse in English and have a nominated carer. All participants will complete the EQ-5D and Geriatric Depression Scale at the start and end of the 8 week period. Caregivers of participants will complete the Neuropsychiatric Inventory and Zarit Burden Index at the start and end of the 8 week period. Qualitative interviews will be completed with caregivers of participants recruited to the Ecotherapy arm of the study.

Qualitative Results To: 'He would have never thought about trying something like this and going on his own. He likes the ecotherapy sessions and it has had a good effect on him. It removes some of the anxiety of the memory loss.' [EC1003, Male, 76 years old, Alzheimer's Disease Dementia]

'I had a very positive impression of the group. I noticed that [he] found it easier getting up on the day of the group. The group appeared to make [him] more cheerful afterwards. He reported that he enjoyed being other group members and sharing their experiences. [He] also found the group stimulating. He appeared to find the regularity of the group and the structure very helpful.' [EC1001, Male, 77 years old, Alzheimer's Disease Dementia]

Keywords: Ecotherapy, Dementia, Quality of Life

Poster Abstracts

P089

Topic: New and future treatments

TOWARD A POSITIVE PSYCHOLOGY PERSPECTIVE ON THE EXPERIENCE OF LIVING WELL WITH DEMENTIA

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Abstract:

Background and Objectives of the study/Introduction: This presentation will describe the development of an ongoing clinical psychology research programme aimed at investigating aspects of positive lived experiences and attributes amongst people living with dementia, through the use of qualitative and mixed-methods research methodologies. Grounded within a positive psychology approach, this programme seeks to understand more fully how people might live well with dementia and what particular kinds of positive experiences, resources and attributes people living with dementia may prioritise and draw on in relation to maintaining positive well-being.

Methods: Studies utilising phenomenological, narrative and grounded theory approaches with individuals and dyads will be described and the rationale behind their epistemological and methodological positions discussed.

Results: Qualitative findings relating to the existence and functions of hope, humour, personal growth, resilience and love in the lives of people living with or affected by dementia will be presented and discussed.

Conclusions/Perspectives: The potential implications of the findings of the studies in relation to theory building, outcome measurement and psycho-social interventions for well-being in dementia will be discussed. This approach to researching lived experiences in dementia might have particular implications for enhancing person-centred approaches to dementia care as well as further challenging negative discourses and stereotypes. A positive lived experience perspective and associated qualitative research methods also constitute a valuable approach to engaging with people who are living with dementia and ensuring the full range of their experiences are recognised and understood.

Keywords: dementia, lived experience, positive psychology



P090

Topic: Prognosis

CSF BIOMARKER-BASED DIAGNOSIS AND STAGING OF ALZHEIMER'S DISEASE

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Abstract:

The accuracy of clinical Alzheimer's disease (AD) can be significantly improved by the use of biomarkers. Ideal biomarkers should come from tests which are easy and affordable to perform, and do not depend on culture or language to interpret. Cerebrospinal fluid (CSF) proteins represent such ideal biomarkers which can be integrated into diagnostic algorithms in developed countries as well as low- and middle-income countries. We have collected over 600 CSF samples from subjects with normal cognition and cognitive impairment in one major US city (Atlanta), and analyzed their CSF levels of amyloid, tau, and novel non-amyloid, non-tau biomarkers. Using additional data from the multi-centered Alzheimer's Disease Neuroimaging Initiative (ADNI), we show that amyloid and tau biomarkers reliably predict which subjects will experience longitudinal cognitive decline, but insufficiently distinguish between those with early (mild cognitive impairment) and later (mild dementia) stages of the disease. We further show that introducing non-amyloid, non-tau biomarkers into the diagnostic algorithm can objectively separate patients into early and later AD stages, and prospectively patients can be superimposed onto an ADNI-based support vector machine (SVM) model to provide information on dementia etiology, stage, and prognosis. We conclude that the publicly available ADNI data can be used as a diagnostic template for populations outside of ADNI, and can potentially be leveraged to advance dementia diagnosis across regions, languages, and cultures.

Keywords: amyloid, tau, inflammation

Poster Abstracts

P091

Topic: Awareness and stigma

KNOWLEDGE OF AND ATTITUDES TO DEMENTIA IN MYANMAR

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Abstract:

Background: Dementia is a syndrome due to the illness of the brain, which is usually chronic and progressive in nature. This condition can create difficulties not only to people with dementia also for their carers and others. Therefore the knowledge of and attitudes to dementia is important to facilitate rehabilitation process.

Objective: To determine the knowledge level and attitudes to dementia in Myanmar

Method: A cross sectional study was conducted on 30 respondents by convenient sampling. The questionnaire which was adapted and translated from the questions on dementia in the 2010 Northern Ireland Life and Times Survey was used. Descriptive statistics SPSS version 16.0 was used to analyze the data components.

Results: According to the data, the mean value of the knowledge level of the respondents was 5 and 56.7 % got the above mean level. Dementia is accepted by all of the respondents as a result of illness of the brain. Most of them (80%) believed that healthy diet and exercise can lessen the risk of developing dementia. Perceived characteristics towards dementia by almost all of the respondents were lost, unpredictable and pathetic. Nearly all of them tended to treat the person with dementia as like a child.

Conclusion: The study showed the knowledge level is reasonably fair but stigmatizing attitudes, especially disappearing and unpredictable. The paternalistic attitude was also very high regardless of the age group of the respondents.

References:

Attitudes to and knowledge of Dementia in Northern Ireland 2010 by Lizanne Dowds, Patricia McParland, Paula Devine and Ann Marie Gray

Keywords: knowledge and attitudes, Dementia , Myanmar



P092

Topic: Awareness and stigma

“PSYCHO-AFFECTIVE SUPPORT WORKSHOPS FOR FAMILY CARERS OF PEOPLE WITH DEMENTIA” TWINNING EXPERIENCE BETWEEN ALMA AND AUDAS OF ALZHEIMER IBEROAMÉRICA

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Abstract:

Background: .A.L.M.A., the Association for the fight against Alzheimer’s disease and related disorders of the Argentine Republic, was established in August, 2013, with the first experience in Latin America of the Alzheimer’s Café, an adaptation of Dr. B. Miesen’s model. “Café con A.L.M.A” has held 27 monthly meetings at “ALIBI Bar” in the quarter of Palermo. It aims at offering a friendly meeting for sharing experiences in a pleasant environment, contributing to breaking taboos, providing ill people with a sense of belonging, acknowledgment and acceptance, and combining information and recreation in a social space. It succeeds in providing resources, services, and assistance to people with dementia and their family carers so as to fight against stigma, to raise awareness of the disease, and to struggle for their improved quality of life. The Association was given an award by the legislative body of the city of Buenos Aires, which declared the “Café con ALMA” meetings to be of interest to the Medical Sciences in June, 2015. Results and Remarks Over a sample of 15 cafés (cut-off point in April, 2015), a mean attendance of 45 people, by means of opinion surveys on: how they felt, what they liked best, and their suggestions, the attendees assessed the meetings as excellent and very good. As regards associated feelings, they were focused on values such as interested, pleased, and entertained. They also stressed positive aspects, such as cordiality, the atmosphere, the service, joy, the professionals conveying the information, and the guest musicians, among others. The attendees are between 59 and 88 years old (people affected by dementia/carers).Prevalence of dementia of the Alzheimer type, followed by a diagnosis of cognitive impairment. A significant percentage of the affected people who attended the meetings are aware of the objective and purpose of the outing, expressing interest in participating in the meetings. “Café con A.L.M.A” successfully meets its objectives and promotes the encounter of guest healthcare professionals, musicians, and volunteers for the benefit of the attendees and the community. The initiative of “Café con ALMA” has fostered the replication of this experience in Uruguay, Ecuador, and Puerto Rico. Press, radio, and TV media attend “Café con A.L.M.A.” and choose images from the meetings to raise awareness of the problems of dementia and as a positive message of an activity contributing to a better quality of life of those affected. Medina

Keywords: LACARRA78

Poster Abstracts

P093

Topic: Awareness and stigma

CHANGING PERCEPTIONS AND IMAGES OF DEMENTIA

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Abstract:

Background: The Scottish Dementia Working Group (SDWG) is a national campaigning group, run by people with dementia and is the independent voice of people with dementia within Alzheimer Scotland. The Working Group campaigns to improve services for people with dementia and to improve attitudes towards people with dementia.

Aims: This project, which we are presenting, is focused on novel ways of highlighting and challenging some of the negative stereotypes of dementia and thereby reducing the associated fear and stigma.

The SDWG believes that negative representations, particularly in the media, serve to sensationalise aspects of dementia and perpetuate a culture of fear surrounding dementia and are committed to working to change the way in which people with dementia are viewed by reducing the prejudice and stigma that can affect people with dementia negatively.

Method/Participants: Six group members have recently become involved in 'Keeping Track' a national project being facilitated by RADAR, a media development and citizen journalism organization. Using specially adapted handsets, a communications channel has been created to enable people at the early stages of dementia to voice record details about the impact of the condition in their own words. Through this, participants are being given a unique opportunity to develop 'Dementia Diaries' and share their personal experiences, in order to increase public understanding about dementia, tackle stigma and improve support services.

Findings/Desired Outcomes/Conclusions: The 'Dementia Diaries' were featured in the Comic Relief Twitter Takeover on 26th February 2015. The dedicated Twitter feed created opportunities for people to share the realities of living with the illness and to raise the profile of the issue in the UK. One of the SDWG committee members made a contribution on "Living Well with Dementia" for the comic relief site, and the feature was picked up in the national newspapers.

Keywords: Perceptions



P094

Topic: Engaging people with dementia and carers

SENSE OF INDEPENDENCE: MEANINGS AND IMPLICATIONS AS TOLD BY PEOPLE WITH DEMENTIA

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Abstract:

Objectives: Retention of independence for people with dementia has widely been accepted as a favourable outcome of psychosocial research. This study explored the meaning of independence for people with dementia, within a positive psychology framework, and related constructs that contribute to overall wellbeing.

Method: Cross-sectional design. 18 participants were recruited via the private sector, voluntary organisations and NHS services within England between July and October 2015. Both focus groups and individual interviews were conducted with participants in a semi-structured format, utilising a topic guide. Discussions were facilitated around exploring the meaning of independence, potential barriers and facilitators, and related constructs. Transcripts were analysed using a thematic analysis by two analysers independently and reviewed by a third analyser.

Results: 9 people with dementia, 8 carers and one healthcare professional took part in the current study. Independence within dementia was discussed as complex and multifaceted. Four overarching themes emerged as central to independence in dementia: 1) independence and interdependence, 2) functional independence, 3) remaining active and 4) social engagement.

Conclusion: Independence is presented as a spectrum in which interdependence with carers gradually replaces isolated independence as activities of daily living decline. A process of re-evaluating abilities to match desire and capabilities seems to allow a person with dementia to remain independent in a way that is beneficial for them and their carers. The biggest barrier to independence was discussed as a mismatch between a person with dementia's perception of their own ability and a carer's perception of the person with dementia's ability. Related concepts include a desire for social engagement, an ability to be reciprocal with carer's and a feeling of connectedness with those around them. Retention of independence is seen as both important and beneficial to people with dementia. Psychosocial research should aim to promote such independence whilst recognising its complex nature and the importance of carers for people with dementia

Keywords: independence, qualitative, social engagement

Poster Abstracts

P095

Topic: Dementia friendly communities

IMPACTS OF CONTINUING INTER-GENERATIONAL COOPERATION ON ELDERLY PEOPLE AND CHILDREN: A LITERATURE REVIEW

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Abstract:

Introduction: In modern Japan, a rising number of nuclear family households means fewer children live with elderly relatives. Between 1975 and 2010, the ratio of three generation households, those with a head-of-household 65 years or older, relative to all other types of households, has steadily fallen from 11.8 to 6.9%. Therefore the interaction between children and senior citizens has been decreasing. Moreover, it seems that socio-economic conditions have changed in Japan, requiring young adults to relocate for work. This creates various problems that the elderly generation traditionally provides, such as emotional support, mentoring, babysitting services, and the teaching of customs to the youth generation.

Purpose: The aims of this literature review are (1) to clarify the impacts of inter-generational cooperation on the elderly, children, and the children's parents, and (2) to identify ways that this methodology can be refined and applied to inter-generational cooperation with dementia sufferers.

Method: I searched Japan's Central Medical Web for articles based on the keywords "inter-generational cooperation" and "effect". This generated 35 hits. I further refined the search for only original papers, which reduced the number of hits to 15. Finally, only 6 of the articles related to both the elderly and children. **Analysis:** I extracted the contents by writing down the effects of the inter-generational cooperation on the elderly, the children, and/or their parents. Then, I created categories and assigned each effect to a category.

Results: I found 3 categories, based on the subjects impacted: elderly, children, or children's parents. Then, I separated them into positive or negative impacts. All 6 impacts on the elderly were positive. 5 impacts on the children were positive, and 1 was negative. Impacts on children's parents were the same: 5 positive and 2 negative.

Discussion: In Japan's "21st Century Welfare Vision", "Inter-generational cooperation allows children, adults, and the elderly to share their skills and abilities, and everyone can play a leading role." As the results showed, (1) the elderly hope to regain self-worth, social standing, vitality and self-effectiveness. (2) children gain broader knowledge; and (3) the children's parents encourage this knowledge transfer, especially of Japanese traditions.

Acknowledgements: This study is fully funded by the Japanese Ministry of Education, Culture, Sports, Science and Technology, 2015-2017.

Keywords: inter-generational cooperation, Elderly people , Children



Poster Abstracts

P096

Topic: Dementia friendly communities

“RUN TOMORROW” AS A SOCIAL ACTIVITY FOR SEARCHING DEMENTIA FRIENDLY COMMUNITY

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Abstract:

This is a practical report of social activity called “Run Tomo-rraw” that the Dementia Friendship Club has been operating since 2011 in Japan.

Japanese ministry of health, labor and welfare estimated that the number of people with dementia will be 7 million in 2025. Meanwhile, the government published the political statement for dementia called the Orange Plan, and reported that pursuing to build dementia friendly community is critical; however, it is believed that the awareness about dementia among general citizen is still low. Then, the dementia friendship club started the activity that both people with and without dementia can enjoy, and hoped that this would be conducive to raise the community recognition.

The Run Tomo-rraw is a relay running event that people with and without dementia work together with handing over one's sash to the next runner. Through the same experience of handing the sash over to the next, and the experience of making bond with others, this event is trying to make participants aware that all of us can live together in a community even though we have dementia or not. The one purpose of this event is to make all people in community know that there are people living with dementia in the same community. Also, is to make people living with dementia know that there are many friends who want to be their help in the community. And, the purpose is to make a chance for all people in the community thinking dementia as “my event” but not for others'. The first year in 2011, we ran 300km with 170 participants from Hakodate to Sapporo in Hokkaido, Japan. The next year in 2012, 740 participants handed the sash in 1200km from Sapporo to Tokyo. In 2013, 1700km from Asahikawa to Osaka with 1500 participants. In 2014, 2500km from Obihiro to Hiroshima with 4500 participants. This year, 3000km from Kitami in Hokkaido to Omuta in Fukuoka was covered with 8000 participants.

The power that each of us has is not enough to run such a distance; however, if we got together and unite efforts towards the same vision, we could make it possible together. For building dementia friendly community, it is very important to make bonding and bridging among community and this kind of formal and informal enlightenment activity or educational approach is helpful. Detail will be discussed at the poster.

Keywords: Dementia friendship club, Social Activity, Run Tomorrow

Poster Abstracts

P097

Topic: Dementia friendly communities

BUILDING DEMENTIA FRIENDLY COMMUNITIES

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Abstract:

Background and Objectives:

The Dementia Friendly Communities Programme is run by Alzheimer's Society and tasked with delivering the commitments of the Prime Minister's Challenge on Dementia 2020 and recognising the development of Dementia Friendly Communities across the country. The programme consists of three main areas of work:

1. Recognition Process

The recognition process is designed to enable communities to be publicly recognised for their work towards becoming dementia-friendly. The process is built around 7 foundation criteria which have been developed based on what we know is important to people affected by dementia and will truly improve experiences for themselves and their carers.

Development of the Recognition process:

We are currently conducting a consultation on the recognition process. This consultation involves 2 parts: a review of the criteria for recognition which takes into account work done in 14/15 with the British Standards Institute (BSI), and investment in a new online automated system to improve the user journey for those accessing the online system.

The BSI Code of Practice (PAS1365) document provides more detailed guidance to communities working to become dementia-friendly and focuses on communities as a geographical area.

The new online system will be hosted on the Dementia Friends website and will allow for registered community leads to update their 'dashboard' with the activity they have been undertaking throughout the year to feed into their annual reporting requirements

Dementia Friendly Awards

The awards are an annual event hosted by Alzheimer's Society to recognise the leaders in the Dementia Friendly Community work streams and share best practise and successes.

2. Prime Minister's Champion Group

As part of the Prime Minister's Challenge on Dementia, a champion group was formed, chaired by Jeremy Hughes, Chief Executive of Alzheimer's Society and broadcaster and journalist Angela Rippon. The group is responsible for delivering action against objectives set out in the Prime Minister's Challenge on Dementia 2012 (now 2020), providing external expertise on how different sectors can become dementia-friendly.

3. Dementia Friendly Business

The Dementia Friendly Businesses work is looking to engage with 10-15 major businesses as part of a six month pilot to test the viability of an initial framework or action plan outlining steps for businesses to take to become dementia friendly.

Keywords: Dementia-friendly, Awareness, Communities



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Topic: Dementia friendly communities

COMMUNITY-BASED PERSON-CENTRED DEMENTIA DAY PROGRAM

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Abstract:

Community-based person-centred dementia day programs benefit both people with dementia and the community in maintaining and strengthening the connection between the people and the society. They provide a place in the community where people with dementia belong and also a place for community volunteers to learn about dementia through interactions with program participants.

In the multicultural society of Canada, ethnic community groups, rather than government or health authorities, often deliver programs for ethnic minority members, leveraging their capacity to cater to the specific cultural and linguistic needs. The Japanese-Canadian community in Vancouver, Canada, began offering community-based dementia-friendly programs in 2012 to address the needs of Japanese Canadians who are at-risk and those living with dementia. Over the years as the program developed, the following characteristics of the program emerged as the core that enabled person-centred programming and community involvement.

1. Modular activity units: this aspect of the program allows flexibility in activities that cater to various needs and preferences of program participants as well as to specific focus of the program site. Modularity in program design divides the program session into smaller activity units, which are designed so that each activity, for example chair exercises or singing, is independent from other activities. The system can be compared to the timetable commonly used in schools. The modularity of activities enabled design of activities by different people including community volunteers, sharing of activities among different program sites, and a program design that incorporates activities that are specifically target the program participants.

2. Community capacity building through volunteering: people who help in the program and provide individual support to program participants is essential to the person-centred approach. Community volunteers may be students, professionals, homemakers, or retired individuals who may or may not have experiences interacting with people with dementia. Initial and ongoing volunteer training help build knowledge about dementia, but the most fundamental to building empathy and the capacity to support in person-centred ways is the actual time volunteers spend with people with dementia in the program.

Keywords: Community-based program, Person-centred programming, Community capacity building

Poster Abstracts

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Topic: Dementia friendly communities

DEMENTIA FRIENDLY COMMUNITIES: NOTHING ABOUT US WITHOUT USKate Swaffer¹, Dennis Frost², Lynda Henderson², Veda Meneghetti², Lyn Phillipson³¹Dementia Alliance International, Ankeny, UNITED STATES;²Kiama Dementia Advisory Group, AUSTRALIA;³University of Wollongong, AUSTRALIA**Abstract:**

Globally there are 47 million people diagnosed with dementia. Governments need us to live in our communities for longer. This cannot happen without communities enabling us to continue to live independently in our community. It is through the Dementia Friendly Community (DFC) initiatives that this will happen. A DFC initiative is one that involves people with dementia (PWD). Kiama in regional New South Wales Australia has taken the "nothing about us without us" message seriously, and has taken action to ensure inclusion. As a PWD, employed at the time by Alzheimer's Australia to work specifically on DFC initiatives, I worked closely with this pilot project and community.

Historically, national Dementia Advisory or Working Groups were first established in Scotland in 2002, through strong advocacy by PWD. There are now six DFC projects globally, and six DFC initiatives in Australia, Kiama being the only one that has set up its own Local Dementia Advisory Group.

In Kiama, the aim is to increase community awareness and understanding, to provide new opportunities for social inclusion for PWD, to support organisations to become dementia-friendly and better communicate with PWD, and to improve the physical environment. Kiama is doing this through a partnership established between the University of Wollongong (UOW), Alzheimer's Australia and Kiama Council in 2014. The project partners, together with PWD, their supporters, local stakeholders and interested community members developed the Kiama Dementia Action Plan in 2015. Importantly, the plan was informed by research with PWD (undertaken by UOW) and the direct involvement of PWD.

Two groups were formed to develop and implement the Action Plan. The Dementia Alliance includes people with dementia, their supporters, community members and relevant stakeholders. The Dementia Advisory Group (the DAG) oversees the activities of the Dementia Alliance as well as developing its own activities and projects. The funding and support of the Dementia Advisory Group to inform the Kiama DFC initiative is the key to its success in engaging and empowering PWD and their care partners, supporters and families to reconnect fully with their community: this is what sets this initiative apart on the global scene. The key difference in the process of setting up the Dementia Advisory Group was to have a person with dementia employed by the national advocacy organisation presenting at a public launch alongside a local person with dementia.

Keywords: Dementia Friendly Communities, Inclusion, Dementia Advisory Group



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Topic: Dementia friendly communities

KONFETTI-CAFÉS – A NEW APPROACH IN CREATING COMMUNITY-BASED MEETING SPACES FOR PEOPLE WITH AND WITHOUT DEMENTIA

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Abstract:

KONFETTI IM KOPF develops and executes city-spanning awareness campaigns in the open public and a range of sustainable projects in order to bring together people with and without dementia in their local communities. In using music, visual arts, theatre and humour we create meeting spaces, where people connect and gain new perspectives through social contact and information.

Our KONFETTI-Café in the middle of a densely populated community in Hamburg is a dementia-friendly meeting place where musicians and artists of all genres encourage people with and without dementia of all ages and background to experience the fun of creating - and a gain of self-esteem.

The KONFETTI-Café is not a Dementia Café! By avoiding this label we encourage all people of the local community to join us and to help make real inclusion happen. Many people in an early stage of dementia and their partners are shy of attending programs labeled “dementia” or “Alzheimer’s” because of stigma and/or denegation. At the KONFETTI-Café everybody is cordially welcome.

At the KONFETTI-Café children from schools, kindergartens and all kinds of people in the neighbourhood meet once a week with people with dementia on a casual basis. Learning from each other, laughing with each other, experiencing and valuing each other. Through this continual contact grows a deeper understanding while the focus does not lie on “the problem” of dementia or other ailments. It is a contact fuelled by respect and fun.

Core focus group are people with dementia and care-partners living at home. They represent the largest group of people affected by dementia, yet they often retreat from being active parts of society into their homes. We put much emphasis on addressing them directly with our network partners. On site we always provide trained care staff.

KONFETTI IM KOPF uses a very creative and network-based approach to help generate new images in heads and hearts of people - and prove, that a life with dementia is still worth living. We are convinced that only through this community-based, yet society-spanning approach we will be able to help encourage a shift in paradigm.

www.konfetti-im-kopf.de

Keywords: Dementia-friendly community, Arts and Dementia, Inclusion

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Topic: Dementia friendly communities

MEMORY PILOT - NETWORK OF EXPERT AND SUPPORT CENTRES PROVIDES INFORMATION AND GUIDANCE

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Abstract:

Objectives: More than 14,500 people in Finland are diagnosed with a dementing disease every year. Those with progressive memory disorders need support and thus, they rely heavily on social welfare and health care services. The Alzheimer and dementia associations in Finland started nationwide pilot memory expert and support program in 2004. Thereafter 17 expert and support centres have been established which are managed by the Alzheimer and dementia associations, and they cover almost entire Finland.

Memory pilot operations provide sufferers of memory diseases and their families with information about memory diseases, guidance and counselling on related service and support forms, and also the opportunity to participate in functions which are designed for them and make their live easier. Memory pilot support centres perform organisation-based assistance work with those with memory disease, coordinate volunteer and peer activities, and work with influencing, networking and information distribution. The main goal is to improve and expand services for people with memory disorders and their caregivers.

The memory pilots have drawn up a manual and a consistent quality promise. The operations of the national memory pilot coordination makes sure that regional expert and support centres can keep the quality promise given to customers.

As a result, services of people with memory disorders have improved. Within 3.8 million euro and over 60 employees centres are able to ensure that the people with dementing disease and their families are adequately informed of the memory disorders and ensure that people with memory-related diseases and their caregiver have the opportunity to influence and participate as a full member of their own environment.

Keywords: Dementia friendly society, expert and support centres, networking



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Topic: Healthy ageing

HEALTH CONCERNS AMONG COMMUNITY-DWELLING OLDER ADULTS IN JAPAN: DEMENTIA IS THE TOP CONCERN

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Abstract:

Background: As the number of Japanese older adults continues to increase (65 years old & up: 25.8%, 2015), their wellbeing is critically important from both QOL and financial perspectives. It is vital that government and healthcare providers understand the healthcare concerns of this demographic. This report is part of a larger survey.

