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ABSTRACTS – POSTER SESSION 2

PS02-02 SOCIO-EMOTIONAL MECHANISMS CONTRIBUTING TO PARANOID DELUSION IN VERY LATE-ONSET SCHIZOPHRENIA-LIKE PSYCHOSIS

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Objectives: Very late-onset schizophrenia-like psychosis (VLOSLP) is characterized by the emergence of positive psychotic symptoms in late life (> 60 years) (Howard *et al.*, 2000). Persecutory and partition delusions seem more prominent in VLOSLP compared to early onset psychosis (EOP). VLOSLP has also been associated with theory of mind (ToM) deficits (Moore *et al.*, 2006). Theoretical models have speculated about the contribution of emotional state, especially anxiety, to misinterpretation of intentions and social situations in psychotic individuals (Freeman *et al.*, 2002). The current study aims to explore the socio-cognitive and emotional mechanisms of delusion manifestation in VLOSLP.

Methods: Socio-cognitive functioning was studied using the Reading the Mind in the Eyes-Revised and the Faux-Pas detection task. Anxiety was examined using the anxiety subscale of the Hospital Anxiety and Depression Scale (HADS-A) in patients with VLOSLP (n=18) and healthy age matched controls (n= 55). We used MMSE scores as an assessment of basic cognitive functioning. Partial correlations, with cognitive function as a covariate, two-way independent t-tests and multiple regression were conducted using SPSS 20.

Results: The group of patients with VLOSLP made significantly more errors on affect recognition, faux pas-detection and they displayed higher anxiety levels. Moreover, anxiety levels seemed to moderate the relationship between psychosis and faux-pas detection, suggesting that higher anxiety in VLOSLP is associated with greater ToM deficits.

Conclusion: We confirm the relationship between ToM deficits and psychotic symptoms in the elderly. In addition, we show that the relationship between ToM and psychosis is influenced by anxiety levels. Longitudinal research may enlighten the causal relationships between anxiety, ToM and psychosis in late life.

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Keywords: anxiety, Elderly, psychosis, theory of mind, VLOSLP

PS02-03 VIEW OF FUTURE GENERAL PRACTITIONERS ON THE MANAGEMENT OF DEMENTIA IN THE COMMUNITY: A NATIONAL SURVEY

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Objectives: Dementia remains a significant cause of disability in later life and presents multiple challenges for primary care. Family physicians or general practitioners (GPs) are well positioned to notice the possible cognitive decline of individuals but there is a wide variation in primary care physicians' abilities and confidence in diagnosing and managing dementia (Iliffe S, 2009), with many expressing limited confidence in their diagnostic skills and confidence in management of dementia (Turner S, 2004). We aimed to first highlight what the current knowledge and attitudes are of GP trainees are towards dementia.

Methods: A cross sectional paper and internet-based survey of academic GP trainees was carried out, during and following a National Conference. The questionnaire was based on a previous survey carried out on GPs nationally (Ahmad *et al.*, 2010) and derived from an earlier trial (Turner *et al.*, 2004) but amended for GP trainees. The questionnaire had two parts: Part A) Current Practice and Attitudes to Dementia Care and part B) Knowledge Quiz (multiple choice questions).

Results: A total of 29 of 64 trainees (45%) completed the survey; seven male and 22 female trainees (age range 26–46). The majority of trainees felt "somewhat" confident or very confident about their ability to reach a diagnosis but less than one third felt confident about giving advice on symptom management. Responding to psychiatric symptoms, co-existing behaviour problems and to behaviour or psychological symptoms were perceived as the most difficult. The majority of trainees agreed that much can be done to improve the quality of lives of people with dementia and their carers. Around two thirds of trainees felt that families would rather be told about their relative's dementia at the earliest opportunity with almost all trainees feeling that primary care has a key role to play in identifying high risk cases for dementia. The majority of trainees also expressed an interest in further dementia training. Overall, trainees answered 61% of the questions correctly (range 36% - 79%). The commonest errors in knowledge were in epidemiology, diagnosis and familiarisation with national guidance.

Conclusion: Future GPs are more inclined to assist in timely diagnosis and are keen to help patients and their families enhance their quality of lives in the community. Future GPs are also keen to enhance their own diagnostic and management skills in dementia and this can be achieved through standardised educational programmes.

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Keywords: dementia, management, primary care, survey

PS02-04 AUDIT OF ANTIPSYCHOTIC PRESCRIBING IN PATIENTS WITH DEMENTIA

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Objectives: To compare antipsychotic prescribing in organic old age psychiatry wards in Ayrshire with current best practice, as recommended by the National Institute for Health and Care Excellence (NICE,2006).