Purpose: To clarify health concerns among community dwelling older adults of Japan's northernmost island called Hokkaido.

Methods: The community-based cross-sectional study was conducted in 2014 by sending a written questionnaire to 9000 older adults (65 years old and up) who reside in Hokkaido, Japan, and the subjects were selected randomly from the community's basic legers.

Results: Response rate was 33.2 % (n=2999, male: 54.3%, female: 45.7%). The subjects' main health care concerns were "dementia 59.3%", "lifestyle related chronic disease (47.8%)", "dental health (27.7%)", and "bedridden conditions (19.9%)". Seventy-seven percent of the subjects live alone or with a spouse.

Discussion: Alzheimer's disease (AD) and other types of dementia are strongly associated with aging and the rate of dementia occurrence is on the rise as Japan has the highest proportion of older adults in the world. One reason that the subjects are most concerned about dementia is that there is no cure in sight. Additionally, it is difficult to continue to live independently once they are diagnosed with dementia, due to a lack of a care giver within the family (77% of the subjects live alone or with a spouse). Also, in an attempt to control medical expenses, the government issued a new strategy to keep people, even with health problems, within their communities instead of sending them to hospitals (managed care system called regional comprehensive care system). On this island, people often faced difficulty in accessing healthcare services due to severe winter weather. This adds still more fear of illness, especially dementia that make it impossible to live alone in an isolated home.

Conclusions: The greatest health concern among community-dwelling older adults (n=2999) on the northernmost island in Japan was dementia (59.3%), followed by lifestyle related chronic diseases (47.8%).

Keywords: dementia, community-dwelling older adults, health concern

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Topic: Healthy ageing

INFLUENCE OF SLEEP INDUCING DRUG ON THE SUBJECTIVE HEALTH STATUS AND FALL-PREVENTION SELF-EFFICACY OF THE ELDERLY LIVING IN A REGION

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Abstract:

Aim: This study aimed to identify the influence of sleep inducing drug on the subjective health status and fall-prevention self-efficacy of the elderly with exercise habits living in a region.

Methodology: The study analyzed the data of 86 elderly people with exercise habits living in municipalities near A College. The study examined whether the respondents were using sleep inducing drug, their subjective health status and fall-prevention self-efficacy. The respondents were classified into "internal use group" and "non-internal use group," depending on whether they were taking sleep inducing drug. Subjective health status and fall-prevention self-efficacy were analyzed, using the t-test.

Ethical consideration: Data was collected from those who understood at the event the explanations about the following: aim of the study, freedom of participation and so on, and presentations of the study results at academic meetings.

Result: The "non-internal use group" showed significantly higher values in 2 items of subjective health status: "degree of freedom from body aches" and "subjective healthiness". Moreover, the "non-internal use group" showed significantly higher values in 4 items of fall-prevention self-efficacy: "walking in a crowded place"; "walking in a dark place"; "walking with an object in hand"; and "walking on uneven ground".

Conclusion: The non-internal use group of the elderly with exercise habits living in the region was feeling that they were healthy without being bothered by their body aches so much. Furthermore, the study demonstrated that the non-internal use group of the elderly with exercise habits living in the region has the confidence of not falling in daily life.

Keywords: the elderly living in a region, subjective health status, fall-prevention self-efficacy



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Topic: Healthy ageing

NEXUS: BUILDING CONNECTIONS THROUGH SCIENCE AND SOCIAL ENGAGEMENT: A BRAIN HEALTH PROGRAM LEADING TO INCREASED ENGAGEMENT

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Abstract:

Background/Objectives: For many years it was thought that there was little that could be done in terms of affecting the trajectory of Alzheimer's disease for people living with a diagnosis of Alzheimer's disease and other forms of dementia within a long term care setting. Mounting evidence is showing that there are modifiable lifestyle factors that can delay both the onset and progression of a dementia. Nexus is an evidence-based program based on six pillars of brain health. It consists of 20 hours a week of specialized programming of physical activity, stress reduction, social clubs with purposeful activity, cognitive compensation strategies, iPad Brain Fitness using the Brain HQ program developed by Posit Science and a participant support group.

Methods: All residents receive an assessment of cognition, mood, behavior and functional status at baseline and then quarterly.

Results: Preliminary findings have shown that approximately 25% of residents living in our 31 assisted living communities that specialize in caring for people who have Alzheimer's disease or other type of dementia are in the mild to moderate stages of the disease. While we are in the process of collecting the data after the first six months of the program, we are receiving anecdotal information of marked improvement in cognition, behavior mood and function.

Conclusion/Perspectives: Nexus is a strength-based program that has demonstrated multiple benefits. The initial focus was the brain health benefit for residents. It has had the unintended benefit of encouraging mutual engagement in easy and purposeful ways. Our residents, staff members and families living with the impact of dementia, have shown an interest in learning about the brain healthy activities of Nexus, which has led to their increased involvement and participation within the larger community. The success of Nexus has resulted in it now being prepared and piloted as an in-home program for the carer to implement with the person living at home with Alzheimer's or another form of dementia.

Keywords: Brain Health, Social Engagement

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Topic: Healthy ageing

DEMENTIA WITH OR WITHOUT FRAILITY AMONG HUNGARIAN COMMUNITY-DWELLING ELDERLY

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Abstract:

Background: Cognitive decline and frailty syndrome (FS) are the most common causes of poor quality of life in the elderly. FS presents at physical, mental and social dimensions. It is characterized by decreased resilience and consequential risk of poor health outcomes, such as disability, institutionalization, prolonged hospitalization, and death. Cognitive decline has been integrated into the FS; however the association between cognitive impairment and FS is still without professional concert. Taking that early recognition of (pre-)frail state and dementia are essential for healthy aging and no frailty screening was conducted in Hungary before. We aimed to validate the Edmonton Frail Scale and determine the prevalence of cognitive decline and FS among Hungarian elderly.

Methods: A cross-sectional study of community-dwelling persons aged 65 and older (n=563) and patients from the memory out-patient clinic (n=66). Questionnaires (sociodemographic, Edmonton Frail Scale, Mini-Mental State Examination and Clock-drawing Test) were administered by health and social care professionals. Exclusion criteria were moderate or severe dementia (MMSE score <18) and acute illnesses. The prevalence of FS and cognitive decline and its association with selected variables were evaluated in R-program.

Results: The co-occurrence of dementia and FS was 7%. Mild cognitive impairment (MCI) presented in 19% and mild dementia in 15%. 22% of the community-dwelling population was apparently vulnerable (pre-frail) and 23% was frail (mild: 14%, moderate: 8% and severe: 1%). There was no significant difference in the average frailty score between the community-dwelling elderly people and patients from the memory clinic. After adjustment in a multiple regression model MCI, age, polypharmacy, multiple co-morbidity, and having domestic animals were independently associated with FS; but not gender, mild dementia or living alone.

Conclusions: Almost half of the Hungarian elderly population is affected by FS. Although, dementia can be a risk factor and/or consequence of FS, FS may occur independently from the cognitive state.

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Keywords: cognitive impairment, frailty syndrome, epidemiology



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Topic: Healthy ageing

IS THERE AN OPTIMAL FRAILTY SCALE IN DEMENTIA? A COMPARISON OF FIVE FRAILTY INSTRUMENTS

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Abstract:

Introduction: Frailty is the reduction of ability to respond to physical or psychological stressors and an increased vulnerability to adverse outcomes. Many of the age-associated processes that lead to frailty in older people are also responsible for brain ageing and consequent cognitive decline. Over the years, plethora frailty assessment tools have been developed, but there is not a consensus which one is the best. This study was conducted to investigate a set of frailty diagnostic tools first time in Hungary which was easy to apply in daily practice by comparing their diagnostic validity.

Methods: Five hundred and sixty-three community-dwelling adults from daycare centers and 77 referral patients to memory clinic participated in this cross-sectional study. The Edmonton Frailty Scale, the Groningen Frailty Indicator, the Tilburg Frailty Indicator, the FRAIL Scale and the Gerontopole Frailty Screening Tool were administered. Cognitive impairment was assessed by Mini-Mental State Examination. The discriminative validity was determined by using the receiver operating characteristic (ROC) analyses through the evaluation of the areas under the curves (AUCs) with 95% confidence intervals. Sensitivity and specificity were calculated for the cut points of the given frailty index.

Results: The discriminative validity of the individual scales was similar in the two investigated populations. The statistically optimal cut-off value indicates highest sensitivity (0.86) and specificity (0.82) of the Groningen Frailty Indicator. Tilburg Frailty Indicator has relatively high sensitivity (0,732) and moderate specificity (0,557). The discriminant analysis of FRAIL scale showed a very low discriminant capacity (sensitivity 0,3; specificity: 0,14).

Conclusions: This first standardisation study of frailty scales in Hungary confirms that different instruments recognise the frailty syndrome in varying degrees. Since cognition and frailty interact within a cycle of decline associated with ageing, it is very important to use the most sensitive and specific frailty scale to evaluate outcome measure in both the clinical practice and in observational and experimental studies.

Acknowledgements: This work was supported by the Hungarian National Research Funds: TÁMOP-6.1.5-14-2015-0004 and the A/2-11-1-2012-0001 'National Excellence Program'

Keywords: frailty syndrome, frailty scale, standardization

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Topic: Carer support and training

BOUNCE BACK: THE COPING PROCESS OF NURSE AIDES SERVICING PERSONS WITH DEMENTIA WHO ARE RESISTIVE TO CARE

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Abstract:

Background and Objectives of the study: In Taiwan, around 82% of front-line caregivers were physically assaulted by elderly patients who have dementia and were resistive to care. These injuries including caregivers have suffered from injuries as little as scratches, while some of them have been hospitalized for more severe injuries. In addition to the physical trauma, they have also experienced a complex feeling of shock, discouragement and sadness, which motivate them to leave. Therefore, understanding the recovery process and important factors through which nurse aides respond to the pressure of caring for such elderly patients can facilitate improving the physical and mental health of the caregivers and care recipients.

Methods: A qualitative research method was utilized. Participants were selected among six care institutions using purposive sampling. In-depth interviews were conducted by interviewing with 15 nurse aides who have had experience in physical attacked by patients and have remained on same profession. Finally, data were organized and analyzed by content analysis method.

Results: Once these caregivers were physically assaulted, several defensive mechanisms were developed correspondingly as followed: 1) personal internal factors such as personal traits (positive thinking, courage for facing challenges, self-reflection, and self-adjustment), faith and belief, and metanoia; 2) factors affecting personal care techniques including establishment of an interactive relationship (developing relationship and interpersonal communication skills) and adjustment of care processes and strategies; 3) workplace environmental factors composed of interaction between colleagues (peer observation and learning, emotional support from colleagues, and strategic assistance) and behavior and attitude of supervisor (care for staff members, allocation of break time, interdisciplinary meetings, and adjustment of shift schedules and work content); and 4) other social supports, such as sharing experience with family members and friends.

Practical Applications: Our study has nurse aides were able to recover from physical assault better if institutional managers ensure workplace safety and provide a friendly and an active care team. Our results provide a guideline for those clinical institutions to build a domestic, customized care model aiming to improve the physical and mental health of nurse aides and person with dementia.

Keywords: resistance-to-care, nurse aides, coping Process



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Topic: Carer support and training

DOES SPOUSE'S POOR COGNITIVE FUNCTIONING AFFECT OLDER ADULTS' DEPRESSIVE SYMPTOMS? THE MEDIATING EFFECTS OF PERCEIVED SUPPORT AND STRAIN FROM SPOUSE

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Abstract:

Background and Objectives of the study. When one's cognitive functioning declines, not only the affected individuals but also their family members suffer. In particular, the spouses of the affected individuals may be psychologically distressed because of the changing dynamics in their marital relationships and the caregiving burden. This research examined (1) the extent to which married older adults' depressive symptoms are affected by their spouse's level of cognitive functioning, and (2) the mediating effects of perceived support and strain from their spouse in this relationship.

Methods. Analyses are based on the 2010 wave of the Health and Retirement Study, a national probability sample of middle-aged to older adults in the U.S. Only those who are aged 60 and over, married, and participated in the Leave-Behind Questionnaire assessing psychosocial aspects of the respondents were included in the analytic sample (n = 1701). Cognitive functioning level was assessed with the sum of immediate and delayed word recall scores, scores for serial 7's, backwards counting from 20, and object, date, and President/Vice-President naming tasks. Depressive symptoms were assessed with 8 items from the CES-D scale.

Results. Results showed that spouse's poorer cognitive functioning was significantly associated with higher levels of depressive symptoms among married older adults. However, when perceived positive support from spouse was included in the model, the effect of spouse's cognitive functioning was no longer significant. When perceived strain from spouse was included in the model as a mediating variable, the effect of spouse's cognitive functioning remained significant but declined in size, suggesting a partial mediation. Sobel test results were significant in both models.

Conclusions. The findings highlight the importance of considering the losses of emotional support that spousal caregivers experience within marital relationship when their spouse suffers poor cognitive functioning. Validating and supporting such losses can help reduce detrimental mental health consequences for older adults who are experiencing their spouse's cognitive decline.

Keywords: spousal support

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Topic: Carer support and training

EXPERIENCES OF FAMILY CAREGIVERS OF OLDER HEMODIALYSIS PATIENTS WITH DEMENTIA

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Abstract:

Background and Objectives of the study/Introduction: Older hemodialysis patients with dementia are among the cases where it is difficult to carry out or continue dialysis treatment. The family members living with such patients have the enormous burden of caregiving. In addition to coping with dementia, they need to respond to demands associated with managing chronic kidney failure and undergoing hemodialysis treatment.

This study aims to explore the experiences of family caregivers who help older patients with dementia with many daily activities after hemodialysis initiation.

Methods: Semi-structured interviews were conducted with seven family members who live with and care for elderly patients with dementia who come to hemodialysis centers. From the narratives obtained by the interviews, descriptions that seem to express the inner experiences of the participants regarding the caregiving of the elderly family members with dementia were extracted. These descriptions were examined based on similarities and differences and classified into groups. Each group has a category label that captures the essence of the inner experience.

Results: The inner experiences of family caregivers of elderly patients with dementia who receive hemodialysis were sorted into 21 sub-categories. These sub-categories were then organized under six categories: "Coping with dietary compliance difficulties together with the patient", "Understanding the patient's ability to care for themselves", "Dialysis is needed to sustain the patient's life", "Helping with/wishing for the patient's comfort and safety", "Helping the patient connect with the local community", and "Feeling uncertain about the benefits of dialysis".

Conclusions/Perspectives: Nursing professionals need to recognize the burdens and struggles that family caregivers of elderly hemodialysis patients with dementia face. It is also important to provide services that respond to the support needs of the caregivers, so that the families will think that helping the patients continue their lives in their dear old homes itself is a valuable way of caring for elderly persons with dementia.

Keywords: Family Caregiver, Hemodialysis Patients with Dementia



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Topic: Carer support and training

IMPLEMENTATION OF THE VEDER CONTACT METHOD IN DAILY NURSING HOME CARE FOR PEOPLE WITH DEMENTIA: A PROCESS EVALUATION ACCORDING TO THE RE-AIM FRAMEWORK

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Abstract:

Background and objectives: Research showed that the Veder Method as 'living-room theatre performance', provided by professional actors, influences positively behaviour, mood and quality of life of people with dementia. Implementation of this 'performance' method by trained nursing staff proved difficult, although key-elements of the Veder Method were considered suitable for applying in daily 24-hour care by the nurses. Therefore the application of the Veder Method in daily 24-hour care, was further developed and named the Veder Contact Method (VCM). VCM combines elements from existing psychosocial interventions in dementia care, such as reminiscence, validation, and Neuro Linguistic Programming in combination with theatrical, poetic and musical communication. Psychosocial interventions often show inconclusive effects on the quality of life of residents. The question arises whether this lack of effects should be attributed to the ineffectiveness of the intervention, or to improper implementation. This study investigates the implementation of VCM into daily care and to get insight into factors that facilitate or impede successful implementation.

Methods: A multiple case study design is used with the nursing home ward as the unit of analysis. Eight focus groups (n=42) and eleven interviews were held. Thematic analysis was used with the RE-AIM framework as the framework for analysis of the implementation process.

Results: The RE-AIM framework proved adequate to structure the facilitating and impeding factors of implementing VCM in daily nursing home care. Both the high Reach (68–86%) and the perceived Effectiveness (e.g. more reciprocity in the contact with residents) appeared to facilitate the implementation. Regarding the RE-AIM constructs Adoption and Implementation both facilitating factors (e.g. the positive approach during the training, feasibility of VCM during daily care moments) and impeding factors were found (e.g. resistance against the method, dealing with organizational problems). Maintenance of the implementation appeared difficult, one nursing home developed a strategy for structural implementation of VCM.

Conclusions: VCM is easy to apply into daily dementia care without additional time investments, although the method was not adopted by all caregivers due to difficulties using theatrical communication. Organizational and financial factors impeded long term implementation of the method.

Keywords: Implementation, person-centered care, quality of care

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Topic: Carer support and training

RELATIONSHIP BETWEEN MORAL SENSITIVITY OF NURSES WHO WORK AT NURSING HOMES FOR THE ELDERLY AND MULTIDIMENSIONAL EMPATHY

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Abstract:

Background and Objectives of the study: The elderly with dementia who are living in nursing homes are often unable to live a good quality of life due to facing versatile ethical issues and being unable to be fully understood in communal living. The purpose of this study was to clarify the relationship between the moral sensitivity of nurses who work at nursing homes and multidimensional empathy, and discuss the support to enhance the quality of life of the elderly with dementia offered by nurses.

Methods: A self-administered questionnaire was conducted on 2000 nurses working at nursing homes for the elderly with dementia. Pearson's correlation coefficient was used for analysis. This research was conducted after obtaining approval from the Research Ethics Review Committee of the corresponding university.

Results: A hundred votes were collected (collection rate: 5.00%). Demographics of nurses were as follows: subjects were 95 females and 5 males, and their average age was 51.70 years (± 9.85). There were 95 nurses who wanted to respect the will of the elderly with dementia, 87 who had had trouble not being able to understand the will of the elderly with dementia, and 78 who were interested in participating in dementia care workshops. The correlation coefficient between the total scores of the Moral Sensitivity Scale for Nurses Who Work at Nursing Homes for the Elderly ("MSS-NH") and the Multidimensional Empathy Scale ("MES") was $r=0.30$ ($p=0.01$), and correlation coefficient between the total score of MSS-MH and the score of Perspective Taking, which is the subscale of MES, was $r=0.38$ ($p=0.00$).

The relationship of MSS-NH with MES and its subscale, Perspective Taking, were suggested. In order to enhance the quality of life of the elderly with dementia living in nursing homes, it was considered to be necessary to discover the ethical issues again and make the necessary correspondence for them by nurse's recapturing the events from the viewpoints of the elderly with dementia.

Conclusions: It was suggested that MSS-NH and MES are in a positive correlation.

Keywords: Nursing Homes, Moral Sensitivity, Multidimensional Empathy



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Topic: Carer support and training

RESEARCHING DIFFICULT DEMENTIA STORIES: ETHICAL CHALLENGES AND PAINFUL REFLECTIONS

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Abstract:

Introduction: In the UK context where the emphasis is (quite rightly) on living well with dementia, on positivity and enabling approaches, it can be difficult for researchers to investigate and report negative experiences (Fontaine & Oyeboode, 2014; Griffin, Oyeboode & Allen, 2015; Nolan, Ryan, Enderby & Reid, 2002). Failing to re-present perceptions and experiences as they are lived, however, does a serious disservice to the research endeavor and can prevent development and positive change. In this paper we will present some stories told to us by those participating in our Alzheimer's Society (UK) Funded project.

Method: The study took a narrative, auto/biographical approach to explore the perceptions and experiences of children and young people who have a parent with dementia.

Findings: Sometimes the stories respondents tell challenge dominant master narratives, e.g. 'living well with dementia', and 'still the same person'. Such stories are often not easy for other people, including researchers, to hear especially when they recall extremely painful experiences. Here we will discuss our view, based on the research, that when the young people we spoke to told us how things were for them we were ethically bound to respect and disseminate their accounts. We will also turn a reflective gaze on our own experiences as researchers, one of us being the wife of someone living with dementia and the mother of 2 children in the 'target' group.

Perspectives: There is an urgent need for wider understanding of the issues and for an acknowledgement that for many children and young people who have a parent with young onset dementia, living well with the condition is not easy and in some cases, maybe not possible. Help, in the form of counseling and/or other forms of therapy could well be required and it is important that it is built in to support systems provided for families living with young onset dementia. Failure to attend to these possible needs could lead to considerable problems in the future and could also result in lives being spoiled.

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Keywords: Under 25s with a parent with a dementia, challenging master narratives, narrative auto/biographical research

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Topic: Carer support and training

THE INFLUENCE OF DAY CARE CENTRES FOR FAMILY CAREGIVERS

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³Norwegian National Advisory Unit on Ageing and Health and Molde University College, Faculty of Health Sciences and Social Care, NORWAY

Abstract:

Objective: Day care centres for people with dementia have received increased attention recently, due to a shift in policy from the use of residential care towards home-based services. Day care centres aim both to give the person with dementia activities and to offer respite for family caregivers. The aim of this study is to provide an extended understanding of the influence of day care centres on the family caregivers' situation, based on their descriptions of their needs.

Method: In-depth interviews were conducted with 17 family caregivers. The interviews were taped and transcribed. Data were analyzed using systematic text condensation to organize the content of the interview in themes, codes and categories. Nvivo qualitative data analysis computer software program was used.

Results: The family caregivers experienced the consequences of changes in cognitive, physical, social and daily activities in the person with dementia. Family caregivers described their role as complex consisting of both negative and positive experiences. Increased responsibility and need for practical assistance, negative feelings and demanding interaction, accept of and customization to the situation, support and help from others and positive changes in the relationship were described. From the family caregivers' point of view the day care centres offered community and contact to the person with dementia, covered their basic needs, offered structure, variation, activities and meaning in their daily life. Day care increased satisfaction and engagement in the person with dementia and gave the family caregivers' time to meet their own needs. Additionally, day care attendance seems to make the time they spend together more positive. Family caregivers experience of day care as a respite service, were affected by the quality of the day care centres.

Conclusions: The family caregiver role is complex consisting of both negative and positive situations and challenges. Day care for people with dementia gives family caregivers valuable time of respite making it possible for them to meet their own needs, while the person with dementia is in, what family caregivers experience, as a stimulating and positive environment. Additionally, day care attendance seems to influence the time they spend together, making it more positive.

Keywords: Family caregivers, Dementia, Day care centre



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Topic: Carer support and training

THE ROLE OF FAMILY CONSULTATION IN THE SUPPORT OF FAMILY CAREGIVERS

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Abstract:

The author as participant of the complex programme of development new interprofessional services for dementia care / "INDA programme" Budapest/ in this paper offers a brief survey of different models of family consultation in the support of family caregiving focused on the " Stress management model" / Zarit and Zarit 1985., 2007./, and the " Caregiver family therapy" approach / Qualls and Williams 2013./. On the basis of his comparative analysis the author tries to shape the integration of the intensive care management and the elements of family consultation into a transdisciplinary multimodal form of the consultation for the support of family caregiving in dementia care. The different phases of the support are:

1. crisis oriented family support and family education in the "diagnostical phase" /consultant psychiatrist and care manager/
2. intensive support work with the primer family caregiver /focus on psychosocial assessment, form of the daily process of care, supporting of the "everyday practice" of primer caregivers/
3. Family meeting: assessment of task and roles within the family – focus on the equilibrium / share the tasks and roles/ - mediation in case of disproportionate burden and strain.
4. the care manager work in the wider context: use the formal and informal support system / professional services, personal network/
5. change the focus toward the inner word of the family: a problem-centered approach for support the effective collaboration within the family / using the McMaster model of Family Function – Ryan et al. 2003./ - entry: collaboration between care manager and family therapist/ consultant
6. treatment of difficulties: multidisciplinary family case conference
7. Step into a longer support: join to family caregiver's support group as a wider framework and change to more flexible form in care management / maintenance of stability and monitoring/
8. moving toward self-help organizations and community support programs

Conclusion: This model in the support of family caregiving offers a better chance for the families to keep the family members in their homes in spite of the cognitive decline, and gives possibility to the prevention of caregivers burden.

Keywords: Caregivers, Consultation, Family

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Topic: Carer support and training

VALIDATION OF CHINESE VERSION OF MM CAREGIVER GRIEF INVENTORY AND EFFECTIVENESS OF SELF-HELP BOOKLET TO IMPROVE THE EMOTIONAL WELL-BEING OF FAMILY CARKenny Chi Man Chui, Bel Wong¹, Wallace Chan², Timothy Kwok³, Phoebe Cheng¹, Florence Ho¹¹Jockey Club Centre for Positive Ageing, Hong Kong, HONG KONG;²The Chinese University of Hong Kong, Department of Social Work, HONG KONG;³The Chinese University of Hong Kong, Department of Medicine & Therapeutics, HONG KONG**Abstract:**

Introduction: Grief in dementia caregiving was an under-investigated concept in Hong Kong. Assessment and intervention of dementia grief in Chinese community was inadequate. This project aimed to validate the Chinese version of MM Caregiver Grief Inventory-Short Form (MMCGI-SF) and design a self-help booklet which helped family caregivers of people with dementia (PWD) to understand more about dementia grief.

Methods: 120 family caregivers of PWD were successfully recruited for MMCGI-SF validation. Validation battery included MMCGI-SF Cantonese version, Meaning in Life Questionnaire, Life Satisfaction Scale, Multi-dimensional Scale of Perceived Social Support – Family Sub-scale, Modified Caregiver Strain Index, Center for Epidemiologic Studies Depression Scale (caregiver depression), and Functional Assessment Staging (staging of dementia of care recipient). Reliability and validity was evaluated by Cronbach's alpha and Pearson's correlation. Student's t-test and One-way ANOVA were used to compare the differences across demographics.

30 family caregivers were successfully recruited to read a self-help booklet about knowledge and coping skills of dementia grief for a two-week period. A closed-ended survey was designed to investigate the effectiveness of the booklet to enhance knowledge of dementia grief and improve emotional well-being of the subjects.

Results: The Cantonese version of MMCGI-SF obtained excellent reliability (Cronbach's alpha from .855 to .944). It showed significant correlation with caregiver strain, caregiver depression, caregiver's family support, caregivers' meaning and satisfaction of life (all $p < .01$). Significant between-group difference of grief score was observed between spousal and non-spousal caregivers, caregivers of different education levels, and major versus non-major caregivers.

80.0% of the subjects for self-help booklet evaluation found the booklet useful in helping them understand grief in dementia caregiving. 70.0% of them regarded the suggested tips useful in helping them cope with grief. The booklet was regarded useful by 76.7% of respondents in improving their emotional health, and by 73.3% in increasing their efficacy in putting away negative thoughts.

Conclusions: The Chinese version of MMCGI-SF was a good tool to evaluate the caregiving grief of family caregivers of PWD. A self-help booklet could help them understand more about dementia grief and cope with it during their caregiving tasks.

Keywords: Dementia grief, Caregiving grief, Family caregiver



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Topic: Carer support and training

YOUNGER ONSET DEMENTIA – A CONSULTATION WITH CARERS AND SERVICE PROVIDERS

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Abstract:

Introduction: In Australia, there is increasing federal and state government attention to the needs of people with younger onset dementia. While the number of people with younger onset dementia is comparatively small, the support needs of this group are disproportionately high. Furthermore, the needs of this client group are typically poorly managed within existing service systems which have been developed based on the needs of older people with dementia. This project sought to establish recommendations for a carer support service in Melbourne and for the Australian service sector more broadly as to how best to support families and carers of people with younger onset dementia.

Methods: A consultation was carried out with 29 carers and 59 service providers between April and July 2013. Carers completed a semi-structured interview (either via telephone, in person or online) and service providers completed a brief online survey. Both surveys explored the respondent's experience of diagnosis and information provision, cognitive and behavioural issues, day to day practical issues, legal and financial issues, planning for the future, carer/relationship issues and emotional health and wellbeing. Descriptive statistics were collated and qualitative data analysed using a grounded theory approach.

Results: Key issues for carers included: difficulty engaging with diagnostic physicians, poor communication with service providers, service providers not adequately addressing carers' financial difficulties, feeling overwhelmed by 'the system' and a desire to keep the person with YOD at home as long as possible. Key issues for service providers included: a paucity of YOD appropriate services, service access issues, a lack of a service pathway, poor understanding of the legal and financial impacts of the illness and the challenges of engaging the whole family.

Conclusions: Thirteen recommendations were made for improving the way services engage with people with YOD and their carers. A service pathway was also suggested.

Keywords: Younger Onset, Carers, Mixed methods

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Topic: Carer support and training

CriSP CARER SUPPORT AND TRAINING

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Abstract:

Background: The Carers Information and Support Programme (CrISP) was developed following a review of current research findings and a series of focus groups for carers and Alzheimer's Society staff in 2010. The design of CrISP was informed by Alzheimer's Society internal report (2010): 'Information needs of people with dementia and carers'. This indicated that family carers wanted access to information as soon as possible after diagnosis and preferred printed information and guidance delivered face to face in an environment with peer support.

CrISP is delivered throughout England, Northern Ireland and Wales. It aims to improve the knowledge, skills and understanding of people caring for a person with dementia. The programme consists of two separate parts: CrISP 1 and CrISP 2. Each programme is delivered to small groups of up to 12 people.

CrISP 1 has been designed specifically for carers, family members and friends of people with a recent diagnosis of a dementia. It consists of four essential sessions:

- Understanding dementia
- Legal and money matters
- Providing support and care
- Coping day-to-day
- Next steps.

CrISP 2 has been designed specifically for people who have been living with dementia for some time. It consists of three essential sessions:

- Understanding how dementia progresses
- Living with change as dementia progresses
- Living well as dementia progresses, including occupation and activities.

Objectives:

- 1 Increased knowledge of dementia.
- 2 Improved access help and services
- 3 Improved coping ability
- 4 Help planning for the future
- 5 Peer support and sharing

Methods: Brighton University conducted 25 in-depth interviews with carers who had attended CrISP courses. Interviews used a narrative approach.

Interviews were carried out in seven areas in London and the South of England including urban, rural and coastal areas.

Results: Carers valued the information and increased knowledge they received and the way that information was imparted in a supportive peer group environment where it could be explored with others.

Carers felt it enabled them to develop skills and confidence in supporting the person they cared for.

Experiential knowledge was valued highly by carers.

The timing of information was critical

The courses led carers to be more confident

There was a less obvious impact on carers' capacities to secure support for themselves.

Keywords: Knowledge, Planning, Development



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Topic: Carer support and training

DEFINITIONS OF CARE DEFINING CARERS: THE LIMITATIONS OF DEFINITIONS AND THE IMPORTANCE OF A UNIFIED UNDERSTANDING OF THE TERMS CARE AND CARER

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Abstract:

Background and Objectives of the study: The word carer is used globally to refer to the invaluable partners, children, friends and relatives who look after someone with Alzheimer's Disease. However there is inconsistency in the definition of the word carer and the understanding of a carer's role. Across the globe, data on carers is inconsistent with a lack of regular large-scale data. This means the size and quality of data needed for the allocation of resources and political decision making is just not there. In countries such as the UK and Australia where questions on care are included in the Census, carers are crudely categorised by factors such as time spent caring or whether they live with the person they care for, meaning the needs of carers of those with Alzheimer's are lost in a sea of carers for the young, old, physically disabled and mentally impaired.

In the UK alone carers receive information on who a carer is and what a carer does from the government, the National Health Service, charities such as the Alzheimer's Society and Carers UK, and the media. Inconsistencies in how carers are defined and subtleties such as the language used, cause inconsistencies in who is included or excluded from the carer group. Couple this plethora of information with the internal struggles of the carer label and it is easy to see how some carers may not recognise, or outwardly reject, the carer label.

Research has shown that carers of those with a degenerative disease such as Alzheimer's are less likely to see themselves as a carer than carers of someone with a sudden onset condition. As the disease progresses the relationship dynamic between the carer and care recipient changes, as do the roles and expectations. This can lead to an identity struggle as the carer label can be seen to threaten the existing relationship of spouse, partner, friend etc.

Data on carers, used to allocate funding and resources, is largely based on self-completion surveys. This means carers of people with Alzheimer's Disease need to recognise and accept the carer label for the data to be complete. In my presentation I will examine the different definitions of carer used in the UK and the implications of this for the individual Alzheimer's Disease carer to the organisations that access these carers for support or research. This will then be expanded to assess the implications of the various international definitions of carer when trying to provide a united and global initiative.

Keywords: Carer, Care

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Topic: Carer support and training

EmPoWered CONVERSATIONS: LISTENING, LEARNING AND CONNECTING TO PEOPLE WITH DEMENTIA

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Abstract:

Background and Objectives: Despite it being identified as one of the main priorities for improving the quality of the social environment of people living with dementia, communication skills training for the carers is area of education and training that has been relatively neglected. Communication skills programmes tend to be limited to specialists in the field and there is no established means for delivering this type of training on a scale that may actually be needed.

EmPoWered Conversations is an accessible new approach to communication skills training that is aimed at the day to day carers of people living with dementia, including both family carers and the wider dementia care support workforce. It is designed to help carers tune into the experiences of people with dementia and so that we can hear what they have to tell us about their experiences. The approach has been developed by a partnership that has been led by Six Degrees Social Enterprise and the Institute of Dementia at the University of Salford and it has been informed by a combination of influences including applied linguistics, perceptual control theory and psychodynamic psychotherapy. Training in the approach is being rolled out in the form of six one hour workshops which provide a blend of group discussion, interactive challenges and reflection upon video recordings of actual conversations. Themes covered in the workshops include external and internal barriers to communication and strategies that may be used to deal with concerns that carers have. For example, worries they may have about saying the right thing and being unsure how to respond when trying to deal with challenging situations. The aim is to scaffold and support the carers' learning through reflective practice.

We have completed twelve sets of workshops with family, volunteer carers and professional carers working in both residential and community settings. Demand for the training has spread by word of mouth and we have now been commissioned to run further workshops in our local area. The presentation will focus on both the content of the workshops and the findings from qualitative interviews with those who have attended the workshops. These interviews have highlighted benefits which include the provision of practical guidance and support; increased carer confidence and enhanced ability to open up shared communicative spaces, as well as many positive stories of change

Keywords: Communication, Engagement , Quality of social environment



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Topic: Carer support and training

FACTS AND SIGNIFICANCE OF INTERGENERATIONAL EXCHANGE BETWEEN OLDER PEOPLE WITH DEMENTIA AND CHILDREN

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Abstract:

Introduction. In Japan, by 2025 there will be an estimated 7 million older people with dementia with dementia, so in 2015 measures to promote a comprehensive care strategy (New Orange Plan) have been developed. In order to help older people with dementia get used to their living environments, intergenerational exchange with children, including understanding of both the older people with dementia, is an important factor.

Methods. The aim of this research was to understand the realities and challenges of intergenerational exchange. 6 care for the special elderly nursing home and 4 nursery teacher from Osaka and Nara were given semi-structured interviews.

Results & Discussion. Subsequently, the research were content analyze and 4 categories of results were extracted; [Bringing vitality and smiles to the elderly] [bringing out the tenderness in children] [children seeing the support of nursery teacher] [meeting in advance]. Also, 12 subcategories have been found.

Keywords: older people with dementia, children, intergenerational exchange

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Topic: Carer support and training

MODERN TRAINING, NEW APPROACH

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Abstract:

The project, called Interprofessional Dementia Approach is a complex programme for the care of elderly people living with dementia and for those who are in touch with these people: professional or informal carers, friends and relatives. As part of this programme it is essential to base the knowledge of professional care givers to be able to give coordinated support the old person and his family. After examining the content of the intermediate level of education and according to our experiences we found that there is a huge lack of knowledge about dementia and in addition about the possibilities for giving professional help.

To be able to improve the quality and flexibility of social care we found urgent need for developing the knowledge of professional carers both in social and health care. The first priority is to improve the knowledge of those already working in practice. Most of them have difficulties to answer the challenges of this syndrome and to find the proper solution in certain situations. For this a 40-hour-long training course was developed in the project for care givers. The course was divided into 5 parts, which meant 5 days training for the participants. Each day had theoretical part and practical part as well, the ratio of this depended on the exact topic of the day. The main themes were: demography concerning elderly and elderly people living with dementia, dementia – symptoms, cures and progression of the disease, methods of nursing and care taking, interprofessionality in care giving, supporting families, person-centered care, possibilities for skill development in dementia. A modern, in this field unique course-book helped their learning process. During 2 months 350 people were trained. The participants of the course have better understanding of the problems concerning dementia and became able to realise dementia, give advice to families, find the proper services and keep professional contact with the actors of the care system. They can be the base of a specialists' network. The network can help other professionals, collect practical experiences which can lead to a professional staff with new approach.

Keywords: Interprofessional Dementia Approach (INDA), professional care, knowledge building



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Topic: Carer support and training

THE CRITICAL PERIODS OF CAREGIVING IN ALZHEIMER'S DISEASE

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Abstract:

On the ground of our experience of gerontopsychiatric practice and work with the families of the persons with Alzheimer's disease, we can see the process of caregiving not as a steady uniform period of life, but as a way with several critical moments when a family needs professional help most of all. Between these crises when a caregiver has adapted to the new circumstances, the situation is quite stable and many caregivers are not help-seeking for years. The understanding of these crises gives the opportunity for the specialists to save compliance and prevent unnecessary hospitalization and institutionalization. The critical periods of caregiving in Alzheimer's disease are the following: 1) Before the diagnostics. The family do not understand the cause of the changes of the character and behavior of the person with dementia. The only way of the prevention in this crisis is raising awareness about dementia among all the social groups. A doctor can help in this case, performing an early diagnostic and explaining the meaning of the diagnosis to the patient and the caregivers. But after the 1st crisis the 2nd follows immediately. 2) Recognizing the diagnosis of Alzheimers' disease. This process includes all the stages of grieving from the denying to the acceptance of the changes necessity. Such crisis is inevitable for the transformation of the lifestyle of the family and normalization of the relations with changing person with dementia. The family needs psychological support very much in this period. If the first two crises are overcome, the patient starts the therapy and often the family has great expectations, but are disappointed with limited treatment efficacy. 3) Dissappointment in the treatment. It is a challenge for compliance and only scrupulous explanation of the therapy aims and results before the treatment starts can save the confidence in the official medicine and professional help. 4) The crisis of exhaustion in serious psychotic and behavioral symptoms. It can be prevented with timely psychopharmacotherapy, caregivers training and respite care. 5) The last crisis happens on the terminal stage of the disease when the family should say good-bye to the patient before his death. Many caregivers feel ill-founded guilt for stopping active therapy and psychological support is needed.

Keywords: caregivers, dementia, crisis

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Topic: Carer support and training

THE EFFECT OF MINDFULNESS-BASED STRESS REDUCTION PRACTICE ON STRESS AND EMOTION OF DEMENTIA CARE STAFF

Sai Hung Tang¹, Li Hua Chen¹, Oi I Chio¹, Hui Feng Tseng¹, Yi Yin Liu¹, Wan Jung Cheng¹, Yu Ping Chen¹, Chun Yu Chen¹

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Abstract:

Long-term tough work and frustration of dementia care load, causing care staff (ex: nurse aides, nurses, social workers, psychologists and institutions in charge) boredom, tension, anxiety and poor fatigue, and bad sleep quality. Those stresses may cause high blood pressure, depression, chronic pain and other symptoms, affecting the quality of care.

Mindfulness-Based Stress Reduction program through empirical researches proved that brain activation can bring, can bring positive psychological impact participants, including increasing the subjective well-being, reduce the psychological and emotional symptoms reaction.

The study has 54 dementia former care staffs who divided into three echelon, experienced 8 weeks of mindfulness practice decompression program, there is significant decrease symptoms of depression and anxiety and increase self-efficacy, the majority of care said subjective improvement in physical and emotional functions after Mindfulness-Based Stress Reduction practice intervention. Which can also improve the overall mental health and subjective sleep quality, and the quality of life.

Keywords: Mindfulness-Based Stress Reduction, stress, support



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Topic: Carer support and training

THE ROLE OF INDIVIDUAL SUPPORTIVE PSYCHOTHERAPY FOR CARERS OF PEOPLE WITH ALZHEIMER'S DISEASE

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Abstract:

During the years of clinical work with people with Alzheimer's dementia (PWD) it became evident that some carers may develop the psychiatric symptoms as the disease lasts longer. The most of them suffer from insomnia, anxiety, depression, psychosomatic disorders that often aggravate during the period of hospitalization of their beloved. The anxiety and depression become more evident in spouses that without the help of any other family member take care about PWD. Those spouses were included in individual supportive psychotherapy with the psychoeducation at the same time as their partners with Alzheimer's disease were hospitalized, at least during the one month period. To the half of them the antidepressive treatment (selective serotonin reuptake inhibitors – sertraline, escitalopram) were recommended. During the intensive psychotherapeutic process (twice a week) it was revealed that traumatic losses, prolonged bereavements and primary anxious and dependent personality predispose the carers of people with dementia to psychiatric disorders. Also, the consulting solely, without intensive supportive psychotherapy and in some cases psychopharmacology treatment, was not enough sufficient.

Keywords: Alzheimer's disease, Carers, Psychotherapy

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Topic: Carer support and training

TRAINING THE TRAINERS

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²Alzheimer Uniti italia, ITALY

Abstract:

Introduction: Alzheimer Uniti Italia is an Italian association composed of 20 associations located all over Italy, which carry out a specific action with patients affected by dementia and all those people who take care of them. One of AU Italia's targets is to create a national pathway shared by all member associations. The "Training the Trainers" project was born from the need for a specialized training of the caregivers.

Purpose: This project, created by a multidisciplinary team of 6 people, including doctors, psychologists and caregivers, has developed a manual aimed to provide all trainers with the culture, methodology and technicality needed as to be in charge of training courses at all member associations.

Materials and method: The project proposes a practice session and a theory one. The practice session is held in class, with interactive participation between those people chosen by the member associations and the above mentioned multidisciplinary team, in order to study the medical and psycho-social aspects. The theory session refers to studying the manual, which is handed out to all participants. The main purpose is to provide a unique method for the conduction and management of the training groups.

During the practice session, the teachers explain the contents of the manual, which is divided into five thematic areas:

- understanding the disease;
- the model of comprehension and approach to the person;
- the role of the caregiver
- the tools
- all about a patient affected by dementia.

Conclusion: This project aims to improve and unify the caregivers' training as to overcome its current national non-homogeneity and thus provide specific assistance to patients affected by dementia and their families.

Keywords: trainers, Caregivers, care



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Topic: Collaboration between medical professionals

MY ADVOCACY MISSION

Noemí Medina¹

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Abstract:

INTRO: I have been advocating for the dignity and rights of people with Alzheimer's disease, or any other dementia, since 2009, a year after Dr. Golimstok, neurologist, diagnosed me with LewyBodyDisease (LB). He suggested including, in his book *Est.cogn. para adultos. Conceptos y ejercicios*, a statement of the way in which I cope with this disease and the strategies which I follow in my everyday life to endure it and to continue having a good and active life. The following year, he also invited me to a conference on "Cognitive Disorders, LB, and Alzheimer's" at ALMA, the association for the fight against Alzheimer's disease and related disorders of the Argentine Republic, where, for the first time, I talked about myself and my problem to people struggling to spread knowledge of dementias and to help the ill, their relatives, and carers. I am an active volunteer of ALBA, and due to this experience, I continue participating in conferences and collaborating with ALMA. This was the beginning of my commitment to advocating for those people with cognitive impairment of a neurological nature. **RESULTS** Today I can assure that advocating is one of my main sources of spiritual healing, giving me the certain possibility to keep the progress of this disease in a first stage, as, in my case, cognitive impairment has not developed into dementia. I have been considered and had the chance to participate in various activities, such as:—The 2013 Global Dementia Charter ADI/Bupa 'I can live well with dementia'; —I write articles for ALMA's magazine (vol. IV, V, and VI);—I collaborated with ADI's Global Perspective newsletter, England, 2014, and with the magazine of the Colombian Alzheimer Association;—I visited and talked to ill people and their relatives at the Pirovano hospital in the city of Bs As. I was a panelist at the workshop for the elderly, geriatric section of the Durand and Tornú hospitals;—I was a member of the panel of ill people at the 6th Ibero-American Congress on Alzheimer's Disease, organized by AUDAS (Uruguayan association of Alzheimer's disease and related disorders), Montevideo, 2013;—I participated in the 11th congress of personalist bioethics at Univ, Católica Argentina [Argentine Catholic University], and in talks for postgraduate gerontology students, at the Maimónides University; —I participated as a guest speaker at ADI at the 29th International Conference of Alzheimer's Disease Internatl.... ..Author: Prof. Selva Marasco de Luna Oral P: Noemí Medina

Keywords: LACARRA78

Poster Abstracts

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Topic: Education and training of the workforce

BSc NURSE

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Abstract:

Background: People with Alzheimer's disease and other forms of dementia may become agitated or aggressive as the disease gets worse. However, there is little information on how healthcare workers to manage these situations. The aim of the presentation is that to introduce a programme for aggression prevention and assessing the experiences of its.

Methods: The research was conducted with the involvement of 30 healthcare workers, using a self-administrative questionnaire and a focus group session. The self-administrative questionnaires were used to evaluate the quality of the programme, while the aim of the focus group was to reveal its further details.

Results: The training was met by positive responses both in connection with the material and the preparedness of the instructors. During the focus group, numerous sensitive points came to light about the programme, and further suggestions were given this way helping the improvement.

Conclusions: The objective and subjective results of the study both support the need for a training that helps prevent agitation and aggression. However, further changes are needed in order to increase its effectiveness.

Keywords: agitation, prevention, training



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Topic: Education and training of the workforce

THE DEVELOPMENT OF A DEMENTIA AWARENESS TRAINING PACKAGE IN THE THAMES VALLEY REGION: AN EVIDENCE BASED APPROACH

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Abstract:

Introduction: Health Education England's (2014) mandate stipulated that 250,000 healthcare staff required Tier 1 level dementia awareness training. In response, Health Education Thames Valley in the UK commissioned the Dementia Academic Action Group. This consortium, of University of Bedfordshire, Oxford Brookes University, University of Northampton and University of West London, reviewed dementia awareness training, identifying gaps, best practice and barriers to accessing training. This work led to the development of a training model for delivery to health & social care sectors.

Method: A scoping review was undertaken to achieve a comprehensive understanding of the range of dementia awareness training currently being delivered. A mixed method approach was employed, consisting of a literature review; review of Tier 1 dementia awareness educational resources (59 training documents); stakeholder interviews (n=32); carer focus groups (n=2) and online staff survey (n=74).

Results: The literature and scoping reviews and stakeholder interviews found a wide range of training available. Stakeholders reported this variety made it challenging to confidently identify training which met staff and organisational needs. The review of dementia training identified that most resources included information on signs/symptoms, types/causes, supporting people with dementia and person centred care. Information on policy, legislation and end of life care were less evident. The literature review identified ethnic diversity, learning disability and young onset dementia as gaps in training provision. The stakeholder, staff and carer findings highlighted the need for greater information on: developing personal communication strategies; information about dementia and how to develop activities to support positive engagement. Finally, staff and stakeholders considered benefits of different training delivery styles, reporting a preference for a blended learning approach, stating this was more suited to developing dementia knowledge and skills, as opposed to a solely online format.

Conclusion: Based on the findings, it was identified that there is an apparent need to develop a standard training package, which should be person centred, support enhanced communication approaches and increase understanding of coping with a diagnosis of dementia. This could prove attractive to the health & social care workforce in the Thames Valley Region, across the UK, and to the international arena.

Keywords: Dementia, Awareness training, Health professionals



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Topic: Education and training of the workforce

EDUCATING THE EDUCATORS

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Abstract:

Background: The Scottish Dementia Working Group (SDWG) is a national campaigning group, run by people with dementia and is the independent voice of people with dementia within Alzheimer Scotland. The Working Group campaigns to improve services for people with dementia and to improve attitudes towards people with dementia.

Aims: The SDWG are committed to ensuring that they influence key professionals and that their voice is heard by those responsible for all aspects of service development for people with dementia.

Central to the delivery of effective services is a skilled and well-trained workforce and working to support this is one of the group's core priorities.

The group is committed to sharing their experiences with health and social care organisations and other agencies (including the housing sector) to raise awareness and ensure services are developed in an inclusive and informed way.

Methods/Participants: This presentation highlights the activities of group members in order to ensure that this core priority is being delivered.

A particular focus of the group has been working alongside those responsible for educating and training future professionals to provide advice and information. Members have been included in educational programmes for professionals by

- 1) being involved in visiting groups of students or professionals to deliver presentations, answer questions or provide views and opinions on proposed developments
- 2) by participating in educational DVD's for educators e.g. NES

Findings/Desired Outcomes/Conclusions: This work has been consistently well received, and the group remains a valuable resource for those responsible for education and training.

The SDWG has been successful in ensuring that people with dementia are involved in shaping service delivery and incorporating the lived experience of people with dementia into the education and training of those responsible for delivering these services.