Methods: A retrospective study was carried out to review antipsychotic prescribing between April 2013 and April 2014, in Ayrshire organic psychiatry wards for patients with dementia. Data was collected from electronic records and paper notes.

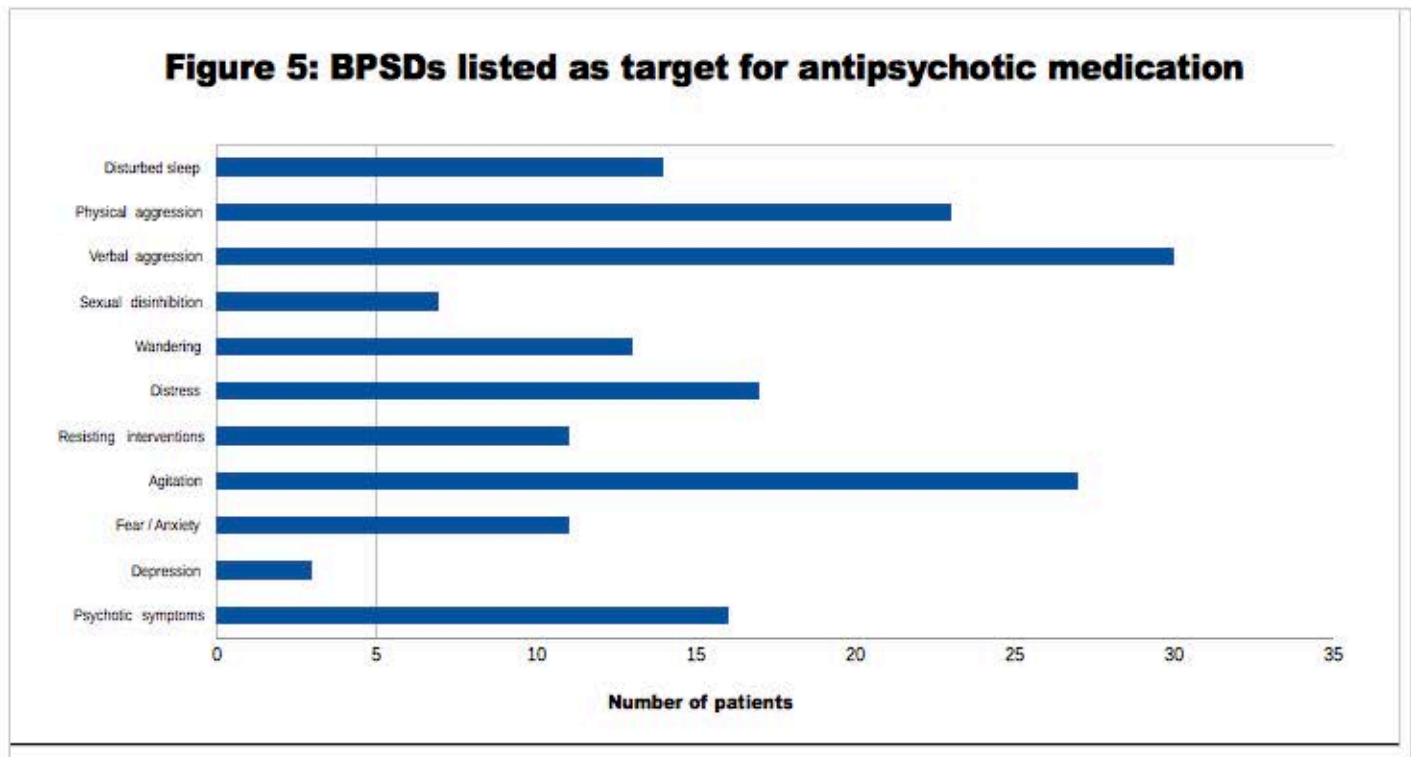
Results: 90 patients were included. 91% were prescribed psychotropic medication, with 36 being prescribed an antipsychotic. Risperidone was most commonly prescribed (30%) and no patients were prescribed multiple antipsychotics. The indications for antipsychotic prescribing were well documented, with the most common being verbal aggression(83%), agitation(75%) and physical aggression(64%). In all cases, possible underlying causes for behavioural and psychological symptoms of dementia (BPSDs) were considered but assessment for pain was not documented in 78% of cases. Co-morbid depression was always considered. Non-pharmacological approaches for BPSD were tried first in most cases (33). Risk-benefit analysis was documented in 72% of cases and discussed with the patient or their family in 61% of cases. 24 patients had a three monthly review of their antipsychotic prescription.

Demographic		Total Sample (n=90)	Antipsychotic prescribed (n=36)
Gender,n(%)	Male	55(61)	13(36)
	Female	35(39)	23(64)
Age,n(%)	65 years and under	4(4)	2(6)
	66-75 years	19(21)	9(25)
	76-85 years	43(48)	20(56)
	86 years and over	24(27)	5(14)
	Median	80	78
Type of dementia (ICD-10 code), n%	Dementia in Alzheimer's disease, with early onset (F00.0)	2(2)	2(6)
	Dementia in Alzheimer's disease, with late onset (F00.1)	25(28)	8(22)
	Dementia in Alzheimer's disease,	9(10)	5(14)

	atypical or mixed (F00.2)		
	Multi-infarct dementia (F01.1)	1(1)	1(3)
	Subcortical vascular dementia (F01.2)	1(1)	1(3)
	Mixed cortical and subcortical vascular dementia (F01.3)	2(2)	0(0)
	Vascular dementia, unspecified (F01.9)	24(27)	12(33)
	Dementia in Pick's disease (F02.0)	1(1)	0(0)
	Unspecified dementia (F03)	19(21)	4(11)
	Mild cognitive impairment (F06.7)	2(2)	0(0)
	Lewy body dementia (G31.8)	4(4)	3(8)

Conclusion: The data reveals areas of good practice, in accordance with NICE recommendations, including clear documentation of indication for prescribing and consideration of alternatives. The suggested areas for improvement are documentation of risk-benefit analyses, more thorough assessment of possible underlying causes of BPSDs and to ensure regular medication reviews.

Image:



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Keywords: antipsychotics, BPSD, Dementia

PS02-05 THE NEEDS OF OLDER PEOPLE IN RESIDENTIAL CARE: DIFFERENT PERSPECTIVES

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Objectives: With the ageing population great and new challenges are emerging, particularly in residential settings that are facing demands regarding the complex needs of the elderly, many of whom are suffering from dementia among other disabling conditions. An accurate identification of needs is essential to improve key health outcomes like wellbeing and quality of life (Field *et al.*, 2002). There is evidence that the perspectives of the elderly on their needs can be considerably different from those of the professionals who treat them (Walters *et al.*, 2000), which has not been taken into account in care strategies definition. The aims of this study were to measure how the elderly perceive their needs and to compare their views with the staff perspective.

Methods: A cross-sectional study was conducted with an institutionalized sample recruited from three Portuguese residential homes. All permanent residents were eligible. However, those with delirium, unresponsive or unwilling to participate were not included. The Camberwell Assessment of Need for the Elderly/CANE was administered to both participants (elderly and staff) for needs evaluation. Participants were also assessed for cognition, dependency and depression.

Results: The sample included 175 elderly, with a mean age of 81 (sd=10). Of those, 90% were female, widowed (50%), with low educational level (86%, 0-4 years) and institutionalized for 1-4 years (64%). On average, residents scored fewer global needs than staff (2 vs 9). Psychological distress was the most frequently unmet need scored by the elderly (35.6%), followed by Eyesight/Hearing (31.9%) and Company (31.3%). Staff rated Eyesight/Hearing (24%), Daytime activities (23.4%) and Memory (17.1%) as the most prevalent needs.

Conclusion: Residents and staff have different perceptions on needs. Similar to previous findings, the elderly identified fewer needs (e.g., Hancock *et al.*, 2003), but the mean of unmet needs in this study was higher probably due to the diversity of the sample. Despite some limitations, the study allows a broader view of unmet needs in residential settings as they are perceived by patients and professionals. Jointly defined needs must take part of collaborative, tailored and effective care plans.

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Keywords: Assessment, Elderly, Needs, Residential care

PS02-06 TARGET RISK FACTORS FOR DEMENTIA PREVENTION: A SYSTEMATIC REVIEW AND DELPHI CONSENSUS STUDY ON THE EVIDENCE FROM OBSERVATIONAL STUDIES

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Objectives: Dementia has a multifactorial etiology, but the importance of individual health and lifestyle related risk factors is often uncertain or based on few studies. The goal of this paper is to identify the major modifiable risk factors for dementia as a first step in developing an effective preventive strategy and promoting healthy late life cognitive functioning.