Keywords: Education

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Topic: Education and training of the workforce

PROMOTING EXCELLENCE IN DEMENTIA: TRANSFORMING DEMENTIA EDUCATION AND TRAINING IN THE ACUTE HOSPITAL SETTING IN SCOTLAND

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Abstract:

Improving acute hospital care is one of the key change areas in Scotland's National Dementia Strategies and one of the primary actions identified is to improve staff skills and knowledge in health care settings. The national Promoting Excellence Framework provides the opportunity to adopt a standardised approach to dementia education across all undergraduate and postgraduate health and social services in Scotland. Promoting Excellence recognises that the knowledge and skills that the workforce requires will be different at each of the levels identified in the framework and that staff need to access learning and training at the level best suited to their role and function. Health Boards in Scotland have used the Promoting Excellence Framework to inform the content of training delivered to staff working with people living with dementia and their family members and caregivers including in the acute general hospital setting. There are now over 600 Dementia Champions across Scotland working at the enhanced level of the Promoting Excellence framework and with the support of the Alzheimer Scotland Dementia Nurse and Allied Health Professional Consultants, are acting as agents of change working towards improving the experience, care, treatment and outcomes for people living with dementia, their families and caregivers in general hospitals and at the interface between hospital and community settings. Working in partnership with Alzheimer Scotland and an NHS Health Board, one university has developed the 'Being Dementia Smart' curriculum which provides incremental learning throughout the 3 year undergraduate nursing programme. The experience of nursing students is deepened by the opportunity to hear firsthand the experiences of people living with dementia, carers and family members which adds an authenticity that cannot be delivered through academia alone. The course by embedding dementia as a core module helps promote the importance of ensuring dementia becomes everybody's business in the health and social care setting helping to support future healthcare staff to make an informed positive contribution when supporting people living with dementia.

Keywords: Education, Hospital, Scotland



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Topic: Education and training of the workforce

SCOTLAND'S NATIONAL DEMENTIA CHAMPIONS: THE DEVELOPMENT, DELIVERY AND EVALUATION OF A TRAINING PROGRAMME TO PREPARE HEALTH AND SOCIAL CARE DEMENTIA CHAMPIONS AS CHANGE AGENTS FOR PRACTICE

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²University of West of Scotland, UNITED KINGDOM

Abstract:

This paper will present details of the Dementia Champions programme in Scotland. The programme was commissioned in 2011 by the Scottish Government and NHS Education for Scotland in response to the changing patient demographic and evidence that the care of people with dementia in general hospitals required considerable improvement. It was recognised this would take initiatives in education, leadership, local empowerment and sustainability. The programme was made an integral part of Scotland's National Dementia Strategy with a specific aim to prepare participants as agents of change in practice.

The presenters have been involved since its inception and remain members of the team delivering and developing the champions' programme. 700 participants to date represent most of Scotland's health and social care disciplines. The programme's ethos, structure and methods will be described to illuminate how participants are motivated, supported and assessed. Key elements of success are attributed to the programme's clear educational and theoretical underpinning, an appreciative enquiry approach and consistent focus on the future role of participants as dementia champions. Participants are expected to model good practice in dementia care within their own settings and engage other members of their local team in supporting a programme of change. The champions' programme directly challenges stigma and aims to reconceptualise what it is to experience dementia. The participation of people with dementia and family carers plays a vital role in achieving this.

Evaluation methods, outcomes and impact will be described which include a highly significant shift amongst participants towards a more positive approach to dementia. The wider context of the programme and its role in transforming dementia care in Scotland will be outlined.

This paper has relevance to people with dementia, family carers, care practitioners, educationalists and policy makers.

Keywords: Care, Practice, Change

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Topic: Education and training of the workforce

THE INTERNATIONAL LANGUAGE OF DEMENTIA CARE AND SUPPORT: WORDS MATTER TO HELP US ALL COMMUNICATE CLEARLY AND RESPECTFULLY

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²ADI /Splaine consultancy, UNITED STATES

Abstract:

The past fifteen years have seen far more attention being paid to defining, measuring and delineating psychological, emotional, social, physiological and arts interventions for the most challenging long-term consequences of living with dementia. Global Action on Personhood (GAP) is an international person-centred practice network of professionals, academics and people directly affected by dementia. Its aim is promoting skilled care world-wide to ensure an end to inappropriate antipsychotic prescribing and use of physical restraint, and to promote inclusiveness of people with dementia in society.

One of the initial challenges we face, however, is how to describe some of the negative consequences of living with dementia without using words that stigmatise and marginalise people with dementia even further. Terms such as "apathy"; "aberrant motor behaviour" "physically aggressive" are offensive to many people living with dementia. Collective terms such as BPSD, challenging behaviour and neuro-psychiatric symptoms do little to assist in understanding the complexity of reasons and responses to unmet need.

The international language of dementia has its roots in the description of psychiatric symptomatology. This "short-hand" is understood by many world-wide. Whilst most skilled practitioners understand the importance of unravelling the complex interplay of biological, psychological and social factors that underpin behaviour, there is a danger that these so-called "symptoms" are just seen as inevitable in dementia. These terms are often translated verbatim into non-English languages and the impact of stigma and marginalisation is compounded further still.

The aim of this workshop is to explore whether it is possible to come up with a list of language descriptors that are non-stigmatising and easy to understand and translate. The workshop will commence with 4-6 five-minute presentations from the GAP network representing different professional and lay perspectives from different countries, setting out the challenge and possible ways forwards. This will be followed by a moderated discussion for workshop participants on how consensus can be achieved. It is anticipated that we may select a couple of terms – for example "apathy" and "aberrant motor behaviour" to work on in the first instance. The process could then be used for other signs of complex unmet needs going forwards and the consensus disseminated through publication and practice worldwide.

Keywords: complex care, language, personhood



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Topic: Person-centred care

A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE OF STAFF NURSES TOWARDS PATIENTS WITH DEMENTIA IN CHENNAI

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Abstract:

Introduction: The quality of care older people receive in tertiary care settings is directly dependent on positive attitudes. Studies from high-income countries have shown that dementia nursing care depends on the level of knowledge about dementia as well as the attitude to persons with dementia among the nurses. There are no studies to our knowledge regarding the knowledge and attitude of nurses in tertiary care settings in India about dementia.

Aim: To assess the knowledge and attitude of nurses towards persons with dementia in Chennai, India.

Methodology: The study was conducted in two parts. An existing tool was culturally adapted and used to collect data on nurse attitudes. Approaches to Dementia Questionnaire (Lintern & Woods 1996) was selected, translated and back translated. Cognitive interviews were conducted to ensure understanding among participants. Then the translated questionnaire was used among nurses working in tertiary care hospitals in Chennai. The study was a cross sectional survey. Socio-demographic details along with nurses' attitudes were collected. Data was analyzed using descriptive statistics

Results: The results suggest significant gap in awareness about dementia among the nurses. The nurses were generally very caring towards persons with dementia but scored low on the hope domain of the questionnaire.

Implications. Modules on dementia awareness and person-centered care are being developed for nurses in Chennai, India.

Keywords: Nursing attitude, Dementia Awareness

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Topic: Person-centred care

CHALLENGING ASPECTS OF BEREAVEMENT AND GRIEF IN OLDER ADULTS WITH DEMENTIA

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Abstract:

Introduction: Bereavement is commonly experienced among older adults and has been shown to predict adverse health outcomes and may be linked to cognitive impairment. There is a paucity of literature on the impact of bereavement on older adults with dementia, contrasting extensive research on how dementia carers cope with their grief.

Methods: 5 case studies of older adults with dementia and their bereavement reactions to losses are reported. The description of the phenomenology of bereavement distress in the case series help to shed light on its unique manifestations and how we can better understand this highly vulnerable group in their grief.

Results: Normal grief reactions of denial, anger, bargaining, depression and acceptance can be experienced in early dementia. As the disease progresses, persons with dementia (PWD) may be too cognitively impaired to experience and express their grief. A vague sense that something is wrong with inner distress may manifest as behavioural disturbances, for although cognition declines, feelings and states of emotional pain remain. PWD may not be aware of the loss or may confuse the present loss with earlier losses. Seemingly nonreactions of mourning were noted to be much more common than those found among persons with normal intellectual ability.

Conclusions: PWD and their families can be supported through the stages of grief by society and other support systems. Ethically, PWD have the right to grieve and mourn but the experiencing of acute grief and distress multiple times with 're-traumatization' when the truth is revealed each time may be considered cruel and insensitive. It may be understandable why some family members and care staff try to shield PWD from reality. There may be questions as to whether or not to tell, how to tell and how the revelation will impact on their psychological well-being as well as their caregivers. PWD need to be approached differently when they experience bereavement and loss. If the grief response of the PWD is not sufficiently understandable in the context of the loss, there is the risk of them being inadvertently excluded from their family's cycle of grief. Professional and family caregivers need to appreciate that PWD can be capable of grieving and we need to see how we can best support them and their loved ones in their grieving process.

Keywords: Dementia, Bereavement, Grief



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Topic: Person-centred care

EXPLORING RESIDENTS´ THRIVING IN RESIDENTIAL AGED CARE FACILITIES

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Abstract:

Background and Objectives: One important issue in research and practice development, is to evaluate whether people living in residential aged care facilities really experience well-being. Thriving is a concept that captures residents´ subjective perspective of well-being in relation to place. Residents´ thriving has sparsely been investigated in residential aged context earlier. The objectives of this study were to explore the associations between thriving, ADL-capacity and cognitive capacity among older people living in residential aged care facilities, and to explore the association between residents´ thriving and person-centredness of care.

Methods: The study had a cross sectional design. The sample consisted of 227 residents living in residential care facilities in rural areas of Western Victoria, Australia. Assessment of residents´ thriving, ADL-capacity, cognitive capacity and person-centred care were conducted by the staff that knew the resident best. Statistical analyses of correlations, group differences, and explanatory regression models were conducted.

Results: Residents´ thriving was positively associated with ADL-capacity ($\rho = 0.32$, $p < 0.01$), and cognitive capacity ($\rho = 0.583$, $p < 0.01$). Residents´ thriving was positively associated with person-centredness of care ($\rho = 0.40$, $p < 0.001$). Residents with cognitive impairment equivalent to dementia, were rated as experiencing significant lower thriving ($md = 69$), compared to residents without cognitive impairment ($md = 83$, $p < 0.001$). Cognitive capacity and person-centredness of care explained most of the variation of thriving in the regression model.

Conclusions: There are specific threats to thriving for people with cognitive impairment living in residential aged care facilities. Person-centredness of care seems to contribute to residents´ thriving within an aged care context.

Keywords: Thriving, Person-centred care, Residential care

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Topic: Person-centred care

INDIVIDUALIZED CARE PRACTICES IN CARE-HOMES FOR ELDERLY PEOPLE WITH DEMENTIA IN JAPAN: COMPARISON OF ADMINISTRATORS' EXPERIENCE OF DEMENTIA CARE

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Abstract:

Objectives: This study aims to describe individualized care practices in care-homes in Japan and the differences determined by administrators' experience of dementia care.

Methods: The questionnaire was sent by post to 5250 facilities randomly chosen among 11012 care-homes for elderly people with dementia registered in the WAM NET in Japan (as of September, 2013). The questionnaire consists of three sections: demographic data of the care-homes and administrators, and 48 questions related to individualized care practices. Details of the study were explained in writing and the questionnaires were collected anonymously. The data was analyzed by descriptive statistics and the Mann-Whitney test, using SPSS Ver. 21.

Results: A total of 1067 administrators responded. They were grouped into two: those with experience of dementia care less than ten years (463; Group A) and ten or more years (597, Group B). The 10 care practices, frequency of care practice of Group A were significantly higher than that of Group B. Those practices include: "understanding of the level and cause of anxieties", "listening to the elderly while confirming what they wish to say", "joining in activities to ensure that the elderly continue performing their favorite activities", "engagement in listening to the elderly and observing the behaviors", "talking to the elderly when they wish to talk", and "discontinuing and changing care activities when problems with the care were pointed out".

Discussion: The administrators with longer experience of dementia care were aware of anxieties, dispositions, preferences, and comprehending the feelings of the elderly. Further, communication, leisure activities and care in life activities were more frequently provided. These care practices are essential in improving individualized cares.

Keywords: dementia care, Individualized care



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Topic: Person-centred care

MAKING THE MOST OF 'MUSICAL ME': BRIDGING THE GAP BETWEEN RESEARCH AND THE MUSICAL EXPERIENCES OF PEOPLE WITH DEMENTIA

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Abstract:

Introduction: The effects of music-based interventions for the reduction of behavioural and psychological symptoms in people with dementia are frequently reported in research. Clinicians and carers often value the increased positive behaviours and improved mood following music activities. There was a need to develop a deeper understanding of the value of music in the lives of people with dementia. Therefore, we explored what made music meaningful for people with dementia and investigated how we could evaluate their experiences.

Methods: Recent music therapy studies in dementia were systematically reviewed. Interviews and focus groups with people with dementia, families, care home staff and music therapists were conducted. An outcome measure: Music in Dementia Assessment Scales (MiDAS) was developed based on the values of music from the perspectives of people with dementia. MiDAS was psychometrically evaluated and was used to evaluate changes over ten music therapy sessions.

Results: The systematic review confirmed consistent evidence for short-term improvement in mood and behaviour following music therapy. Singing was identified as particularly meaningful. Qualitative data analysis highlighted the accessibility of music for people at all stages of dementia, close links between music, personal identity and life events, and relationship-building through music making as particularly important. Therapists observed consistent improvements in the levels of interest, response, initiation, involvement and enjoyment in the music therapy participants, but it took seven sessions on average before staff noticed changes in the residents.

Conclusions: It is possible to integrate the views and values of people with dementia into research in music and dementia. The reduction of symptoms is important but the value of music goes beyond behavioural management. People with dementia retain individual preferences of music. Sustaining musical and interpersonal connectedness would help value who the person is and maintain the quality of their life.

Keywords: Music, Person centred care, Outcome measure

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Topic: Person-centred care

NEEDS OF PERSONS LIVING WITH DEMENTIA, PARTICIPATING IN THE MEETINGDEM PROJECT IN POLAND - PRELIMINARY RESULTS

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Abstract:

Background. The aging of European societies is a well-known issue. Older people with a mental illness often have complex needs because of frequently co-existing disabilities, physical illness and social problems. Little is known about the needs of individuals living with dementia. In order to provide adequate care for this group it is essential to have insight into their care needs. The present study was carried out within the framework of the JPND-MEETINGDEM project which aims to adaptively implement and evaluate the Meeting Centers Support Programme (MCSP), a community based programme developed and implemented in the Netherlands to practically, emotionally and socially support people with dementia and their carers, in three EU countries: Italy, Poland and the United Kingdom.

Aim and Methods. The aim of the present study is to get insight in the met and unmet needs perceived by people with dementia and their carers at the start of participation in the MCSP in Wroclaw in Poland, using a multi-dimensional needs assessment instrument: the Camberwell Assessment of Needs for the Elderly (CANE). Associations of needs with socio-demographic and health-related characteristics were explored, and the perspectives on perceived needs of people with dementia, their family carers and professionals were compared.

Results. The first Meeting Center in Wroclaw was opened in September 2015. Elderly participants with dementia (n=14), as well as their carers and professional, completed the CANE interview at the start of participation in the MSCP. The mean total number of needs mentioned by people with dementia was 5.8 (3.9 met needs, 1.9 unmet needs). The three most frequently identified unmet needs were: 'daytime activities', 'company' and 'psychological distress'. Further results, also on carer data, will be presented at the congress after completion of data analysis.

Conclusions. Comprehensive needs assessment helps to highlight specific areas where Meeting Centers and other health and social services should provide individually tailored, high-quality care. Using the CANE may help to create and evaluate an individual integrated care program, by identifying unmet needs not previously known by health care professionals and reducing the likelihood of admission into residential care.

Keywords: met and unmet needs, dementia, carers



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Topic: Person-centred care

CARE PERSONAL ATTITUDES IN THE DELIVERY OF DEMENTIA CARE IN LONG-TERM CARE SETTINGS

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Abstract:

Background: In order to address inadequacies of care in traditional long-term residential care (LTRC) facilities, person-centred care (PCC) is increasingly being implemented. In spite of its widespread adoption in LTRC, knowledge about how PCC is understood and implemented by health care professionals in these settings is quite limited. In LTRC, Care Aides provide the majority of direct care for institutionalized older adults with dementia and thus have the biggest impact on their quality of life. Understanding Care Aides' attitudes and their perceptions of their residents is crucial because it can directly affect the delivery of PCC and the culture of care in LTRC facilities.

Objectives: This doctoral dissertation aims to examine the attitudes held by Care Aides towards their role as carers and their perceptions towards their residents with dementia. Care Aides attitudes will be explored across the contexts of personal, interpersonal, and organizational levels, while considering the broader social-political-economic context of LTRC.

Methods: Data sources included semi-structured interviews with the use of Multiple-Sorting Technique and group workshops with 40 Care Aides working in residential care settings in British Columbia, Canada.

Results: Preliminary findings suggest that social and cultural aspects of teamwork and staff morale have strong influences on perception of residents. The information generated from this study will help identify the ways in which Care Aides in LTRC conceptualize PCC and how they incorporate PCC into their everyday care work as well as the barriers and facilitators of the delivery of PCC in LTRC.

Conclusion/Perspectives: Attempts to improve staff attitudes should focus on creating organizational cultures that promote high morale and collaboration of all members of the care staff.

Keywords: Care Personal, Long-term care, Person Centered Care

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Topic: Person-centred care

CHALLENGING THE BPSD PARADIGM TO IMPROVE THE WELL-BEING OF PEOPLE WITH DEMENTIA

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Abstract:

The acronym BPSD for the term “Behavioural and Psychological Symptoms of Dementia” is well established in the literature and in care practices. Yet this biomedical approach misrepresents an important and expressive, often non-verbal communication disability. Care partners and medical professionals can overlook the need for changes to the care environment, such as alleviation of pain and loneliness, turning instead to harmful approaches of pharmacological or physical restraint. We propose an experiential approach to understanding the changes of a person with dementia, which can then be interpreted by care partners and health practitioners in a more person-centred way. Seeing BPSD as an expression of communication leads to a psychosocial approach rather than a medical one. It provides a means for a new way of seeing, a new way of understanding, and a new way of adapting the care environment to assist, rather than distress, the person with dementia. This framework is a bold paradigm shift, as it removes the current pathway of the pathologising of dementia. It reflects the person's perspective, rather than some flawed biomed generality. It is specific, and can readily refer to psychosocial literature for person-centred care of people with dementia. It is disruptive as care-workers will not be able to use an inappropriate description of “behaviours” triggered by communication difficulties, but rather will be responding to a persons' real needs. It is vital to move away from the biomedical model of Behavioural and Psychological Symptoms of Dementia, which labels everything the person does as only a symptom of dementia. This labelling “others” people with dementia, and medicalises communicative behaviours, and the labeling is pejorative and harmful, reducing person centred care. Risky pharmacological or physical restraint approaches then tend to be used, without adequate evidence to support them. We must adopt a psychosocial model, so that the way the person presents is recognised as a response to the care environment, which will lead to more effective and significantly less harmful non-pharmacological responses.

Keywords: DEMENTIA, BPSD, PERSON-CENTRED CARE



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Topic: Person-centred care

IMPLEMENTING PERSON CENTERED CARE IN LONG-TERM CARE - A 6-MONTH PROJECT

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Abstract:

Background and Objectives: Person centered care (PCC) is beneficial in dementia care. Different methods support important dimensions in the implementation of PCC. The project aimed to gain experience with the combined use of four methods: Dementia Care Mapping (DCM), Marte Meo, VIPS practice model (VPM) and Plans for structuring psychosocial interventions. VPM uses the VIPS framework (values, individualization, patient's perspective, social inclusion) to analyze patient situations in structured meetings with set staff roles.

Method: Two nursing homes (NH) specialized in dementia care took part. Four units in NHA had key internal personnel trained in the use of Marte Meo, DCM and VPM. Two units in NHB used external personnel trained in DCM and Marte Meo. The whole staff group was trained in the use of VPM. Focus groups were conducted after 6 months. Leaders in each NH (two groups) and two representatives from the staff in each unit (three groups) were asked how they experienced the combined use of the four methods.

Results: DCM and Marte Meo supervision were provided once in all units. VPM was used weekly in two units in NHA and in both units in NHB. The plans for structuring psychosocial interventions were not used but were perceived as useful by the leaders. To use internal staff for DCM and Marte Meo supervision worked best when conducted in another unit than their own. Use of external personnel trained in DCM and Marte Meo worked well. Staff in both NH experienced the structured VPM meetings as a welcomed arena to share knowledge regarding the patient. It helped them focus on the perspective of the patient and agree upon psychosocial interventions. To schedule VPM meetings six months ahead and the presence of the leader of the unit is beneficial and secures that meetings are conducted and not postponed or cancelled. The plans for structuring psychosocial interventions must be aligned with existing plans in the unit. Leaders in both NH experienced implementation of PCC by use of these methods as fruitful, reasonable and affordable.

Conclusion: Both staff and leaders found the methods to be complementary and helped them implement PCC by focusing on different aspects of care. Examples provided by staff indicated that the knowledge gleaned from the different methods made them change how they communicated with patients, improved the psychosocial environment and improved the staff's awareness of the perspective of the person with dementia.

Keywords: person-centred care, implementation, nursing home

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Topic: Person-centred care

PERSON CENTRED PRE-ASSESSMENT CARE FOR PEOPLE WITH DEMENTIA

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Abstract:

Awaiting surgery can be quite an anxious time especially if you have a diagnosis of Dementia. People with Dementia will often experience cognitive changes or changes in their behaviour after surgery. Pre-assessment clinics provide a comprehensive health check and assessment for all patients undergoing planned surgery. People with Dementia have additional needs pre and post-surgery due to the mounting evidence of risk of decline in cognitive and physical functioning. They require clarity on the process of being admitted to the hospital, potential risks about the procedure, contact details of whom to speak to with concerns, and information on what staff would benefit from knowing about the patient.

At the Imperial College NHS Healthcare Trust a Pre-assessment programme for patients with Dementia was developed in order to provide them with detailed individual information required and also to pre-empt the experience ahead. The programme includes; a 'This is Me' booklet, a Carer's Passport, a Pain Booklet, an information leaflet about managing Delirium, information for ward staff to highlight that the patient is at high risk of developing delirium, a Pre-operative delirium risk assessment, a Carer's Booklet, specific signage for orientation, and contact details for the Dementia care team who complete an introductory telephone call for added support. The aim of the booklet is to highlight to the ward staff that the patient has a diagnosis of Dementia, is at high risk of developing delirium and provides clear information on the provision of care and support for the patient.

By focusing on specific cognitive, social and emotional care needs via issuing information packs, it has shown that this approach of care concentrates on a more detailed, personal level to reach that deep emotional core to renew the spark and enable people with dementia, and their carers, to thrive. Feedback from patients and carers has outlined that teams are pre-empting support required for these patients; overnight stays have been arranged for carers, provision of food and drink for carers, alongside meet and greet upon arrival. By forward planning the patient's care needs also highlights ways in preventing further hospital acquired complications such as urinary tract infections, pressure areas, pneumonia, etc. This model of care evokes a person centred approach for patients with Dementia awaiting a surgical operation.

Keywords: pre-assessment, delirium, surgery



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Topic: Person-centred care

PERSON-CENTRED CARE INITIATIVES WITHIN A NATIONWIDE PROGRAM (INDA) IN HUNGARY

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Abstract:

Many times both formal and informal carers find themselves hopeless and helpless in challenging care situations. We have implemented the values, the attitude, and skills learnt from the approach of person-centered care. The experiences are presented in the following way:

- the core values of the program (based on person-centered care values and the Best Friends Approach we value the dignity of life of the persons with dementia, and we try to fulfill the psychological needs of these persons following Kidwood's teachings)
- the recruitment, training, and ongoing training of the staff (we consider the helpers' attitude toward people with dementia crucial in terms of their well-being)
- initial contact and emotional support of informal carers, family caregivers (we started 2 hours weekly discussion and open house policy within the nursing home)
- small changes of the environment (we found that physical and emotional environments are inter-related)
- the stability in daily routine and meaningful activities (we followed the Best Friends Approach based on previous contact with Virginia Bell)
- ongoing relationship with family members.

The importance of interprofessional team work is discussed. Pastoral carer is included in the team by providing emotional support and spiritual care both persons with dementia and family members.

The evaluation of the program:

- obstacles (undervalued staff, poverty of the staff, high turnover rates) and shortcomings (e.g. financial difficulties)
- improvements (in staff satisfaction, family relationships)

Spirituality is not an additional value: all what helpers do and how they do it are saturated by spirituality.

Keywords: Well-being, Spiritual support, interprofessional approach

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Topic: Person-centred care

QUALITY OF LIFE COACHES - ENHANCING QUALITY OF LIFE AND WELL-BEING OF PEOPLE WITH DEMENTIA BY SUPPORTING AND COACHING FAMILIES AND PROFESSIONAL CARERS

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Abstract:

In 2012 Oudshoorn, a nursing home in the Netherlands, started a pilot in its small scale living facility for people with dementia; the new job 'Quality of life Coach'. These coaches are involved in the lives of the residents from the moment they move into one of the 22 'houses'. They support and coach the staff situational and on the job in focusing on the individual needs and wishes of each resident, keeping the focus on enhancing opportunities and positive well-being, relating to someone's life history, feelings and habits. The coaching is individually and via team coaching, organizing meetings about different themes and 'resident-discussions', where a team of professional carers discusses several residents. When a resident shows behavioral changes, the coach tries to find out what this means and which is the best way of dealing with it, together with the team, the elderly care specialist, the family and where necessary the psychologist. The coaches consult other paramedics and discuss symptoms they see.

Besides that, supporting the families of the residents is another main task of the coaches. They stay in touch with the families from the beginning, support them in the new situation and in the emotions they experience, educate them and give them information, coach them and give them tools for example in dealing with the disease process and their changing lives, communication with their loved ones, activities they can do and coping skills. They do this individually and by organizing groups for partners, theme-evenings for children and family-evenings in each of the 22 'houses' in the nursing home.

The coaches also initiate and are participating in several projects for the whole nursing home, implementing diverse changes or new programs to enhance quality of life, for example: end of life care, complementary care methods, ethical and moral meetings, use of technology and environmental design.

After three years and different very positive evaluations, the 'Quality of life Coaches have proven to be of added value for the residents, their families and the staff in enhancing well-being, quality of life and quality of care.

Josine Engels, Quality of life Coach in Oudshoorn, Bachelor Sociology, specialized in care and policy.

Keywords: Well-Being, Coaching/Education, Family support



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Topic: Person-centred care

RESEARCH OF THE DIFFICULTIES OF THE ALZHEIMER'S / DEMENTIA CAREGIVER FAMILIES

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Abstract:

Background: The care of persons suffering from dementia imposes major challenges. One of the most pressing challenges is support for the demented person's families when facing problems in the demented person's care. Undergoing grave changes in cognitive functions, these patients can no longer maintain their daily care without the help of others, mostly their families. This can often become the source of overt or covered conflicts over respecting the other's will. The families resources determine whether the family fails to supply this care, calling for professional help or having the patient institutionalized. I will conduct a descriptive study in 25 families caring at home seeking professional help in crisis. This group is compared to 25 families receiving institutionalized care. With this study, a data base is generated needed to identify risk factors leading to decompensation of families. Another goal is to examine which help do these families need to keep the patient within their care. A third goal is to examine reasons for the decision to institutionalize the patient.

Objectives-Methods: We will interview 50 families with dementia family member using multimodal assesment of ADL, IADL factors, and social skills / Szabo 2003., 2010./ . Using the Burden Interview, and the Memory and Behavior Problems Checklist / Zarit and Zarit 1983./ we examine the personal tension of the family caregivers . Important part of this assesment is the strain of the marital roles connected to the task of caregiving /Hurvitz 1963./ and the exploring positive attitudes toward caregiving / Farran et al. 1999./.

Perspectives: The practical goal of our research is to help families maintain efficient care of their relatives with dementia illness without running the risk to decompensate themselves.

Keywords: Resarch of family member's, A person/people living with dementia, Living with the impact of dementia

Poster Abstracts

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Topic: Person-centred care

SIDE BY SIDE: A PERSON CENTRED APPROACH

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Abstract:

Background: In 2013, Alzheimer's Society UK produced a report: "Dementia 2013: The hidden voice of loneliness". This revealed:

- A third of people with dementia lost friends following a diagnosis.
- More than a third of people responding to the survey felt lonely.
- Nearly two-thirds of people with dementia who live on their own felt lonely.

At the same time many services for people with dementia are building-based, group services with only a small proportion offering individualised support that encourages access to the wider community.

Side by Side (SbS) is a new service that will tackle these issues

Objectives:

- Enable people with dementia to lead more fulfilling lives.
- People with dementia are not excluded from services and activity and are able to remain active and involved in their communities.
- Combat social isolation and loneliness.
- Empower people with dementia to develop their own solutions and responses
- People with dementia identify their own personal talents, strengths and capabilities and what they can bring to their peers and the wider community.
- Build local networks of support and activity.
- Reduce stigma and contribute toward Dementia Friendly Communities

Method: The starting point is use of person-centred tools that enable people to identify the outcomes they wish to achieve and the activity and services they need to access to realise these. Volunteers are then placed with people to support them to access those activities and services.

Our person-centred approach also identifies the strengths, capabilities and skills people with dementia have and whether they wish to share these with peers and the wider community. If so volunteers support them in this.

SbS will help to identify common barriers and challenges that deter people with dementia from achieving their outcomes and taking part in everyday community activity. Staff and volunteers will then support people, where possible to identify and implement solutions to those barriers. Where this is not possible the Manager will engage with local Dementia Friendly initiatives and organisations to raise awareness of and combat the issues people with dementia face locally.

The service is subject to a robust, external evaluation conducted by the Charities Evaluation Service which began in October 14 and is continually producing evidence. The intention is to produce learning and a service that is replicable and scalable.

Keywords: Care, Support, Services



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Topic: Person-centred care

THE BENEFITS OF UTILISING MINDFULNESS PRINCIPLES IN THE CARE OF DEMENTIA

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Abstract:

Over recent decades there has been increasing dialogue between Eastern philosophy-especially Buddhism and Western Psychology, exploring the use and efficacy of non-pharmacological healthcare interventions. Mindfulness – an element of Buddhist practice, which incorporates meditation and focuses on living in the present moment in a non-judgemental manner, has been one such practice that has experienced widespread growth within the UK, driven by individuals such as Jon Kabat-Zinn (Kabat-Zinn, 1994). However, this presentation will focus primarily on the widespread operation of Mindfulness principles by healthcare staff. When considering the challenges faced by people living with Dementia, ageing and cognitive decline can often be accompanied by a sense of loss and distress at being unable to make sense of the past, present or future. Mindfulness, places importance on present-moment experience and therefore does not seek to quantify a perceived deterioration from a previous moment in time, or plan events in the future. Utilising Mindfulness principles to respond compassionately and non-judgementally to the experience of individuals affected by Dementia with their present-moment experience, can enhance levels of understanding and person-centred care. This presentation will discuss the identified benefits of providing Mindfulness training to healthcare professionals and care staff, including the introduction a 10 minute Mindfulness session at the beginning of every shift handover in a care home environment, enabling staff the opportunity to settle and focus clearly on the day ahead. It will explore the similarities between Mindfulness and fundamental care principles, particularly developing compassion for others, enhancing self-awareness and responding to events or individuals in a non-judgemental manner. It will also consider how through a process of daily meditation and self-reflection, communication, engagement skills and compassionate practice may be developed within the individual, to improve standards of care delivery. The presentation will conclude by engaging discussion surrounding the potential for wider consideration of the use of Mindfulness practice, particularly by relatives or carers of those affected by Dementia. References: Kabat-Zinn, J. (1994) 'Wherever You Go, There You Are: Mindfulness Meditation In Everyday Life' New York: Hyperion. Martins, C (2014). Mindfulness-Based Interventions for Older Adults Evidence for Practice. London Kingsley

Keywords: Mindfulness, Compassion, Person-centred care

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Topic: Person-centred care

WORKING TOGETHER TO PROVIDE INTEGRATED HEALTH AND SOCIAL CARE – SUPPORTING DEMENTIA DIAGNOSIS

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Abstract:

Background and Objectives of the study: Working in partnership with NHS England, Alzheimer's Society has improved diagnosis rates and access to post diagnosis support, through the development of new and existing services and integrating health and social care.

The project worked with 25 local Clinical Commissioning Groups to develop specific, agreed planning tailored to levels of local need. Some areas focused on improving diagnosis through the provision of a dedicated staff role, actively raising awareness in the community and engaging with GPs, whilst others focused on increasing the capacity of post-diagnosis support through the appointment of new Dementia Advisers.

To improve diagnosis rates, activity involved increasing engagement and support for those worried about their memory and showing symptoms of dementia. Activities included scaled up and targeted use of a Roadshow vehicle and developing relationships with local retailers to further raise awareness raising.

In some areas strong relationships were developed with acute care providers, providing the opportunity to raise awareness to both hospital staff and patients, leading to the hospital carrying out additional awareness raising, and providing opportunities to engage with more local stakeholders.

General Practitioners were also a key audience. GPs have undertaken a number of activities including utilising protected learning time to focus on dementia and meeting with local staff to discuss improving the role of primary care in the dementia pathway.

Improved provision of the Dementia Adviser across CCGs and their increased use has demonstrated an increase in people with a dementia diagnosis receiving vital information, support and assistance with navigating local systems to help them to live well and plan for the future.

All areas involved in the Supporting Diagnosis Project have seen an increase in diagnosis rates and an increase in referrals to local services. The demonstrated success of the project has led to further funding committed by the CCGs for increasing diagnosis and post-diagnosis support, exceeding the original amount of funding invested in the project. The methods and outcomes of the Supporting Diagnosis Project will be used as evidence to show what can be achieved to improve diagnosis and access to post diagnosis support that meets the needs of populations at a local level, through service development and integration between health and social care providers.

Keywords: Diagnosis, Support, Integration



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Topic: Diagnosis and imaging

COGNITIVE AND NEUROIMAGING CHARACTERISTICS OF DEMENTIA SYNDROME IN PATIENTS WITH ARTERIAL HYPERTENSION

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Abstract:

Currently, there is no doubt that an arterial hypertension (AH) is the most serious risk factor for cognitive impairment and may lead to different brain dysfunction, including the development of dementia syndrome.

Objective: To evaluate the cognitive and neuroimaging characteristics in patients with arterial hypertension.

Materials and methods: Observed 54 patients (25 men and 29 women) aged 43 to 81 years with AH. To determine the degree of cognitive impairment used Mini-Mental State Examination (MMSE), a brief scale of the Montreal Cognitive Assessment (MoCA). To evaluate the morphological substrate of the brain MRI was performed. Control - 20 men and women of similar age in healthy normotensive.

Results: The results showed that all patients with AH have cognitive disorders, which are identified in the brief scale of the Montreal Cognitive Assessment, whereas the use of MMSE was not informative. Thus, according to MoCA-test, the average points was $20,2 \pm 0,6$, which is well below the standard indicators, and according to the scale MMSE - this figure was at the level of 28.7 points. MRI visualized confluent lesions in the subcortical nuclei, in the thalami and brain stem, periventricular determined expressed leukoaraiosis. In the white substance determined small subcortical foci of gliosis. It noted the expansion of the ventricular system of the brain with substitution character due to the brain atrophy.

Conclusions: The identified decline in cognitive function on patients with AH is correlated with morphological changes on MRI, which calls for all patients with AH to do early diagnosis of brain lesions for dementia prevention.

Keywords: cognitive and neuroimaging characteristics, arterial hypertension, dementia

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Topic: Diagnosis and imaging

CSF DIAGNOSTICS IN ALZHEIMER'S DISEASE AT THE UNIVERSITY OF SZEGED

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Introduction: Only post mortem neuropathological assessment yields the definite diagnosis of Alzheimer's disease (AD). However, there are several routine diagnostic methods for the detection of such biomarkers from cerebrospinal fluid (CSF) or serum samples which can accompany setting up the clinical diagnosis of AD and would help in the prediction of prognosis. The extracellularly localized senile (neuritic) plaques and the intracellularly localized neurofibrillary tangles are considered to be the most important alterations from a neuropathological point of view, so the most widely applied CSF diagnostic methods target the quantitation of the related β -amyloid peptides and TAU/phosphorylated-TAU (pTAU) proteins. The aim of our laboratory is to provide diagnostic help in setting up the clinical diagnosis of AD.

Methods: The methods for the determination of the concentrations of β -amyloid1-42, TAU és pTAU has been set up utilizing the respective ELISA kits (Fujirebio INNOTEST®). The CSF diagnostics laboratory of our institute regularly takes part in the external quality control programme of the international Alzheimer's Association. 216 samples were analysed between February 2010 and October 2015. The referring clinical diagnosis was AD in 151 cases, Creutzfeldt-Jakob disease in 9 cases and unspecified cognitive disorder in 56 cases. The scoring system proposed by Lewczuk et al. (J Neural Transm, 2009) was applied for data evaluation.

Results: 16.56% of cases with the referring diagnosis of AD met the CSF diagnostic criteria of probable AD, while 47.02% met that of possible AD. With regard to unspecified cognitive disorders, the same percentages were 10.71% and 25%, respectively.

Conclusion: The results draw attention to the importance of setting up the adequate clinical diagnosis of suspected AD when CSF diagnostic would provide supportive information. Although not even CSF diagnostics yield a definite diagnosis, our laboratory aims at offering a complementary test for Hungarian people with cognitive dysfunction in a quality-controlled manner.

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Keywords: Alzheimer's disease, cerebrospinal fluid, beta-amyloid, TAU, pTAU



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Topic: Diagnosis and imaging

DEVELOPMENT OF NOVEL RADIOPHARMACEUTICALS FOR DIAGNOSIS IN ALZHEIMER'S DISEASE

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Abstract:

Alzheimer's disease (AD) is one of the epidemic neurodegeneration diseases that affect millions of elders. Due to the lack of symptoms during the early phases of the disease, early treatment will depend completely on noninvasive of diagnostic drugs.

Increased number of dystrophic neuritis was found to correlate with the clinical severity of dementia of AD patients. In addition, the neuronal dystrophy is associated with synaptic loss in cortical cultures exposed to fibrillar Ab (b-amyloid). As senile plaques (SPs) and neurofibrillary tangles (NFTs) are hallmarks in AD, some analogues of histological dye (e.g. Thioflavin-S) have been employed as biomarkers for mapping Ab.

The derivatives of Thioflavin T (ThT) and Congo red (CR) have been developed as positron emission tomography (PET) tracers, such as C-11-PIB, C-11-SB-13, F-18-FDDNP, C-11-BF-227, F-18-AV-1, and F-18-AV-45, helped to detect and visualize amyloid plaques and neurofibrillary tangles in living subjects. However, the binding specificity and the stabilities of these compounds and their roles in amyloid fibril detection remain elusive. In this study, we first used molecular docking, molecular dynamics simulations, and binding free energy (ΔG) calculations using MM/PBSA approach were combined to explore the binding sites and modes of ThT and its neutral analog BTA-1 to protofibrils of the Alzheimer's disease A β 9-40 peptide. And H-3-PiB competitive binding assays, indicated with candidates in autoradiography. And, we also calculate with binding affinity score by Discovery studio with the candidate labeling with F-18.

Finally, we find out a good candidate compound with high Log P value (about 3.5), and it will be suitable for tracing Ab in the research of AD. These results could provide new opportunities for structure-based drug design.

Keywords: Alzheimer's disease, Thioflavin-S, fibrillar Ab

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Topic: Diagnosis and imaging

EFFECTS OF APOE ϵ 4 ON CORTICAL AMYLOID DEPOSITION AND LOGICAL MEMORY IN PATIENTS WITH MCI AND EARLY ADLingYun Fan¹, KaiYuan Tzen¹, MingJang Chiu¹¹NTUH, Taipei, TAIWAN**Abstract:**

Introduction: The epsilon four allele of Apolipoprotein E (APOE ϵ 4) has been identified as an independent risk factor for sporadic Alzheimer's disease (AD). We aim to explore the effect of APOE ϵ 4 carrier status on the levels of plasma biomarkers, cortical amyloid deposition and cognitive functions in patients with mild cognitive impairment (MCI), early AD and healthy controls.

Methods: In this cross-sectional study, 27 MCI, 27 AD and 30 controls were included. We used the immunomagnetic reduction assay to measure the levels of plasma biomarkers (including A β 1-40, A β 1-42, and tau proteins) and PiB-PET scan to assess cortical amyloid deposition by using ROI methods calculating SUVR of different cortical areas over the gray matter of cerebellum. Sub-scales of Wisconsin Card Sorting Test (WCST), Trail making B, digit-symbol substitution, logical memory, visual reproduction and semantic verbal fluency were chosen to assess cognitive functions.

Results: Stepwise linear regression analyses showed total PiB SUVR were explained 30.2 % of variance ($p < 0.001$) by clinical diagnosis (control, MCI or AD) and additional 4% of variance ($p < 0.05$) by APOE ϵ 4 carrier status. In subgroup analysis: only amyloid deposition of parietal region had statistically significant differences between APOE ϵ 4 carriers and non-carriers in control group. In MCI subjects, all areas showed significant difference of brain amyloid deposition between different APOE ϵ 4 carrier statuses. In AD patients, no area showed significant difference between APOE ϵ 4 carriers and non-carriers.

In the group of MCI and mild AD, logical memory impairment was only significantly explained by amyloid deposition of parietal area after regression analysis (R square=0.138, $p=0.039$). By Mann-Whitney U analysis, we found that the APOE ϵ 4 carrier status had significant effect on logical memory performance.

In terms of the plasma biomarkers, the A β 42/A β 40 ratio could best predict the levels of cortical amyloid deposition explaining 39.9% of variance ($p < 0.001$). However, APOE ϵ 4 carrier status has no significant effect on the plasma levels of protein biomarkers.

Conclusion: APOE ϵ 4 effect was significant in parietal area amyloid deposition in cognitive normal elderly and in the subjects with very early stage AD. But the effect disappeared when it came to the stage of clinical dementia. The parietal amyloid deposition contributed to logical memory impairment even after controlling APOE ϵ 4 carrier status.

Keywords: APOE ϵ 4, amyloid deposition, mild cognitive impairment



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Topic: Diagnosis and imaging

PATTERNS OF BRAIN IRON ACCUMULATION IN VASCULAR DEMENTIA AND ALZHEIMER'S DEMENTIA USING QUANTITATIVE SUSCEPTIBILITY MAPPING IMAGING

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Abstract:

Background: Emerging evidence suggests that the excessive accumulation of iron in subcortical and deep gray matter has been related with dementia. However, the presence and pattern of iron accumulation in vascular dementia (VaD) and Alzheimer's disease (AD) are rarely investigated.

Objective: To examine and compare the pattern and presence of brain iron accumulation of VaD and AD using quantitative susceptibility mapping (QSM).

Materials and Methods: Twelve patients with VaD, 27 patients with AD, and 18 control subjects were recruited in this institutional review-board approved study. Susceptibility maps were reconstructed from a three-dimensional multiecho spoiled gradient-echo sequence. Four regions of interest were drawn manually on QSM images, namely the globus pallidus, putamen, caudate nucleus, and pulvinar nucleus of the thalamus. Comparisons of patient demographics, and iron concentrations among the VaD, AD, and control subjects were assessed using analysis of variance and post-hoc analyses. The relationships of age and cognitive state with susceptibility values were assessed using partial correlation analysis.

Results: In VaD and AD, overall susceptibility values were higher than those of control subjects. A significant difference in susceptibility values was found in the putamen and caudate nucleus ($P < .001$ and $P = .002$, respectively). However, susceptibility values did not differ between VaD and AD. Age and cognitive deficit severity were not related to susceptibility values in the VaD and AD groups.

Conclusion: Increased iron deposition in the putamen and caudate nucleus in VaD and AD patients was not associated with age or the severity of cognitive deficits. Further evaluations are needed to determine the temporal changes in iron load and their diagnostic role in dementia pathology.

Keywords: Iron, Imaging

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Topic: Diagnosis and imaging

RESEARCH OF BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS IN NEURODEGENERATIVE AND VASCULAR DEMENTIAS

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Abstract:

Backgrounds and aim: The behavioural and psychological symptoms of dementia (BPSD) represent a clinical challenge and largely contribute to caregivers' burden. The behavioural symptoms include aggressive behaviour, agitation, disinhibition, divagation whereas the psychological symptoms include hallucinations, delusions, irritability, sleep and appetite changes. In our project we prospectively study BPSDs in a patient cohort. Behavioural and assess their relationship to cognitive decline and quality of life of patients. The associated caregivers' burden is also analysed. Our aim is to see whether i) there is a dementia and dementia-subtype specific cognitive symptom pattern, ii) is there a dementia and dementia subtype (vascular vs neurodegenerative) specific BPSD symptom pattern, and iii) whether the patients and caregivers' subjective and self-reported quality of life has a relationship or not to the severity of symptoms.

Methods: The following neuropsychological tests are performed on patients with dementia at the Neurology Clinic and Psychiatry Clinics of the University: SCID-I, HIS, GDS, MMSE, MMMS+C, ADAS-Cog, BEHAVE-AD, NPI, WBI-5, IIRS, ADL I-II. Patients are regularly assessed at follow-up visits. Patients were classified as having predominantly vascular or neurodegenerative dementia, respectively, according to the clinical assessment and diagnosis. Standard statistical assessment was performed using T-test and ANOVA tests.

Results: Until now 72 patients have participated in the study (mean age: 74 years): 36 were classified as having vascular dementia and 36 with neurodegenerative dementia. Regarding cognitive functions there was no significant difference between the vascular and neurodegenerative dementia groups (mean MMSE: 19,6 vs 19,4). BPSD symptoms were different in between neurodegenerative and vascular dementia groups with similar cognitive function. In addition, several correlations were demonstrated between quality of life, burden of disease and BPSD, and between severity of cognitive deficit and BPSD.

Findings: The BPSD are important factors in determining the patients' quality of life and contribute to the caregivers' burden. It seems that there is a difference in frequency and severity of behavioural and psychological symptoms between vascular and neurodegenerative dementias. This supports the initial hypothesis that dementia-specific symptom patterns exist.

Keywords: BPSD



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Topic: Diagnosis and imaging

SYSTEMIC INFLAMMATION IN MILD COGNITIVE IMPAIRMENT AND ALZHEIMER'S DISEASE

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Abstract:

Background: Early stages of mild cognitive impairment (MCI) and Alzheimer's disease (AD) are being studied quite intensively; however the data on immune dysregulation in patients with these diseases is contradictory, with a number of systemic inflammatory markers such as IL-12 not having been researched at all. We researched the serum levels of pro-inflammatory cytokines (IL-8, IL-12, TNF α), of an anti-inflammatory factor (IL-1RA) and of vascular endothelial growth factor (VEGF) in patients with MCI and AD.

Methods: 20 patients with AD (age 69 \pm 2) were enrolled, and 15 of them had late onset AD (LOAD) (age 79 \pm 2). Also, 11 patients with MCI (age 74 \pm 8) and 22 controls without cognitive disorders (age 65 \pm 9) were enrolled. Informed consent was obtained in all cases. Student t-test was used for statistical treatment.

Results: In MCI and AD markers of systemic inflammation were increased. In MCI IL-8 (170.1 \pm 62.7 pg/ml) and TNF α (4.3 \pm 0.4 pg/ml) were higher than in controls (13.4 \pm 1.2 pg/ml and 3.2 \pm 0.3 pg/ml, respectively, $p < 0.05$), and IL-1RA was lower (67.5 \pm 36.3 pg/ml and 275.3 \pm 64.6 pg/ml, $p < 0.05$). In AD the levels of studied proteins fluctuated widely. Levels of IL-8 and IL-1RA didn't differ from controls, but TNF α was higher than in MCI and in controls (7.3 \pm 0.9 pg/ml, $p < 0.05$). Also, IL-12 was higher than in MCI (185.9 \pm 16.6 pg/ml and 112.2 \pm 15.1 pg/ml, $p < 0.05$). In patients with LOAD, TNF α level (5.0 \pm 0.4 pg/ml) was higher than in controls ($p < 0.01$) but didn't differ from MCI. However IL-12 (192.1 \pm 30.3 pg/ml) was significantly higher than in MCI ($p < 0.05$), and in addition VEGF was lower than in MCI and in controls (83.3 \pm 17.9 pg/ml, 200.2 \pm 40.9 pg/ml and 133.0 \pm 14.8 pg/ml, respectively, $p < 0.05$).

Conclusions: These results suggest that signs of systemic pro-inflammatory immune response are present in MCI and AD, and they are more prominent in the former group. In AD the levels of inflammatory markers depended on the age of onset: they were lower in patients with LOAD, suggesting heterogeneity in the pathogenesis of AD. Also patients with LOAD had decreased VEGF levels, which might correspond to lower functional activity of VEGF. Increased level of IL-12 was common for AD irrespective of onset age. Serum level of IL-12 haven't been previously studied in human AD, but animal data suggest a role in neurodegeneration for this cytokine.

Keywords: mild cognitive impairment, Alzheimer's disease, cytokines

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Topic: Early intervention

EFFECTIVENESS OF COGNITIVE TRAINING IN ELDERLY POPULATION

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Abstract:

Introduction: Some of the mechanisms of neuroplasticity are functional changes or modifications of neurons' inner qualities or structural changes such as changes in numbers or localization of synapses. Plasticity associated with learning and memory, motor skills, recovery of neural circuits following an injury are all likely to be connected with the activity-related changes in the neural circuits and/or synapses. This plasticity gives the scientific background to theories that suggest that cognitive training may slow down mental decline. The effect of cognitive training on cognitive performance of elderly patients were examined.

Methods: The study included 32 participants, the average age was 64,7. Dementia was an exclusion criteria. The cognitive changes of the participants were examined as a result of a four week cognitive training. For the objective evaluation of changes CogState package was used. For four weeks, 5 days a week, participants played an hour with the selected set of cognitive games. All skills were trained every day. The games trained the following skills: visuospatial memory, planning, working memory, executive functions, attention and psychomotor speed.

Results: There was a significant ($p < 0.05$) increase by the end of the training in the following skills: short term memory, executive functions, and social cognition.

Conclusions: Regular use of computer games can improve the cognitive functions and may prevent or slowing the cognitive decline in elderly population.