Methods: A mixed-method approach combined findings from a systematic literature review and a Delphi consensus study. The literature search was conducted in PubMed and updated an earlier review by the United States National Institutes of Health from 2010. We reviewed the available evidence from observational epidemiological studies. The online-Delphi study asked eight international experts to rank and weigh each risk factor for its importance for dementia prevention.

Results: Out of 3,127 abstracts, 291 were included in the review. There was good agreement between modifiable risk factors identified in the literature review and risk factors named spontaneously by experts. After triangulation of both methods and re-weighting by experts strongest support was found for depression, (midlife) hypertension, physical inactivity, diabetes, (midlife) obesity, hyperlipidemia, and smoking, while more research is needed for coronary heart disease, renal dysfunction, diet and cognitive activity.

Conclusion: Findings provide good support for several somatic and lifestyle factors and will be used to inform the design of a new multicenter trial into dementia prevention.

Keywords: dementia, epidemiology, prevention, public health, risk factors

PS02-07 DEMENTIA IN PORTUGUESE PRIMARY CARE SETTINGS

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Objectives: Primary care is the cornerstone of the Portuguese National Health Service. The general practitioner (GP) is a pivotal health contact and a gatekeeper to specialized care. Although neurologists or psychiatrists are generally responsible for the diagnosis of dementia and main parts of disease management, GPs address the general care of persons with dementia. Despite liaison experiences and the possibility of referring their patients to hospital-based specialists, GPs often state lacking support. We aim to review evidence on the role of GPs in the management of dementia and recent data from a typical suburban area in Portugal.

Methods: We conducted literature searches and reviewed utilization data from the Family Health Unit 'Fernão Ferro mais' (Group of Primary Care Centres - Seixal and Sesimbra) with 13,000 users. We also performed secondary analyses on the Portuguese 10/66 Dementia Research Group prevalence study databases.

Results: There are fewer GPs than in other EU countries, each of them being responsible for a patient list of 1,550 to 1,900 users. National data is scarce on the utilization of primary care by persons with dementia. In 2010, across all ages, 0.28% of registered users had a dementia diagnosis, with higher percentages in the centre region (0.51) and lower in Algarve (0.12) (DGS, 2013). Efforts are underway by some units to keep a register of patients with dementia. In 'Fernão Ferro mais', 5% of elderly users in 2013 had a diagnosis of dementia, which is slightly lower than the community prevalence of dementia as calculated for the corresponding catchment area with the 10/66 DRG algorithm. Dementia was one of 20 most common health problems presented by patients being visited in their homes (16.8%).

Conclusion: Portugal as yet has no National Dementia Strategy, despite ongoing government and civil society efforts. Further data should be routinely available regarding dementia in primary care. Current practice tries to meet the main needs of these people and their families, but a great proportion remains unmet.

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Keywords: dementia, primary care

PS02-08 THE RELATIONSHIP BETWEEN DEPRESSION, MENTAL HEALTH AND PHYSICAL FUNCTIONING AT A PSYCHIATRIC WARD - A PILOT STUDY

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Objectives: Objective of this pilot study is to investigate whether regular physical activity associated with a stay in a psychiatric ward age has a positive effect on physical function and depression.

Methods: Fifty participants (39 women), average age 80 years (SD 6.0), length of from 3 to 28 weeks (mean 8.8, SD 4.4). Patients received different types of physical activity and physical therapy, and cognitive therapy and supportive counseling. They were subsequently divided into three groups (self-training, joint exercise, regular walking). We examined the difference in treatment effect with regard to general mental health, depression, balance, physical strength and walking. The average values showed significant improvements on all tests except for time tests.

Results: Depression Score was at least one category lower on discharge than on arrival for 31 of the 36 subjects tested with the MADRS. The main finding is that older patients with moderate to severe depression benefit greatly from the treatment they receive during their stay at the age psychiatric ward. .

Conclusion: The improvements are significant for both mental and physical health. Furthermore, the findings indicate that combined socializing and physical activity (walking) seems to have a particularly beneficial effect on functional and mental health

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Keywords: cognitive function, , depression, Old age, physical functioning, therapy

PS02-09 EVALUATION OF THE DIGITAL ALZHEIMERCENTER, AN ONLINE PORTAL FOR PATIENTS WITH DEMENTIA AND THEIR INFORMAL CARERS

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Objectives: E-Health is predicted to be one of the driving forces in healthcare innovation and expected to be of great value to improve efficiency and quality of care. In order to meet demands of patients for up-to-date disease information, peer contact and an easy means for contact, the our memory clinic (VUmc Alzheimercenter) has developed the Digital Alzheimercenter: (DAC) an online, E-Health care-portal for patients and their informal carers. To enhance the quality of this portal, and further meet expectations of users, research into the usefulness and userfriendliness of the DAC has been conducted from August 2013 to February 2014.