Keywords: neuroplasticity, cognitive training, prevention



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Topic: Early intervention

EXERCISE IMPROVES MEMORY IN PEOPLE WITH AND WITHOUT DEMENTIA

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Abstract:

Background: Exercise has been shown to have positive effects in about half of treatment studies reviewed (Clifford, 2009; Hogervorst, 2012). Differences in outcome may be related to the type of exercise used and the type of outcomes used to assess its effects.

Methods/results: We have shown that resistance exercise (vs yoga stretch) specifically improved memory in sedentary people with and without memory impairments. Effects were most significant in women, more so when high free testosterone levels were reduced after interventions. In addition, we found that exercise delayed the onset of dementia (Soni, in prep) and that engaging in exercise halved the risk of dementia (Hogervorst, 2013).

Conclusion: Our 20-30 min 2-3x week resistance exercise programs were found to improve memory functions in people with and without memory impairments. Mediators of the association, such as improved resilience and hormone levels will be discussed

Keywords: exercise, memory, dementia

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Topic: Early intervention

FOREIGN LANGUAGE LEARNING AS A COGNITIVE AND THERAPEUTIC INTERVENTION FOR OLDER PERSONS WITH MEMORY IMPAIRMENTS?

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Abstract:

Introduction/Background: Linguistic ability may contribute to cognitive reserve, (CR) the brain's cognitive capacities that allow it to compensate for age or disease-related brain damage (Gold et al., 2013). Bilingualism seems to play an important role in CR, and thus may help to delay the onset of Alzheimer's (Bialystok, et al., 2007). With this in mind, we hypothesize that learning a foreign language could be beneficial even at a much later age. Learning languages requires the use of extensive neural networks that touch the very parts of the brain that are affected by dementia. (Antoniou et al., 2013) Not only cognitively stimulating, learning a foreign language could also be emotionally and socially engaging, and perhaps therapeutic. To our knowledge, no foreign language training program has been developed specifically for the elderly at risk of social isolation and dementia. We thus developed an English learning program geared towards French seniors.

Objectives: This study aimed to qualitatively evaluate the acceptability and feasibility of a technology-based English learning program developed for socially isolated French elderly at risk of developing dementia or those already living with memory impairments or Alzheimer's.

Method: We developed a technology based foreign language program and conducted a 3 month pilot study with 15 elderly French participants, (average age 75) expressing subjective memory complaints. At the end of the 3 month program, semi-directive interviews were carried out and a content/theme analysis (Braun & Clarke, 2006) was performed.

Results: Seven specific themes concerning the participants' subjective experiences in the group were identified. In general, learning English was perceived as a difficult yet feasible task. Even though participants expressed that memory impairments hindered their learning of new words, the program was perceived as beneficial in that it provided a stimulating and enjoyable activity that gave participants a reason to get out of the house. In particular, a participant living with dementia demonstrated her desire to speak English and expressed her enjoyment in hearing it spoken. Although she did not remember the tablets used as a tool for teaching English, she did remember the videos of scenes in English. Could this participant's particular enjoyment and interest in English demonstrate a therapeutic use of foreign language learning for those living with dementia?

Keywords: Dementia, Learning, Bilingualism



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Topic: Early intervention

GAZE CONTACT EFFECTS ON SOCIAL PREFERENCE AND FACE RECOGNITION IN ALZHEIMER'S DISEASE

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Abstract:

Background: Direct gaze (i.e. another individual's gaze directed to the observer that leads to eye contact) influences positively a wide range of cognitive processes. In particular, perceiving a direct gaze stimulates memory for other's faces and increases their likability. Alzheimer's disease (AD) results in social withdrawal and cognitive decline. However, patients show preserved eye contact behaviors. This suggests that eye contact effects may also be preserved in AD and could be used to compensate for cognitive and social deficits. In order to start investigating this hypothesis, the aim of this study was to address whether the positive effects of gaze contact on memory for faces and likability of others are preserved in patients with early AD.

Methods: Sixteen AD patients ($15 \leq \text{MMS} \leq 24$, mean age 83.4 years), 15 elderly (mean MMS 27.9, mean age 80.5 years) and 22 young participants (mean age 24.1 years) participated in our study. In phase 1, participants were presented with 20 faces displaying either direct or averted gaze and performed a social-evaluation task: they rated the faces' degree of likability on a Likert scale ranged from 1 ("Not at all likable") to 5 ("Very likable"). After a five-minute interfering verbal task, participants were submitted to a surprise recognition test: they were shown 20 pairs of faces with closed eyes and were asked, at each trial, to report which of the two faces they had seen before.

Results: Results showed that AD patients judged the faces more likable when displaying direct than averted gaze ($p < .01$). This effect was marginal for the elderly participants ($p < .09$). Recognition was also better for faces previously seen with direct than averted gaze for AD patients ($p < .05$) but not for elderly participants. Regarding the young control group an effect of direct gaze was observed only in the recognition task that was marginal ($p < .08$).

Conclusions: Despite the fluctuations of the effects observed in our control groups – that probably reflect a lack of sensitivity of our design for non-pathological subjects - AD patients showed better performance in face recognition for targets initially displayed with direct rather than averted gaze. Direct gaze also led to more positive appraisal of other's in AD patients as well as in elderly participants. Our data suggest that direct gaze effects are preserved at the early stages of AD and may therefore be used as therapeutic tools to improve the quality of patients' social interactions.

Keywords: eye contact effects, Alzheimer disease, Translational approach

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Topic: Early intervention

MONITORING THE EARLY SIGNS OF COGNITIVE DECLINE IN ELDERLY BY COMPUTER GAMES: AN MRI STUDY

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Abstract:

Background: It is anticipated that current and future preventive therapies will likely be more effective in the early stages of dementia, when everyday functioning is not affected. Accordingly the early identification of people at risk is particularly important. In most cases, when subjects visit an expert and are examined using neuropsychological tests, the disease has already been developed. Contrary to this cognitive games are played by healthy, well functioning elderly people, subjects who should be monitored for early signs. Further advantages of cognitive games are their accessibility and their cost-effectiveness.

Purpose: The aim of the investigation was to show that computer games can help to identify those who are at risk. In order to validate games analysis was completed which measured the correlations between results of the 'Find the Pairs' memory game and the volumes of the temporal brain regions previously found to be good predictors of later cognitive decline.

Participants and Methods: 34 healthy elderly subjects were enrolled in the study. The volume of the cerebral structures was measured by MRI. Cortical reconstruction and volumetric segmentation were performed by Freesurfer.

Results: There was a correlation between the number of attempts and the time required to complete the memory game and the volume of the entorhinal cortex, the temporal pole, and the hippocampus. There was also a correlation between the results of the Paired Associates Learning (PAL) test and the memory game.

Conclusions: The results gathered support the initial hypothesis that healthy elderly subjects achieving lower scores in the memory game have increased level of atrophy in the temporal brain structures and showed a decreased performance in the PAL test. Based on these results it can be concluded that memory games may be useful in early screening for cognitive decline.

Keywords: mild cognitive impairment, screening



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Topic: Early intervention

NAMING INTERVENTION IN A CASE OF SEMANTIC DEMENTIA

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Abstract:

Background: Semantic dementia (SD) or semantic variant of primary progressive aphasia is a form of frontotemporal dementia with prominent anomia and word comprehension difficulties. Other aspects of language and cognition remain relatively preserved. Evidence suggests that cognitive intervention can improve naming ability and slow the progression of anomia over time.

Objectives: The purpose of the current case study was to evaluate a naming intervention which relies mainly on independent practice, as well as to monitor maintenance of learning over 6 months in a person with SD.

Participant characteristics: DP is a 70 years old man diagnosed with mild SD (MMSE 28/30, FTLD-CDR=1). His MRI scan showed the typical pattern of anterior temporal lobe atrophy, with left greater than right volume loss. Cognitive testing established relatively preserved memory, attention and executive function. Language assessment revealed a significant naming impairment and semantic difficulties.

Methods: A single-case experimental design was employed to evaluate lexical learning. Naming performance was established for the Snodgrass and Vanderwart object set, revised Rossion & Pourtois (2004). Two word lists were formed from items which were not named, matched for word frequency, age of acquisition, semantic category and visual complexity of corresponding pictures. Training lasted for two weeks and was comprising of therapist-led and home practice. Independent practice continued for another 4 weeks. The second control list remained untreated. Follow-up assessments were undertaken 3 and 6 months after the completion of the intervention.

Results: DP showed significant improvement in his ability to name trained items (Cochran's Q test: $\chi^2(4)=88.17$, $p<0.0005$). A post hoc McNemar's test determined that improvement was still evident at the 6 months follow-up assessment, $p=0.001$. The difference between training and control list naming was significant. During the study period, words which were initially named had significantly declined ($\chi^2(4)=49.42$, $p<0.0005$).

Accuracy of naming on BNT improved from 10% at baseline to 33.33% at 3 months and 40% at 6 months follow-up assessment.

Conclusions: This case study suggests that daily independent practice may be used as a means of improving naming in SD. Treating anomia seems to have a protective effect on practiced words, despite deterioration of previously named items.

Keywords: semantic dementia, anomia, treatment

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Topic: Early intervention

SOY TREATMENT COULD IMPROVE MEMORY IN PEOPLE WITH AND WITHOUT DEMENTIA

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Abstract:

Background: Soy products have estrogenic properties and their effects on cognition are disputed (Soni, 2015). However, this may depend on the composition of the diet (presence of adequate folate) and/or the particular soy product tested (Hogervorst, 2003;2008; 2009;2011).

Methods/results: We present data on soy and other nutrients which are associated with improved memory in those at risk for dementia. Tempe is a fermented whole bean soy product which has shown in our animal and human studies to improve cognition. Tofu, on the other hand, in our various studies in China, Hawai'i and Indonesia was shown to increase risk for dementia (Hogervorst, 2008;2009;2011; Xu, 2014, Soni, 2015). Tofu is a soft food and possibly high consumption in East Asians is associated with poor dental status. We found that having fewer than 10 teeth doubled the risk for dementia (Hogervorst, 2012). This may affect nutritional status as green leafy vegetables (folate rich) and protein rich foods (containing vitamin B12) including the more chewy tempe are less likely to be consumed. We found that when improving dental status by providing dentures, memory function and well being was improved in people with dementia (Kusdhany, in prep). Other studies found that improving nutritional status could reduce the risk for cachexia (muscle loss), weight loss and frailty in people with dementia. This could lead to reduced risk for falls which doubles dementia risk. Lastly, in our analyses we found that reduced height was an independent risk factor for dementia (Hogervorst in prep). This may be related to a lack of childhood resources including adequate nutritional status.

Conclusion: In conclusion, more attention needs to be given to nutritional status in dementia, particularly as a preventative measure prenatally and in early childhood but also possibly in maintaining cognition and well being in those affected with dementia.

Keywords: soy, memory, treatment



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Topic: Early intervention

Strategies that Promote the Use of Dementia Care Evidence in Canadian Northern Rural Home Care Centres

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Abstract:

Background: Working in northern Canadian home care centres poses challenges in using best evidence to inform dementia care.

Research Questions: The research questions were: 1) what is the nature of the development and implementation of integrated knowledge translation (iKT) strategies in northern Alberta home care centres over time; and 2) how does a knowledge broker (KB) influence the development and implementation of these strategies?

Approach: A case study approach included a convenience sample of home care administrators, managers, nurses, allied health workers, and health care aides (HCAs) (n=19) and a KB (n=1) from two rural home care centres. During a half-day workshop, facilitated by additional trained KBs, the participants from each centre selected and planned their iKT strategies. The KB facilitated the development, implementation and evaluation of these strategies. Interviews were conducted at baseline, three months and 6 months. Transcripts were coded using thematic analysis. Main ideas and topics were identified by individual members of the analysis team and coded using key phrases that emerged from the data. The codes were grouped into themes and sub-themes. By contrasting the coded data, sub-themes, themes, interrelationships, and patterns were revealed.

Deliverables: The participant driven iKT strategies included a standardized education package with general dementia information and local dementia service information. A dementia care toolkit of websites for front line providers has also been developed at one home care centre. At the other site, the HCAs have examined the UFirst online modules (part of the PIECES program) and used the information with dementia clients while providing respite and daily care.

Implications: This research has contributed to our understanding of the role of the KB, and the knowledge and skills required to do knowledge brokering. The education packages developed are being shared with senior management at a zone level. The HCAs have found the UFirst modules helpful and practical for staff at all levels, and feel they would be useful as part of the orientation for all new frontline staff. In addition, UFirst training has been requested by a local long term care facility. These demonstration projects have heightened awareness about the strategies and resources that are needed to acquire, assess, adapt, and apply dementia care research evidence in the two home care centres in northern Alberta,

Keywords: Knowledge Translation Strategies, Northern Home Care Centres, Evidence Based Dementia Care

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Topic: Early intervention

THE EFFECTIVENESS OF MULTIMODAL PROGRAM FOR PATIENTS WITH VERY MILD AND MILD ALZHEIMER'S DISEASE

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Abstract:

Background: The greatest known risk factor for dementia is advancing age. Dementia is not only characterized by progressive deterioration of individual cognitive function, but also exaggerates caregiver's burden and affects their quality of life. Nowadays, the most effective therapy for patients with dementia is based on both pharmacotherapy and non-pharmacological intervention. For the non-pharmacological intervention, we design the multimodal program including mental activities, physical exercises as well as social engagement. It integrates calligraphy, Tai Chi and discuss the book named "Humble Table, Wise Fare: Hospitality for the heart" to support a positive social atmosphere to enhance their social engagement respectively. Hence, the aims of our study are (1) to investigate the effects of this multimodal program on the cognitive function for the patients with very mild and mild dementia, (2) to exam whether this program can alleviate caregiver's burden and improve their quality of life.

Method: Participants in the intervention group received this multiple program 2 times per week for 12 weeks, those in the control group received telephone interview if they needed. Cognitive abilities screening instrument (CASI) and MMSE were conducted pre- and post-intervention. Furthermore, we looked at the questionnaires including Zarit's caregiver burden inventory and WHOQOL-BREF to evaluate the caregivers' burden and their quality of life.

Results: 18 participants in the intervention group and 8 in the control group were recruited. There were no significant differences between two groups on overall cognitive function (CASI, $p=.35$; MMSE, $p=.17$). However, statistically significant for the orientation domain ($p<.01$) and language domain ($p<.05$) of the CASI was found. The findings indicated no significant improvement in caregivers' burdern (Zarit's, $p=.47$). Nevertheless, the significant changes on the physiological domain of the WHOQOL-BREF was showed ($p<.05$).

Conclusion: This multimodal program appears to have particular effects in promoting orientation ability and language function for participants. Furthermore, it helps caregivers to improve their physiologic domain on the quality of life.

Keywords: Alzheimer's disease, multimodal program



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Topic: Early intervention

THE EFFECTS OF ATTENTION TRAINING AND MEMORY TRAINING PROGRAMS ON COGNITION AND ENGAGEMENT FOR ELDERS WITH MILD COGNITIVE IMPAIRMENT

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Abstract:

Background and Objectives of the Study/Introduction: Declining cognitive ability is a major risk for disability. The potential benefits of interventions during earlier stages of disease have led to an increased interest in improving impaired cognitive function that does not fit yet the criteria for dementia. Thus, the purpose of this study was to construct attention cognitive training protocol and memory training protocol for elders with mild cognitive impairment (MCI); and investigated the effects of both cognitive training programs on cognition and engagement for elders with mild cognitive impairment.

Methods: One hundred fifty-five subjects were recruited for this study. Subjects were matched based on their functional status and cognitive status. Then, 33 subjects were randomly assigned into the attention training group, 35 subjects were assigned into the memory training group, and 87 subjects were assigned in the control group. The attention training group was received integrated orientation, selection and executive cognitive training, while memory training group was received face-name working memory and procedural memory training. Control group maintained their routine activities in long-term care facilities. All treatment modules were standardized to consist of 18 sessions lasting 60 minutes and completed over a 6-week period (three sessions a week).

MMSE and Clock Draw Test were used in the pre- and post-test. Engagement and Enjoyment scale were used from the first to sixth week during a six-week intervention.

Results: The MMSE scores were significantly higher in the attention training and the memory training groups compared with the control group in the pre-test and post-test assessments. Clock draw test was significant higher in the memory training group compared with the control group in the pre-test and post-test assessment. The engagement was significantly higher from the second week to sixth week in the attention training group, whereas enjoyment was significantly higher in the attention training group in the first week and the sixth week. The enjoyment score at the fifth week at memory training group was significant higher than that at pre-test.

Conclusion/Perspective: It is recommended apply attention training and memory training in adult day care center and adult apartment to remain cognitive ability of elders with MCI. For future study, a longitudinal study to investigate the long-term effects is recommended.

Keywords: mild cognitive impairment, attention training, memory training

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Topic: Early intervention

THE UTILITY OF THE PARTICIPANT AD8 TO DETECT DEMENTIA

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Abstract:

Background: The dementia of Alzheimer's type (DAT) is the most common dementing illness and also hard to be diagnosed at its earliest stage due to the lack of a brief and sensitive instrument. As we know that informant-based assessment may reveal early cognitive change because of a longitudinal perspective, and the AD8 is an informant-based screening instrument for dementia that has good discriminative properties and sensitive to identify dementia by an observant informant. However, the informant of those with very mild dementia could not be present in clinic settings. The objective of this study is to investigate the ability of patients to rate the changes in their own cognitive abilities using the AD8 compared with informant.

Method: The patients with diagnosed as AD and their caregivers were recruited from the department of neurology at Kaohsiung Municipal Ta-Tung Hospital (KMTTH) in Taiwan. The data of non-dementia participants were provided from an ongoing study in KMTTH. All of the participants were collected the demographic characteristics and conducted MMSE, CDR. And AD8 was administered to participant-informant dyads. Receiver operator characteristic curve (ROC) analysis was conducted to compare the discriminative properties of AD8.

Results: The 131 patients with AD and 60 non-dementia participants were recruited. The AD patients were significantly older and less educated than non-dementia participants (Age: 78.2 ± 7.1 vs 68.4 ± 7.7 , $p < .001$; years of education: 6.9 ± 5.3 vs 10.6 ± 4.9 , $p < .001$). The scores of participant AD8 had adequate consistence with informants' (intraclass correlation coefficient, 0.60; 95% confidence interval, 0.50-0.69). The area under the receiver operator characteristic curve for informant AD8 was 0.966 (95% confidence interval, 0.943-0.989); for participant AD8 was 0.848 (95% confidence interval, 0.793-0.903).

Conclusion: We demonstrate that compared with informant AD8, the participant AD8 can discriminate demented from nondemented individuals as well. Thus, we could use AD8 as a self-rating tool to detect dementia in clinic settings.

Keywords: dementia, AD8



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Topic: Early intervention

VALIDITY AND RELIABILITY OF THE GENERAL PRACTITIONER ASSESSMENT OF COGNITION (GPCOG) IN IRANIAN OLDER ADULTS

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Abstract:

Background and Objectives of the study/Introduction: Cognitive dysfunction is common among older adults and formal cognitive assessment has been recommended. The purpose of this study was to examine the validity, reliability, and applicability of the Persian version of the General Practitioner Assessment of Cognition (P-GPCOG) as a brief, efficient cognitive assessment instrument in Iranian older adults.

Methods: The sample comprised 151 community-dwelling older adults and 79 nursing home residents. The English GPCOG was translated, back-translated, and subsequently revised to determine the final P-GPCOG. Demographic details such as age, gender, marital status and level of education were collected from all participants. The Abbreviated Mental Test score (AMTs) and the Depression in Old Age Scale (DIA-S) were administered to establish the concurrent, convergent and divergent validity of the P-GPCOG. The internal consistency was determined by Cronbach's alpha, while the test-retest reliability calculated from the repeat administration of the P-GPCOG after 19 days.

Results: The mean age of the sample was 70.67 (SD: 9.51); 57.4% were male. The mean P-GPCOG scores for the total, patient and informant subscales were 7.67 (SD: 4.59), 4.18 (SD: 2.73), and 3.49 (SD: 2.24), respectively. The P-GPCOG patient section correlated significantly with the AMTs ($r=0.607$, $p<0.001$) and less strongly with the DIA-S ($r=-0.203$, $p=0.002$). Cronbach's alpha for the P-GPCOG patient and informant subscales were 0.903 and 0.833 respectively, indicating a high degree of internal consistency and homogeneity between items. The test-retest correlation for the total P-GPCOG score was 0.821. P-GPCOG patient scores also correlated significantly with factors such as age, gender, marital status, and education, highlighting potential socio-demographic biases.

Conclusions/Perspectives: The P-GPCOG is a valid, reliable, and well accepted instrument for cognitive assessment in older Persian speakers. A person's performance on the GPCOG may be negatively affected by his/her age or level of education.

Keywords: Older adults, Cognitive assessment, Screening

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Topic: Early intervention

CONVERSATION COACHING GROUP FOR PEOPLE WITH DEMENTIA AND THEIR COMMUNICATION PARTNERS

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Abstract:

Introduction: In Ireland, people with early stage dementia are typically not referred for cognitive communication assessment. Communication difficulties are inherent in a diagnosis of dementia. Speech and language therapists (SLTs) are well placed to work with individuals and family carers throughout the course of the illness to identify communication difficulties and needs. By providing support, enabling understanding and recommending strategies, SLTs are able to work with carers and people with dementia (PWD) to help maintain their interpersonal relationships. The aims of this intervention were (1) to provide psychosocial support to the PWD and their caregivers, (2) to provide education to PWD and their family caregivers about facilitating communication in dementia, and (3) to identify individual communication strategies to enhance communication.

Method: We selected five couples based on strict inclusion criteria, attending the day hospital service in St. Columcille's Hospital. We delivered a six-week intensive communication intervention. This entailed both group and individual based sessions, including a community outing. We used a range of outcome measures, both standardised and informal. This intervention was delivered by two SLTs. A core conversational analytic approach through video analysis was used, to identify individualised communication support strategies. Group sessions consisted of an educational focus, through didactic and experiential learning methods.

Results: All members of the group improved their functional communication ability and required a reduced level of communication support as measured by standardised communication tools. The incidence of communication breakdown was reduced significantly with couples using prescribed communication support strategies on average 83% of the time. Members of the group developed a leaflet titled "Supporting Communication in Dementia" which was circulated throughout the hospital and in local community centres. All members of the group reported positive outcomes. Some of their testimonials included comments such as "I've made a great change. Now I'm in the moment, more aware of how I sound. I'm not afraid, I know the parameters already."

Conclusion: This is an effective and transferable group intervention which targets the individualised needs of PWD and their family caregivers.

Keywords: Cognitive-communication, Early intervention, Speech and Language Therapy



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Topic: Epidemiology

ACCURACY OF DEATH CERTIFICATION OF DEMENTIA IN POPULATION-BASED SAMPLES OF OLDER PEOPLE: A SYSTEMATIC REVIEW AND ANALYSIS OVER TIME

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Abstract:

Objective: To evaluate the reliability of using death certificates for surveillance of dementia in older people and to examine factors that affect recording of dementia on death certificate over the past two decades in the UK and reconcile this with existing knowledge.

Methods: The Medical Research Council Cognitive Function and Ageing Studies (CFAS) I and II are two longitudinal population-based cohort studies with follow-up for mortality. CFAS I includes six centres in England and Wales, CFAS II includes three of these original centres in England. A total of 29,440 individuals were random selected from sample frames (21,678 in CFAS I and 7,762 in CFAS II) aged 65 and over with follow-up for mortality. To date there have been 23,073 deaths (21,872 in CFAS I and 1,201 in CFAS II) of whom 3,236 (2,830 in CFAS I and 406 in CFAS II) were within one year of their last study diagnosis of dementia. Study diagnosis of dementia at interview and the mention of dementia on death certificates were compared, with sensitivity, specificity and Cohen's κ to measure agreement estimated separately in CFAS I and CFAS II. Multivariable logistic regression models were fitted to investigate the impact of age, sex, residence, place of death, year of death and dementia severity on the reporting of dementia on the death certificate.

Results: The overall unadjusted prevalence of dementia on death certificates across both studies is 11.2% (95% CI 10.8 to 11.6), with a rise seen from 5.6% to 24.9% over the last 25 years. The relationship between known dementia and death and the report of dementia on the death certificates was poor in CFAS I with sensitivity 22.5% (95% confidence interval (CI) 19.8% to 25.4%), but by CFAS II it had risen to 44.7% (95% CI 35.7% to 53.9%). Specificity was high throughout both studies. Dementia was more likely to be recorded on the death certificate if a participant had been living in an institution before death or if dementia was more severe, and less likely to be reported if an individual died in hospital.

Conclusion: Reporting of dementia has improved significantly in England. Half of those people with dementia are now recorded as having dementia on their death certificate. Despite this increase the use of routine death certificate information for dementia ascertainment is still likely to produce an underestimate and still should only be used as an adjunct to epidemiological estimation to the changes over time in dementia awareness.

Keywords: dementia, death certification, population-based sample

Poster Abstracts

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Topic: Epidemiology

BURDEN OF ALZHEIMER'S DISEASE OR MILD COGNITIVE IMPAIRMENT ON PATIENTS AND THEIR CAREGIVERS IN EUROPE AND THE USXiaohan HU¹, Eddie Jones²¹Merck, Rahway, UNITED STATES;²Adelphi Real World, Macclesfield UK, UNITED KINGDOM**Abstract:**

Background and objectives: Alzheimer's disease (AD) can be preceded by cognitive decline 5-10 years prior to an official diagnosis. This can have an impact on patients' and their caregivers' quality of life prior to progressing to AD. This analysis aimed to identify and compare the burden of AD and mild cognitive impairment (MCI) patients, and their associated caregivers.

Methods: Data were taken from the Adelphi Real World 2013 Dementia Disease Specific Programme, a cross-sectional survey of patients over 50 with cognitive impairment (CI) and their physicians in France, Germany, Italy, Spain, the UK and the US. Physicians completed patient record forms for their patients with CI. Same patients and their caregivers were asked to complete patient self-completion or caregiver self-completion (CSC) forms, both with EQ-5D-3L, EQ-VAS and the CSC included Zarit Burden Interview (ZBI). Patients were classified as AD or MCI. AD patients were defined as those with AD diagnosis (including mixed AD and Vascular cause) or early onset AD diagnostic label, whereas MCI patients included those with MCI, amnesic MCI, pre-dementia AD or prodromal AD diagnostic label. Statistical significance between groups was assessed using Mann-Whitney-U and Fisher's exact tests.

Results: A total of 5,725 patients (median age [IQR] of 77.0 [71.0, 83.0], 55.6% female) were surveyed, of which 4,041 (70.6%) were classified by physician as AD. AD patients had on average worse quality of life (QoL) than MCI patients as measured by EQ-5D-3L and EQ-VAS (0.71 vs 0.83, 60.0 vs 70.0; both $p < 0.0001$). Caregivers of AD patients also had worse QoL (EQ-5D: 0.91 vs 1.00 and EQ-VAS: 75.0 vs 80.0; both $p < 0.01$) and felt more burdened (ZBI: 38.0 vs 30.0; $p < 0.0001$) compared to caregivers of MCI patients. AD patients had more comorbidities compared to MCI patients, including chronic heart disease, cerebrovascular disease, transient ischaemic attacks, strokes, diabetes and kidney disease (all $p < 0.0001$). Fewer MCI patients received AChEIs and memantine ($p < 0.01$), but a higher percentage received piracetam or remained untreated compared to AD patients (both $p < 0.0001$).

Conclusion: Diagnosed AD worsened QoL in patients and their caregivers compared with patients with MCI and their caregivers. Caregivers of AD patients also feel more burdened from providing care compared to caregivers of MCI patients.

Keywords: Mild cognitive impairment, Alzheimer's disease, Quality of life



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COGNITIVE SCREENING IN OLDER BRAZILIAN CAREGIVERS

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Abstract:

Background and Objectives of the study/Introduction: currently, the number of older caregivers has grown. The cognitive assessment in this group of participants is important because cognitive deficits can influence the caregiving role performance and the quality of the care. The study aimed to evaluate cognition and to associate factors in a sample of older caregivers of elderly Brazilians.

Methods: it is a cross-sectional, descriptive and correlational study. Three hundred fifty elderly over 60 who took care of an elderly were evaluated in individual interviews. The cognitive screening was conducted by Addenbrooke's Cognitive Examination-Revised (ACE-R) and entered in a logistic regression model.

Results: older caregivers were mostly women (77.6%), white (68.9%), aged between 60 and 69 years (59.3%), married or living with a partner (90.1%) and with low income (70.8%). Among them, 63 were illiterate, 220 had 1-4 years, 34 had 5-8 years and 33 had 9 years of schooling or more. Regarding cognitive screening, as measured by ACE-R, 144 (41.0%) underperformed the median adjusted for schooling. Time and space orientation (42.2%), memory (41.0%) and verbal fluency (38.5%) were the cognitive domains with the highest proportion caregivers who scored below the median in the ACE-R. Associations were observed ($p \leq 0.05$) between the condition of being a caregiver and present score below the median in the ACE-R: being female (OR = 2.10; 1.06-4.18), take care of parents-in-law (OR = 9.40 ; 1.16-76.2); be frail (OR = 2.60; 1.13-6.05); live with their spouse and child (OR = 2.71; 1.34- 5.46); not receive emotional support (OR = 1.81; 1.05-3.11) and present dependence in instrumental activities of daily living (OR = 0.82; 0.72-0.93).

Conclusions/Perspectives: worryingly, the percentage of caregivers who scored below the median for the education of the ACE-R. Being a woman, take care of parents-in-law, living with a spouse and child, be frail, do not get emotional support and present dependence in instrumental activities of daily living were the factors that were associated with cognition in older caregivers. Cognitive loss in older caregivers can be a complicating factor when they take care of another elderly, partly because the care quality may suffer, in part because it can become more onerous for caregivers. It is an important issue and as such should be treated by health policies.

Keywords: Caregivers, Aged, Cognition

Poster Abstracts

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Topic: Epidemiology

OPENING THE “BLACK BOX”: THE AUSTRIAN-CZECH INSTITUTIONAL LONG TERM CARE PROJECT

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Abstract:

There are very few studies in Europe providing solid basic data for care planning in institutional Long Term Care (iLTC). There is hardly any information on the prevalence of dementia in Austrian and Czech nursing homes. Available international studies estimate that about 80% of persons living in iLTC have a form of dementia. It is further estimated that about 30% of affected individuals are not diagnosed and consequently do not receive the social support, care and medical attention they need. Basic information on nutritional status, status of mobility and medication prescription patterns is missing. This information is necessary to stimulate the improvement of medical services in the future. On the same scale, the milieu of long-term care institutions is surprisingly unknown and institutions are often isolated and out of the mainstream of normal societal life. There is very little knowledge about the social needs of persons with dementia living in iLTC hindering the development of social programs, the situation of care teams as well as the needs of family caregivers in this context. In October of 2015, a transnational study was funded by the Austrian Science Fund (FWF) targeting these important questions.

Methods: A common study protocol will be applied in both countries assessing the health and social status of persons in iLTC using quantitative and qualitative assessment methods. Needs assessments will be performed along with assessment of factors describing the milieu of the institutions. A total of 1000 residents of LTC institutions will be recruited along with a representative sample of care team and family members. The data will be stored in a common database and analysed for each country separately and pooled for some selected research questions. It is intended to make these data available for other researchers in an anonymized and privacy centric database.

This presentation will inform about the study protocol and the data management plan.

Keywords: nursing home database, epidemiology, transnational study



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Topic: Epidemiology

PREVALENCE AND TRENDS OF DEMENTIA IN KOREA: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Abstract:

Through a systematic review and meta-analysis of epidemiological studies on dementia, we assessed the prevalence of dementia and its subtypes—Alzheimer' disease (AD) and vascular dementia (VaD)—in Korea. We searched for epidemiological studies on dementia published in 1990–2013 using PubMed, Scopus, EMBASE, KoreaMed, KISS, and RiCH. 65 years) was 9.2% (95% confidence interval [CI] = 8.2–10.4) from 11 studies, which was higher than that from Western and other Asian countries. AD was the most prevalent dementia type, with a prevalence of 5.7% (95% CI = 5.0–6.4) from 10 studies compared with 2.1% (95% CI = 1.6–2.7) for VaD from 9 studies. The age-specific prevalence of dementia approximately doubled with each 5.8-year increase of age. Although a significant increasing trend of dementia prevalence was not observed, it increased slightly from 7.3% to 8.7% after 2005; AD prevalence increased after 1995 and VaD prevalence decreased after the early 2000s. The AD/VaD ratio increased from 1.96 in the early 1990s to 4.13 in the 2010s, similar to the worldwide ratio. Owing to this high prevalence in the aging population, dementia will impose significant economic burdens to Korean society.

Keywords: dementia, prevalence, meta-analysis

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Topic: Epidemiology

RATE OF ALZHEIMER'S DISEASE PROGRESSION AND ITS ASSOCIATED BURDEN ON CAREGIVERS – RESULTS FROM A CROSS-SECTIONAL SURVEY OF CAREGIVERS IN THE USRezaul K Khandker, Xiaohan Hu¹, Edward A: Witt²¹Merck, Rahway, UNITED STATES;²Kantar Health, 1 Independence Way Suite #220, Princeton, NJ, USA, UNITED STATES**Abstract:**

Background and objective: Rate of Alzheimer's disease (AD) progression varies for patients during the course of the disease. The analysis aimed to better understand differential rates of disease progression among AD patients and its burden on caregivers.

Methods: This is a secondary database analysis of Kantar Health Alzheimer's Caregivers Syndicated Select study, which collected information from 1,079 adult caregivers of diagnosed AD patients in the U.S. via a self-administered internet survey in 2009. The survey contained information on demographics, general health status and QoL of caregivers. Caregivers reported patient's disease severity at diagnosis and at time of survey. Patients whose disease severity increased from diagnosis were divided into groups based on number of years since diagnosis (0-2, 3-4, and 5+) as a measure of speed of disease progression. Caregiver burden was measured by Zarit Caregiver Burden Scale (ZCBS). Characteristics of caregivers and patients were analyzed descriptively using frequencies for categorical data and means for continuous data.

Results: 694 caregivers (mean age 51.1, 72.0% female) indicated that disease severity of their patients had worsened since diagnosis. Among patients of these caregivers, 539 (mean age 79.8, 67.0% female) were identified as mild AD at diagnosis, among which 399 progressed to moderate AD (years since diagnosis: 0-2: 123; 3-4: 121; 5+: 155), and 140 progressed to severe AD (years since diagnosis: 0-2: 16; 3-4: 28; 5+: 96) at the time of the survey. Further, 155 (mean age 81.5, 67.1% female) patients were identified as moderate AD at diagnosis and had progressed to severe (years since diagnosis: 0-2: 26; 3-4: 44; 5+: 85). Caregivers of patients whose disease progressed felt more burdened than caregivers of patients with stable disease status (ZCBS score=37.3 vs 35.0; p=0.04). Caregivers were more likely to feel moderate-to-severe and severe burden if disease of their patients progressed faster, as measured by ZCBS (48.5%, 46.5% and 39.9% 0-2, 3-4 and 5 years or more respectively).

Conclusions: AD progression increased with time post diagnosis increased. Caregivers felt more burdened if their patients' disease progressed more rapidly. Thus, slowing disease progression might not only have benefits for AD patients, but potentially for their caregivers as well.

Keywords: Disease progression, Alzheimer's disease, Caregiver burden



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Topic: Epidemiology

SOCIAL BURDEN OF PEOPLE CARING FOR ALZHEIMER'S DISEASE AND MILD COGNITIVE IMPAIRMENT PATIENTS

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Abstract:

Background and objectives: People who care for Alzheimer's disease (AD) and mild cognitive impairment (MCI) patients often bear social and humanistic burden. This analysis aimed to identify those caring for AD and MCI patients, and quantify their associated burden.

Methods: Data were taken from the Adelphi Real World 2013 Dementia Disease Specific Programme, a cross-sectional survey of physicians and patients over 50 years old with cognitive impairment (CI) in France, Germany, Italy, Spain, the UK and the US. Physicians completed a patient record form for their patients with CI. Caregivers of the same patients were asked to complete a caregiver self-completion (CSC) form containing questions on how they felt about caring for the patient. Patients were classified as having AD if they currently had an AD diagnosis (which included some mixed AD and vascular cases) or early onset AD diagnostic label, whereas patients without an AD diagnostic label but with a MCI, amnesic MCI, pre-dementia AD or prodromal AD diagnostic label were classified as MCI patients. Statistical significance between groups was assessed using Mann-Whitney-U and Fisher's exact tests.

Results: A total of 1,538 patients (median age 78.0, 56.5% female) included in this analysis had a corresponding CSC completed, of which 1218 (79.2%) were classified as AD patients. Caregivers had a median age of 64.0 and were mainly female (67.7%), and over two-thirds (71.5%) of caregivers lived with patients they were caring for. Caregivers of AD patients were more likely to receive financial assistance from the healthcare system or social services compared to those caring for MCI patients (22.6% vs 16.1%; $p=0.01$) and also spent on average more hours per day caring for patients (medians: 8.0 vs 5.0; $p<0.0001$). Caregivers of AD patients were more likely to reduce their social activities (59.2% vs 49.2%; $p<0.01$), the amount of time they spent with other family members (41.0% vs 28.6%; $p<0.001$) and time spent on themselves (63.3% vs 54.4%; $p=0.01$) than caregivers of MCI patients.

Conclusion: Caregivers of both AD and MCI patients sacrificed their leisure time and social activities due to providing care. Those who provided care for the AD patients needed significantly more financial assistance and felt more burdened than those caring for MCI patients.

Keywords: Caregivers, Mild cognitive impairment, Social burden

Poster Abstracts

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Topic: Epidemiology

THE CHANGES OF MEDICATION USE AMONG ELDERLY POPULATION IN ENGLAND - A COMPARISON BETWEEN CFAS I AND CFAS II

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Abstract:

Objective: To describe and quantify self-reported medicine using include both prescription and non-prescription drugs in two comparable population based studies in England, which were conducted about two decades apart. To compare the patterns of the medication use among various demographical groups between the two cohorts, to see whether there were any changes over the past two decades. Further more, to investigate the factors that affect the medication use, and potential associations between long term conditions and drug use.

Methods: MRC CFAS I and CFAS II are multi-centre population based studies of cognition and health in the older population, using same study design, sampling method approximately two decades apart. Data was collected through face-to-face interviews. Current use of medication by the participants was investigated in the interviews. The question asked is: "Are you currently taking any medicines, tablets or injections of any kind, either that you buy yourself or that are prescribed by your doctor?". If answer was "Yes", details of medicines were recorded include drug names, doses, frequency and quantity. The analyses describe and quantify the general medicine use in CFAS I and CFAS II population. Multi-variabl logistic regression models were performed for identify the associated factors for number of medicines taken.

Results: A total of 7, 635 people were recruited in CFAS I, the participation rate was 81.7, and the medication information was collected from 7,359 (96.4 %) of interviewed participants. 7,762 people were recruited in the same geographic locations in CFAS II, the participation rate was 54.7%, and 7,505 (96.7%) of participants completed medication questions. The total of 15,614 items of drug were collected and coded in CFAS I, the median of number of medicines taken were 2 items. While as in CFAS II, the total items of drug were 32,297, and the median of number of medicines taken was 4 items. Cardiovascular drugs were the most frequently used drugs, they contributed 33% and 47 % of all drugs in CFAS I and CFAS II respectively, followed by central nervous drugs (22% in CFAS I and 12% in CFAS II). There is a general trend of increasing drug use across all the categories of drugs in CFAS II, the biggest increase in terms of number is cardiovascular drugs. Over all, people not taking any drug has declined from 20% to 8%, while people taking 5 or more drugs increased substantially from 12% to 43.3% in CFAS II. Self reported

Keywords: elderly population, self-reported medication, In England



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Topic: New research methodologies

PRELIMINARY RESEARCH CONCERNING EMOTIONAL INTELLIGENCE AND ALZHEIMER'S DISEASE

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Abstract:

Alzheimer's disease research has become a primordial necessity of our society. From our perspective, emotions play a key role in the development of the Alzheimer's disease. We investigate the relation between emotional intelligence and Alzheimer's disease for the first time.

The main objective of our research was the study of emotional intelligence of patients with Alzheimer's disease. Research hypotheses: 1) We assume that patients with Alzheimer's disease have low levels of emotional intelligence. 2) It is expected that all five dimensions of emotional intelligence are unequally developed. The research was conducted on two groups of participants. The first group of research is composed of 30 patients with Alzheimer's disease in the early stage. Subjects in the experimental group were aged between 60 and 90 years. The control group includes 30 adults aged 27 to 57 years.

Research methods: 1) Emotional Intelligence Test adapted by Mihaela Roco. 2) Questionnaire regarding the attitudes toward emotions (Geneva School).

The results showed that: 1) Patients with Alzheimer's disease have significantly lower levels of emotional intelligence, especially those aged between 70-90 years, compared with control patients group. Alzheimer's disease patients have very low scores for these components of emotional intelligence: self-confidence, empathy, tolerance and optimism. 2) People of the control group have the high score for the following components of emotional intelligence: knowing own emotions and their causes, optimism, self-confidence, tolerance. Research hypotheses were confirmed, showing the need to investigate emotions on patients with Alzheimer's disease.

Keywords: Alzheimer's disease, Emotional Intelligence, research

Poster Abstracts

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Topic: New research methodologies

EVALUATION OF THE PSYCHOMETRIC PROPERTIES OF A CHINESE VERSION OF THE MOBID PAIN SCALE AMONG RESIDENTS WITH DEMENTIAYi-Heng Chen¹¹Mackay Medical College, NewTaipei City, TAIWAN**Abstract:**

Background: Due to diminished cognitive function and communication abilities, pain is commonly under-detected and under-treated in residents with dementia. To improve the accuracy of pain assessment in cognitive impaired residents, researchers suggest that self-report and behavioral observation shall be used simultaneously to help in pain recognition and pain behaviors shall be best observed with activity. Although many behaviorally observed tools have been developed to assess pain in dementia, only Mobilization-Observation-Behavior-Intensity Dementia Pain Scale (MOBID) is developed to observe pain behaviors through standardized guided activity.

Objectives of the study: The purpose of the present study was to translate the English version of the MOBID scale into Chinese and to evaluate the psychometric qualities of the translated instrument in 10 dementia special care units.

Methods: The MOBID scale was translated into Chinese using forward- and back-translation and five experts in the field were invited to examine the scale to determine the content validity of index (CVI). The internal consistency and intra-rater reliability were evaluated by Cronbach's alpha and intra-class correlation coefficient (ICC), respectively. The concurrent validity was evaluated by examining the association between the Verbal Descriptor Scale (VDS) and the C-MOBID using the Pearson's correlation coefficient. Additionally, two validated behaviorally observed tools, Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC) and Pain Assessment in Advanced Dementia (PAINAD), were used to observe pain behaviors during the performance of ADLs to validate the convergent validity of C-MOBID.

Results: The participants in this study included 573 residents with dementia and more than half of the participants had severe cognitive impairment. The internal consistency of C-MOBID was 0.812 and the ICC for intra-rater reliability was 0.86. Moreover, the mean percent agreement across all items for the CVI was 94%. The concurrent validity was demonstrated by positive correlations with VDS ($r=0.36$) and the convergent validity across the three scales ranged from 0.62-0.69.

Conclusions: The psychometric qualities of CMOBID were supported in this study. Further research is needed to assess the clinical value of the translated scale performed in the long-term care facilities.

Keywords: MOBID, Pain, Behavioral observation



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Topic: New research methodologies

HOW IS RECRUITING FROM A RESEARCH REGISTER DIFFERENT?

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Abstract:

Join Dementia Research (JDR) is a national service that has been set up in the UK to facilitate the identification and recruitment of people to dementia research studies.

The service is promoted to volunteers both inside and outside the NHS. Volunteers are asked to provide information about themselves and their health, enabling them to be matched to potential studies.

Most studies traditionally recruit volunteers in specialist memory clinics within NHS Trusts. Here the research team are in contact with people during and immediately after diagnosis and have the benefit of patient medical notes.

Recruiting to dementia studies from JDR will reduce the time taken waiting for the matching volunteers to come through clinic, it also improves public access to research.

A 12 month review of the service has highlighted various challenges and differences that should be considered when recruiting to studies from cohorts or registers:

- Capability, studies teams were not always prepared / hadn't planned resources to support recruitment is a shorter time frame.
- Remote Screening, telephone screening needs to be comprehensive and high quality and conducted at the right time of day, when volunteers are at home.
- Physical Space, having access to a telephone, computer and quiet space.

Where these aspects were considered, study recruitment improved – EXPEDITION3 recruited 4 volunteers in 8 weeks (doubling NHS recruitment in one fifth of the time), EEG Study recruited 33 volunteers in 10 weeks.

Recruiting from a register means changing the way we work.

Keywords: recruitment, register, study

Poster Abstracts

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Topic: Risk factors

EFFECT OF VASCULAR RISK FACTORS ON PROGRESSION OF MILD ALZHEIMER'S DISEASE AND LEWY BODY DEMENTIA

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Abstract:

Background: Although vascular risk factors (VRF) are associated with an increased risk of neurodegenerative disease, it is not well known whether they affect the progression of Alzheimer disease (AD) or Lewy body dementia (LBD). Exploring this further may increase our understanding of the pathophysiology of AD and LBD, and open the possibility of secondary prophylaxis.

Objective: To test the hypothesis that VRF are associated with more rapid cognitive progression of AD and LBD, measured as the change in the Mini-Mental Status Examination (MMSE).

Methods: This ongoing cohort study included consecutive referrals with mild AD or LBD to geriatric and old age psychiatry clinics in western Norway from 2005 to 2013. MMSE examinations were carried out at baseline and then annually. Those with at least one follow-up MMSE score were included in this study.

The VRF included diabetes mellitus, hypertension, hypercholesterolemia, overweight and smoking. The Generalized Estimating Equations (GEE) method was used to examine the potential association between vascular risk scores (individually or combined) and the change in MMSE score, adjusting for age and sex.

Results: A total of 172 patients (AD n=102, LBD n=70) with mean age 75.1 years with a follow-up time of up to 5 years (mean 3.7 years) were included. Except for smoking, all other VRF were associated with a slower decline in MMSE, and the association was statistically significant for overweight and hypertension. By combining the VRF it was shown that patients having more VRF had a smaller decline in MMSE.

Conclusion: Contrary to our hypothesis, we found that VRF were associated with a slower rate of cognitive decline in patients with AD and LBD.

Keywords: Alzheimer's disease, Lewy body dementia, MMSE



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Topic: Risk factors

ELECTROPHYSIOLOGICAL CORRELATES OF KIBRA rs17070145 POLYMORPHISM, A POSSIBLE PREDICTOR OF ALZHEIMER'S DISEASE RISK

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⁴Schizophrenia Research Institute, AUSTRALIA;

⁵Western Sydney University, School of Science and Health, AUSTRALIA

Abstract:

Background: The WWC1/KIBRA (Kidney/BRAin) gene encodes a cytoplasmic protein that is primarily expressed in memory-related regions of the brain, including the hippocampus and cortex. A functional Single Nucleotide Polymorphism (SNP) (rs17070145) within KIBRA has been associated with memory performance and Alzheimer's disease risk. Recent work has demonstrated that KIBRA T allele carriers have significantly better episodic memory scores than non-carriers, and a reduced risk of Alzheimer's disease. Identifying electroencephalographic (EEG) biomarkers of KIBRA T allele carrier status may further our understanding of the impact of this SNP on neural networks, and early risk factors for Alzheimer's disease.

Methods: Sixty-one young adults (mean age = 20.9, SD = 5.1 years) had their resting EEG activity continuously recorded from 30 scalp sites for 2 minutes with their eyes open. Participants also completed a computerised neurocognitive test battery (CogState), and provided a saliva sample for DNA extraction and analysis. Mean EEG band power was computed across the 2-minute block for delta, theta, alpha, beta, and gamma. The genotyping for KIBRA rs17070145 polymorphism was performed using Sequenom MassARRAY® genotyping assay. EEG activity and CogState scores were compared according to KIBRA T allele carrier status.

Results: Delta, theta, alpha, beta, and gamma bands showed the expected eyes-open resting state topographic distributions. KIBRA T allele carrier status was related to delta and theta only, with greater delta power at the vertex ($p = .004$) and midline parietal sites ($p = .001$), and a trend towards reduced theta power centrally on the left ($p = .087$) for T allele carriers. Increased delta levels also improved reaction time in a sustained attention task independent of KIBRA T allele carrier status.

Conclusions: Results indicate that delta and theta power are modulated by KIBRA. Given the role of the hippocampal-cortical memory system in the generation of such slow wave activity, further work should explore whether KIBRA affects this neural network during cognitive tasks, and whether this activity is associated with Alzheimer's disease risk.

Keywords: Electroencephalograph (EEG), KIBRA, Single Nucleotide Polymorphism (SNP)

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Topic: Risk factors

RISK FACTORS FOR DEMENTIA: A REVIEW OF SOCIODEMOGRAPHIC AND PSYCHOSOCIAL FACTORS

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Abstract:

Background: Risk factors for contributing to the development of dementia have been studied mostly focusing on cognitive and physical aspects. Specifically, diabetes, obesity, smoking, depression, cognitive inactivity and low educational attainment, midlife hypertension, and physical inactivity have been identified as the modifiable risk factors. In terms of mental conditions, depression and anxiety have been addressed as the risk factors for the incidence of dementia. Currently, there is scant research that explain the risk factors for dementia and Alzheimer disease from non-medical perspectives.

Objectives of the study: The purpose of this study is to present a review of the literature on risks factors for dementia in terms of sociodemographic and psychosocial risk factors. In addition, gaps in the literature and recommendation for future studies will be identified.

Methods: The purpose of this study is to evaluate the international research on risk factors for dementia summarize current findings on associations between sociodemographic and psychosocial factors and dementia. A comprehensive review of literature was performed. Studies were limited to original quantitative research and research included in scoping, meta-analysis, and/or systematic review, written in English and published in peer-reviewed journals from January 2000 through December 2015. The following risk factors were considered: gender, race, living arrangement, education, financial hardship, and employment history as demographic and socioeconomic risk factors. In addition, psychosocial risk factors included depression, loneliness, life satisfaction, anxiety, personality, and social support.