Methods: Evaluation of the DAC was performed through mixed methods: observations, interviews and an online survey. During the observations, participants performed five different tasks on the DAC; their speed, number of mistakes and navigation through the website were observed. Errors were categorized and assessed to be of low, medium or critical severity. In the interviews, participants were questioned in-depth about their evaluation and use of the DAC-portal. In the survey, a large number of users of the portal was surveyed on their evaluation of its usefulness and user friendliness.

Results: 10 participants (four patients with dementia, six informal carers) were observed during use of the DAC. Eight categories were distinguished, three of critical, two of medium and three of low severity. Interviews were conducted with 19 persons: 7 informal carers, 6 patients and 6 professionals. The interviewed participants considered the DAC useful and user-friendly designed, but indicated some areas in which they desired improvements, such as more recent news and updates on scientific developments. They also gave tips for new content, which will be used to update the DAC in the future. The online survey was distributed to 917 users, and completed by 362 (39% response rate). In this survey, 51% of participants indicated they used the portal. 75% of them indicated that they considered the DAC useful or very useful; 50% indicated they found it (very) easy to use, and 61% indicated that the DAC helped them in understanding and coping with dementia.

Conclusion: The DAC has been evaluated through observations, an online survey and interviews. Participants find it a useful, helpful and user friendly innovation. With results from this evaluation study, the DAC will be further improved and updated according to the needs and wishes of the users.

Keywords: E-Health, internet, tele-health

PS02-10 IMPROVED EARLY DETECTION AND MONITORING OF COGNITIVE IMPAIRMENT IN ALZHEIMER'S DEMENTIA THROUGH PARALLEL VERSIONS OF THE VISUAL ASSOCIATION TEST

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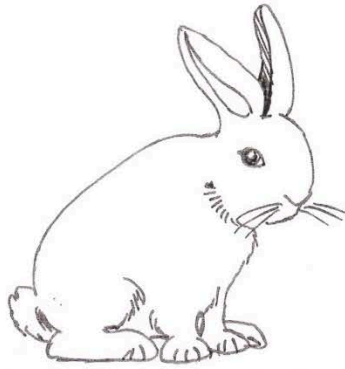
Objectives: To diagnose as well as monitor the course of Alzheimer's disease (AD), we developed parallel versions of the Visual Association Test (VAT).

Methods: We investigated both their psychometric properties and whether these tests show a floor effect in a mixed sample of geriatric patients and healthy elderly controls ($N = 143$).

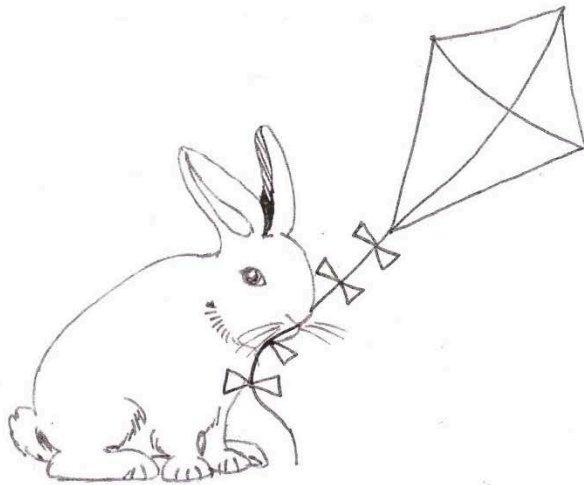
Results: The mean total scores of all parallel and original versions were similar among patient groups. The parallel versions correlated substantially ($r = .91$) with the original VAT. Most importantly, the VAT did not show floor effects in amnesic mild cognitive impairment and mild AD patients, whereas the Rey Auditory and Verbal Learning Test did.

Conclusion: We conclude that the new parallel versions of the VAT can be used in measuring severity and progression of episodic memory impairment in patients with mild cognitive impairment and mild dementia.