Projected results and implications: Different risk factors might play different roles in the pathogenesis of dementia. The findings from this study will 1) provide awareness, understanding and knowledge of risk factors for dementia in terms of demographic, socioeconomic, and psychosocial risk factors; 2) suggest the prevention strategies from the non-medical perspectives; and 3) identify knowledge gaps requiring future research.

Keywords: risk factors, psychosocial and socioeconomic factors, literature review



Poster Abstracts

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Topic: Risk reduction

A STUDY ON CHARACTERISTICS OF PREVENTING FALL IN HOME ENVIRONMENT WITH DEMENTIA PATIENTS

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Abstract:

When Dementia patients fall in their home, it's not only often result in patient's disability, but also increase the stress and burden of family caregivers. The main purpose of this study is to find out the environmental factors preventing Dementia patients from falling down in their home. This study focuses on the countermeasures to the falling factors in terms of environmental behavior study.

This study uses depth interview with the family caregivers and observation of home environment of six dementia patients. Three principles were used to analyze including living independence promoting, care providing and life continuity.

The result shows that when we try to change the home environment to promote fall preventing of Dementia patients, we should assess the environment using criterions as follows: (a) Removing different height of the floors; (b) Providing appropriate light and color to identify the spaces; (c) Ensuring sufficient activity space for patients; (d) Providing secure chair and bed; (e) Adding necessary handrails; (f) Installing emergency notification facilities; (g) Reserving familiar furniture and belongings of patients; (h) Establishing good habits of using home devices.

Fall in home environment has become an important issue regarding the achievement of patient caring at home. Only when we make the environment become the benefits both of supporting patients manage their own life and reducing burden of family caregivers, will we help patients continue receiving care at home.

Keywords: Dementia, fall, home environment

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Topic: Risk reduction

DEMENTIA AND THE HUNGARIAN SOCIETY - PILOT RESEARCH PROGRAMS OF THE INDA PROJECT

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Abstract:

One out of the four main points of the Interprofessional Dementia Approach (INDA) project was to establish research programs. As a research team of the INDA project we knew well from the beginning that we will not able to implement programs with bigger samples, but we can use our knowledge and resources to carry out useful pilot projects. The aim was to draw correlation between certain variables. We analyzed different parts of the Hungarian elderlies, who are threatened by dementia:

- people, who live in elderly homes and people, who live with their families or alone, but used to visit elderly clubs;
- family doctors' patients;
- people, who pay more attention to health promotion.

We have used a simple methods in every target groups above to measure the percentage of affected people: the Mini-Cog Test and the Clock Drawing Test.

Obviously we wanted to figure out how our results will fit into the international trends, but we had more ambitious plans as well. Each program got special variables, such as Mini Mental Test, Brink's Elderly Depression Scale, Rosenberg Test for Self-esteem, Subjective Indicators of Mossey and Shapiro for Health Condition and so on. We collected statistics about cholesterol, blood pressure and Body Mass Index.

Unquestionable, database with a few hundred people cannot prove any certain correlation. However, these data consist necessary information for adequate interventions. The results point out some of the most challenging elements in the theme of dementia.

We made the first big step forward in order to get to know more about dementia in Hungary.

Keywords: research – INDA project, dementia, intervention



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Topic: Engaging people with dementia and carers

ESPRESSO, WHAT MORE! NO, WHAT ELSE! BARRIERS AND FACILITATORS TO THE PARTICIPATION IN MEETING PLACE IN ITALY

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Abstract:

Background: Aimed by the intention of preventing social exclusion, meeting place, developed in Emilia-Romagna. Italy since 2005, involving public and non profit private associations (mainly local alzheimer's associations), offer people with dementia, and caregivers, the opportunity to take active part in pleasure activities during which participants can exchange experiences and points of view. Meeting place are based on a mixed features of Alzheimer cafès and meeting centers already available in many other countries. Such psychosocial interventions usually take place either in clubs, cafès, bars or other public places.

Aim: The present project aims to identify strengths and limitations of meetin place by focusing upon organizational aspects, barriers and facilitators to the access to the meting place and on experience and satisfitification of the participants.

Methods: 83 attendees took part in the project. 31 were with dementia, 35 were family carers and 17 of them were formal carers (i.e., volunteers). Each participants was requested to respond to both qualitative and quantitative assessments. The former was a semi-structured interview; the latter consisted of the following series of questionnaires: 'Dementia Quality of Life' questionnaire, which were administered to persons with dementia, 'Zarit burden interview' and 'Sense of competence questionnaire' which were administered to patients' carers, instead.

Results: The strengths reported by the participants are about participating in activities, information, support and social environment avilable at the meeting place. Moreover, taking part at the meeting place were reported to embed a fundamental role in the fight against Alzheimer-related stigmas, as well as, to stimulate those people resources that at home usually cannot emerge. Among the limitations, participants report to might have appreciated more heterogeneous activities and that it was not easy for family carers to decide to participate into the ' activities .

Conclusion: Meetin place represent a very important source of relief and support as their activities are useful for all the attendees. However, barriers preventing activities program and their access do exist and efforts should be made to overcome them.

Keywords: Social participation, dementia, psychosocial interventions

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Topic: Engaging people with dementia and carers

HOW CAN PEOPLE WITH EARLY STAGE DEMENTIA BE INVOLVED IN RESEARCH? DEVELOPMENT OF A PARTICIPATORY RESEARCH MODEL

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Abstract:

Limited knowledge exists about how dementia affects a person's life seen from the perspective of people living with the disease. The aim of this Ph.D. study is to develop a participatory research model drawing from qualitative participatory research about the lifeworlds of people with early stage dementia. Knowledge about their lifeworlds and how to involve people with early stage dementia as research partners is important because people with dementia are often excluded from research activities. Thus has dementia mostly been described from a medical perspective and persons with dementia have been viewed as unable to contribute to an understanding of the condition and to benefit from training related to become active research partners.

The methods used in the study are a combination of participatory and ethnographic research methods including participant observation, interview and focus groups. In the study ten people with early stage dementia from an adult school in Denmark are trained in research skills inspired from two patient and public involvement models to qualify them to conduct a participatory research project. In the study the participants' own suggestions and steps in the research process will inform both the research project and the development of a participatory research model. The analytical framework is hermeneutic with use of an interpretive phenomenological perspective inspired from Max Van Manen's four extentials towards the interviews with the ten students conducted in forehand of the participatory research project and a thematic analysis inspired by Braun and Clarke in relation to the video data collected during the participatory research project with the ten students.

It is anticipated that the study will develop a model for how people with early stage dementia can be trained and involved as active research partners. Furthermore it will contribute with knowledge about how dementia affects a person's daily life; which is important knowledge to provide a greater holistic understanding about dementia. The study will raise the profile of the voice of the persons with dementia, so that future treatments, cares and services can be offered according to what people with early stage dementia experience as relevant.

Keywords: Early stage dementia, Participatory research , Development of a research model



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Topic: Engaging people with dementia and carers

LIVING WITH DEMENTIA IN A NURSING HOME, AS DESCRIBED BY PERSONS WITH DEMENTIA: A PHENOMENOLOGICAL HERMENEUTIC STUDY

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Abstract:

Background and objectives: Persons with dementia (PWD) have described life in nursing home (NH) as difficult and lonely. PWD often reside in nursing homes for several years; therefore, knowledge is needed about how quality of life is affected in the nursing-home setting in order to be able to provide the best possible care. The aim of this study is to investigate the experience of living with dementia in a nursing home and to learn what makes life better or worse from the perspective of the person with dementia over time.

Methods: A hermeneutic phenomenological research design was applied. Unstructured face-to-face interviews and field observations were conducted twice, three months apart.

Results: The analysis revealed four themes: 1) "Being in the NH is okay, but you must take things as they are", meaning they felt safe and were content provided they accepted the situation, 2) "Everything is gone", meaning they felt they had lost their old life, including family, work, home and sometimes self. They missed all the normal things that made up their life, 3) "Things that make it better and things that make it worse", descriptions of the importance of having private belongings available, how this reminded them about their life and being able to do things they liked, 4) "Persons—for better or worse? Staff, family and co-residents", descriptions of how the experience of life in the NH were influenced by how they were met by other persons. The persons with dementia differentiated between members of the staff, and they preferred the primary nurse.

Conclusions: Persons with dementia are able to communicate their feelings and thoughts about their lives in the NH and can name several factors that have impacts on their quality of life. They differentiate between members of the staff, and prefer the primary nurse. They are content with life in general, but everyday life is boring, and their sense of contentment is based on acceptance of certain facts of reality and their ability to adjust their expectations.

Perspectives: Health care leaders should provide guidance and education to staff that will enable them to gain insights into how their behaviors affect the everyday life and quality of life of persons with dementia living in nursing homes. Primary care nurses should be given the time necessary to plan and implement activities preferred by each person with dementia.

Keywords: dementia, quality of life, phenomenological

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Topic: Engaging people with dementia and carers

PARTICIPANT AND CAREGIVER PERCEPTIONS OF A COMMUNITY ADULT DAY PROGRAM FOR PERSONS WITH DEMENTIA

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Abstract:

Background: The Adult Day Program provides persons with dementia with socialization, physical exercise, and cognitive stimulation geared to their abilities through games, art therapy, horticulture, and music. The Day Program staff includes therapeutic recreation specialists, nurses, and social workers who maintain close contact with family caregivers and monitor the well-being of each client.

Research Questions:

- 1) What benefits do participants perceive from attending the Day Program?
- 2) What benefits do their family caregivers perceive for the participant in the Day Program?
- 3) What benefits do family caregivers perceive for themselves?

Approach: Participants in the Day Program (n=175) and their family caregivers (n=175) were interviewed at baseline, two months, six months and one year. They were asked to give short answers to four questions: 1. What does coming to the day program mean to you? 2. What are the reasons you began coming to the day program? 3. What keeps you coming to the program? 4. How would your life be different if you weren't coming to the program?

The open-ended questions provided detailed feedback of both the participants' and family members' experiences at the Day Program. The responses were analysed qualitatively and members of the research team coded the main ideas and topics into themes.

Outcomes: The benefits identified by the Day Program participants included social connections with others, activity and exercise, caring staff, insight and learning about the progression of their disease, and relieving boredom and loneliness.

The benefits identified by the caregivers for the participants were a more alert participant when they returned home, allowing them to keep their loved one out of long term care longer. They also found the staff to be very professional and caring, providing a safe environment.

The benefits identified by the caregivers for themselves included respite, some personal time for themselves, and peace of mind.

Implications: This research has contributed to our understanding of the role of Day Programs in the continuum of care for persons with dementia. Day programs promote socialization and well-being for participants. Caregivers get much needed respite and are able to keep their family member at home longer, reducing the burden and cost on the health care system.

Keywords: Adult Day Program, Caregiver perceptions, Participant (persons with dementia) perceptions



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Topic: Engaging people with dementia and carers

THE AVONDALE INTERGENERATION DESIGN CHALLENGE AND ITS EFFECTIVENESS IN IMPROVING MEANINGFUL ENGAGEMENT AND MOOD IN AGED CARE RESIDENTS

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Abstract:

Background/objectives: Engagement through meaningful activities is an indicator of residential aged care facility (RACF) service quality, and is associated with improved quality of life. Yet studies continue to report low levels of engaging activity in RACFS, especially for people with dementia. Intergenerational programs typically report benefits to both elders and youths. The aim of this presentation is to describe the Avondale Intergenerational Design Challenge (AVID) and its effectiveness in improving: 1) residents' observed engagement and reported mood during student visits relative to usual RACF lifestyle activities; and 2) students' self-reported attitudes to older adults, self-esteem and empathy.

Methods: In AVID a team of three technology students aged 13-14 years old (N = 60), were each assigned to one of 26 residents (n= 18 with a chart diagnosis of dementia). Students met with the resident four times over 15 weeks and used the meetings to get to know the resident, and design and create something for them based on their individual needs and preferences. For example, a timber box to store wool and prevent tangles for a resident whose hobby was knitting. Students complete the Rosenberg Self-Esteem Scale, The Toronto Empathy Questionnaire, and Children's Perceptions of Aging and Elderly Scale four times: three months pre-AVID; immediately before the start of AVID; immediately after AVID; and at three months follow-up. Trained RACF staff assisted residents to complete a mood scale before and after student visits and before and after a typical RACF lifestyle activity the next day (e.g. choir). RACF staff also recorded residents' observed engagement during the student visits and lifestyle activity.

Results: Differences in resident engagement and mood between activity conditions over time, and changes in student outcomes over time, will be analysed using linear mixed models. Change in student outcomes from pre-AVID to the immediate start of AVID will be utilised as a within-subjects control. Results will be available March 2016.

Conclusions: AVID is the model of a good practice intergenerational program. This study is one of few methodologically sound quantitative evaluations of an intergenerational program. Findings will inform best practice for future intergenerational initiatives.

Keywords: intergenerational, engagement, mood

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Topic: Engaging people with dementia and carers

THE WELL-BEING OF PERSONS WITH DEMENTIA IN A HOME-BASED TAILORED ACTIVITY ENGAGEMENT PROGRAMME (DEMACT) USING DEMENTIA CARE MAPPING-SUPPORTED LIVING

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Abstract:

Background and Objectives of the study/Introduction: Person-centred care is an approach to dementia care that is widely accepted as the 'gold standard' of care provision. It seeks to maintain the personhood of the individual and focus on finding the person behind the disease. Dementia Care Mapping (DCM) is a tool and process developed to facilitate the delivery of person-centred care to persons with dementia. Although DCM is traditionally used only in formal care settings, it has recently been adapted for home-based care settings as Dementia Care Mapping-Supported Living (DCM-SL). Research has shown that activity-based engagement improves psychological well-being of people with dementia. However, few studies on the impact of tailored activity engagement programmes take into account individual life history, likes and dislikes when selecting activities for the people with dementia, particularly for those living in the community. The Dementia Activities and Care Toolkit (DemACT) is a home-based tailored activity programme that seeks to improve the well-being of the person with dementia by addressing the need for meaningful activities and company. The specific aim of this study was to describe the mapping profile using DCM-SL of persons with dementia in the DemACT programme.

Methods: Eleven home care staff were recruited for the study. Twelve persons with dementia who participated in the DemACT programme were mapped on two separate occasions using the DCM-SL.

Results: The mapping profile of the persons with dementia revealed good relative well-being profile scores, both individually and as a group, when engaging in activities tailored for them. The persons with dementia also enjoyed a diversity of activities when participating in the DemACT programme.

Conclusions/Perspectives: These findings suggest that the DemACT programme has good potential to support a person-centred approach in care for persons with dementia in the community.

Keywords: Dementia care mapping-supported living, home-based tailored activity engagement



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Topic: Engaging people with dementia and carers

A PhD STUDY TO CODESIGN AN EHEALTH SELF-MANAGEMENT SUPPORT PROGRAMME WITH AND FOR PEOPLE WITH MILD COGNITIVE IMPAIRMENT (MCI)

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Abstract:

This poster describes my PhD study which is a project to codesign an ehealth self-management support programme with and for people with Mild Cognitive Impairment (MCI).

MCI is one of several prodromal syndromes of dementia (Prince et al 2011). Having MCI has been shown to increase the risk of someone developing dementia fairly substantially (Peterson 2001). Campaigns to raise awareness of dementia and the value of early intervention mean increasing numbers of people being diagnosed with MCI in the UK (RCGP 2014). Early interventions that are psychosocial and psychoeducational can aid maintenance and improvement in cognitive function and improve quality of life (Prince et al 2011). In addition, there is evidence that self-management support (SMS) interventions in particular are effective in improving quality of life, reducing health service use, and improving clinical outcomes in chronic conditions such as MCI (De Silva 2011).

Users of services, and especially older adults, often have little say in how services are designed (Xie et al 2010). This project uses a methodology of codesign to create an online SMS programme for a local health Trust in the UK, in partnership with prospective users of the service who have been diagnosed with MCI. The codesign will use as a basis Sanders' (2002) 'say, do and make' approach. People using an existing local post diagnosis clinic will be approached to take part in the project, along with a small representative sample of staff. Codesign is a valuable approach to creating truly patient centred services through incorporating service users' experience, and facilitated preparatory, design and evaluation sessions will explore participants' requirements (Roberts et al 2015; Sanders and Stappers 2008). In the main phase, the components of the programme will be designed through collective creativity activities, such as visualising an ideal future service in order to establish priorities for the components of the programme. SMS programmes can include elements such as practical information about MCI, cognitive training activities, memory strategies, physical fitness and wellness strategies or online peer support. After the design is complete, participants will come back together to review and make any changes before the programme is put into practice. It is intended that a subsequent study will evaluate the in-service programme for usability and fit with service user requirements using a mixed methods design study.

Keywords: Mild Cognitive Impairment, Participatory codesign, self-management support

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Topic: Engaging people with dementia and carers

OPENING THE WINDOWS OF THE WORLD – HOW CREATIVE USE OF TECHNOLOGY IS CONNECTING PEOPLE LIVING WITH DEMENTIA IN REMOTE AND RURAL AREAS

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Abstract:

To show how a partnership using digital technology connected Allied Health Professionals (AHP) in city mental health services to people affected by dementia in rural Community bases in the Scottish Highlands.

How using digital technology made AHP services more accessible to people in rural settings and increased the time AHPs spent in direct contact with a larger number of people. Previously without technology, time was spent travelling instead of reaching people affected by dementia in more timely and economical ways.

How professionals working with a dementia friendly community invited people affected by dementia in rural areas to tell them what interested them by using pictures and how together they were able to build up a bank of images of specific interest to community groups around the Highlands.

How by using specific themes e.g. feet, colour, celebrate they engaged with those community bases using digital media to highlight and share interests. How this project flexibly engaged people individually and in groups with face to face meetings, via social media e.g. twitter and Facebook or by using emails, telephone, letters, iPad, dvds and memory sticks. How community hubs developed their potential to work with central AHP services to facilitate therapeutic interventions.

How the bank of images served many purposes: programmes offered a basis for interaction between the Health Professionals and people affected by dementia using smart television, video conferencing, skype etc. How this project also developed a range of different resources including health programmes around exercise, nutrition, diet etc.

How resources were better directed to interactive support via digital technology thereby reducing isolation and loneliness, while ensuring travel and face to face contact became an investment that was planned and more fairly shared across rural communities.

How community partnerships put people living with dementia at the heart of the project by allowing two way communication to other organisations and community groups – encouraging knowledge sharing and enabling people with dementia to teach as well as learn.

How groups of older adults which included people living with dementia were able to engage with technology in new ways which have made tangible differences to their lives.

How co-production of this project engaged people affected by dementia and communities at every stage in its development and how this served to improve social cohesion.

Keywords: Technology, Rural, Remote



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Topic: Environment and design

“YOU CAN GET COMPLETELY DISORIENTATED AND REASON IS BECAUSE ALL THE CORRIDORS LOOK THE SAME” - A QUALITATIVE STUDY INTO THE ORIENTATION EXPERIENCES AND DESIGN PREFERENCES OF OLDER PEOPLE WITH MEMORY DIFFICULTIES LIVING IN RETIREMENT COMPLEXES

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Abstract:

Background: Older adults and those experiencing dementia often experience marked deficits in their orientation and navigation abilities; this is reported in neuropsychological studies as well as through qualitative interviews, predominantly with the carers of those with dementia (Passini, 2000). However, in order to know how to adjust environments to compensate for decreasing orientation skills, voice must be given to older adults and those experiencing dementia to describe how they find their way and to hear their design preferences (Jonas-Simpson, 2003).

Aims: This study explores the navigational experiences older adults with memory difficulties encounter whilst living in a communal living environment. One key aim is to highlight common themes and patterns in participants' experiences of orientation and design within their living environment.

Method: In-depth semi-structured interviews with older people experiencing memory difficulties were conducted. All participants were residents of one retirement complex. Questions began broad (e.g. by asking them to describe their experiences of navigating in their living environment), before considering specific navigation difficulties.

Findings: A thematic analysis examined the self-reported issues surrounding residents' reasons for experienced disorientation, the strategies used when orientating in the development, and their design preferences. The importance of having memorable spaces in the environment was present across all themes - this appeared to be preferred to than having signage as an orientation tool.

Conclusions: The findings highlight the need for more environments to consider their design in order to support those with memory difficulties. The implications of the findings are discussed in relation to existing dementia and navigation research as well as dementia (and age) friendly design guidelines.

Keywords: Dementia friendly design, Disorientation, Retirement complexes

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Topic: Environment and design

DEMENTIA FRIENDLY HOUSES ARE PEOPLE FRIENDLY HOUSES: DEVELOPING A RURAL DEMENTIA HOUSING CHARTER

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²Helmsdale and District Community Association, UNITED KINGDOM

Abstract:

To show how a partnership has been established between the statutory sector as well as small and large partners from both the private and third sector such as housing associations, private landlords and local tradespeople to examine how local government, professionals and dementia friendly communities can work together to ensure people with dementia remain in their own homes for as long as possible.

How local communities were involved in raising awareness around rural housing issues i.e. that situations are constantly changing and often requiring urgent adjustments which cost money, but as importantly that ordinary families live in ordinary homes and that these homes are their family homes not institutions specifically for people with dementia.

How the rural partnership challenged existing preconceptions around rural housing by using local expertise to ascertain not only the existing rural situation and desires for the future, but also to show how communities could support government to ensure all local housing is dementia friendly.

How a Rural Housing Charter can be developed for inclusion in a national Housing Charter.

How those ultimately responsible for funding and others who had authority to make change (generally from urban areas) were invited to a workshop to better understand how community connections and resources could aid in developing appropriate rural housing for dementia families.

How the work was intergenerational and socially inclusive i.e. how the students of the Glasgow School of Arts were invited to develop housing designs that incorporated not only dementia requirements, but also ensured any dementia friendly rural housing was also family friendly.

Keywords: Housing, Rural, Adaptation



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Topic: Environment and design

TRAVELLING WITH DEMENTIA

Susan Morris¹

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Abstract:

Background: The Scottish Dementia Working Group (SDWG) is a national campaigning group, run by people with dementia and is the independent voice of people with dementia within Alzheimer Scotland. The Working Group campaigns to improve services for people with dementia and to improve attitudes towards people with dementia.

Aims: The group identified travel, particularly when using public transport, as an issue that people with dementia can find challenging.

They wanted to find safe ways to travel and be able to share these with others across Scotland and to raise awareness of their issues amongst transport staff.

This presentation describes the process of how the group members set out to resolve these issues.

Method/Participants: In 2013, six members of the group came together to form a "Transport Sub-group." They decided that the best way of tackling these issues was by producing a booklet entitled 'Travelling with Dementia'. After the success of the booklet the group made a successful application to Life Changes Trust for funding to produce a DVD.

The group has worked with major transport agencies and has provided training and advice for agency staff to raise awareness about the issues surrounding travelling well with dementia.

Findings/Desired Outcomes/Conclusions: The 'Travelling Well with Dementia' (2014) publication, and the forthcoming DVD, includes useful hints and tips for travelling. It includes practical measures to make the journey safer and minimise stress, and sign-posts readers to services and organisations that can provide further assistance and/or resources.

Providing support and advice for people with dementia, and increasing awareness within the transport sector, and within the general public, has empowered many people with dementia to get out and about as independently as possible thus increasing self-esteem and confidence and strengthening their own personal capacity and resilience.

Keywords: Travelling

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Topic: Dementia friendly communities

EXPERIENCES OF THE FIRST HOUSE OF CAREGIVERS AND THE FIRST FRIENDLY CITY IN COSTA RICA

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Abstract:

Costa Rica is a small country located in Central America; the region is estimated to have one of the highest prevalence of dementia of any kind by 2050.

In addition Costa Rica has a life expectancy at birth highest in Latin American and a high rate of aging, which affects an epidemiological change, especially with an increase in chronic non-communicable diseases.

Against this background, our country became the first country in low or middle-income Alzheimer have a plan, developed through the main effort of the Alzheimer's Association of Costa Rica and extraordinary support from the government of the Republic of Costa Rica.

The Alzheimer's Association has been working for 25 years with different projects which "home carers" has become one of its main, for their benefit and projections that is taking in supporting the plan Alzheimer, with support for caregivers their training needs and self-care.

After two years of work, the results have been very satisfactory and contributed to the welfare of carers and people with some kind of dementing illness.

During the year 2015, the local government council of the Municipality of Curridabat established an agreement with our partnership and a resolution declaring the first people-friendly city with some cognitive impairment of Latin America was signed.

This project could integrate the effort of the house of caregivers and a series of local actions that are generating an example to be replicated by other local municipalities and Central America.

During the presentation we will mention the advances in early detection, incorporating care networks, development of home care and respite centers locally.

An important aspect of this project has been the incorporation of the public health system in primary care, with shared efforts and integration of actors of civil society, private organizations, under the leadership of the Alzheimer Association of Costa Rica

Keywords: Friendly city., Home caregivers



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