Image:



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Keywords: Alzheimer's disease, Dementia, Episodic memory, Floor effect, Mild cognitive impairment, Practice effects, Test construction

PS02-12 ASSISTIVE TECHNOLOGIES : THE CHALLENGE OF EMPOWERING AND CONNECTING WITH CARERS

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Objectives: Carers of people with dementia fall into two main groups: family carers, and formal carers who are employed to provide care to people in their own homes and in a variety of other settings including care homes. Assistive technologies have an increasing role in helping both groups of carers, although their use poses a number of challenges for all concerned and may have both advantages and disadvantages. In addition a number of myths may influence the attitudes of all concerned to assistive technology. We consider the use of assistive technologies by carers of people with dementia in relation to carers' participation in the care of their relative or client in order to develop a model of understanding.

Methods: We apply a model derived from Arnstein's ladder of participation (Arnstein, 1969) to the use of assistive technology by the carers of people with dementia.

Results: We set out a modified carer empowerment ladder, developed from Arnstein's ladder of participation (Arnstein, 1969; Hostick, 1998) and relate it to a conceptual framework developed from the work of Wahl et al (2012) in order to show that both empowerment and connection contribute to maintaining the identity, autonomy and well-being of both carers and people with dementia. Wahl and colleagues (Wahl *et al.*, 2012) looked at ageing well and the environment and described connection and empowerment as processes which contribute to identity, autonomy and well-being.

Conclusion: Assistive technologies have an increasing and developing role in maintaining the independence, wellbeing and quality of life of both people with dementia and their carers. The ethical dilemmas involved in the use of technology need to be addressed in order that assistive technology might fulfil its potential. However empowerment alone is not enough: it is important that technological interventions are not used as alternatives to connection. In our view the emphasis in practice should be on empowering and connecting with both carers and people with dementia.

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Keywords: assistive technology, caregivers, dementia

PS02-13 PSYCHOTHERAPY GROUPS FOR NEWLY ADMITTED LONG-TERM CARE RESIDENTS

Kenneth Schwartz*

Objectives: 1. To discuss the challenges that physically frail and cognitively impaired residents face upon entry into a long-term care home.

2. To undertake a naturalistic study in a group format of the suitability of the Transtheoretical Stages-of-Change Model (Prochaska & DiClemente, 1983) in facilitating the adjustment of newly admitted long-term care residents.

Methods: A pilot study demonstrating the use of group psychotherapy intervention that addresses the mental health and psychosocial needs of the physically frail and relatively cognitively intact (though often still with mild cognitive impairment or symptoms of early mild dementia) individual faces upon entry into a nursing home is described. Throughout the study, the 12 weekly group psychotherapy sessions for 6 newly admitted individuals were audio-recorded, transcribed and analyzed by the Clinician-Research and Research Assistant.

Results: The present study provides the first empirical insight into the suitability of the transtheoretical method stage-of-change construct (Prochaska & DiClemente, 1983) to adjustment behaviours in a LTC facility (Schwartz, 2011). A model of 6 stages of adjustment to both a nursing home and group is uniquely developed to track an individual's movement on stages of change. The model provides a unique opportunity to understand how long-term care resident group members experience and adjust to their new environment. A focus group to demonstrate the benefit of the group intervention serves as another form of a qualitative program evaluation.

Conclusion: When individuals find themselves requiring long-term care admission, they arrive under most vulnerable circumstances (Kao, Travis & Acton, 2004). Adjustment to a nursing home is a unique and challenging experience (Porter & Kruzich, 1999). The use of a brief supportive and integrated group therapy intervention using an innovative stages-of-change model can ease the stress of transition, and help individuals to retain their autonomy and dignity.

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Keywords: Group psychotherapy, Long-Term Care Residents, Newly admitted

PS02-14 AN EXPLORATION OF THE RELATIONSHIP BETWEEN FAMILY CAREGIVERS SUPPORT FOR MAINTAINING PERSON-HOOD IN PATIENTS ADMITTED TO HOSPITAL WITH DEMENTIA AND THE EATING BEHAVIOURS OF THESE PATIENTS

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Objectives: This poster will present a critical analyze of the complex issues nurses face when supporting people with dementia and their family caregivers at meal- times.

There appears to be a difference in care priorities for patients with dementia between family caregivers and nursing staff in terms of maintaining the patient's personhood, resulting in a breakdown in communication. Nurses are now exposed to dementia education emphasizing the importance of maintaining person-hood through patient-centred care. However, nurses are working with family caregivers who appear to have a different value set with regards the person's rights and choices. This is particularly evident at mealtimes when family caregivers can be seen to use what advocates of person-centred care would see as extreme measure to encourage their relative to eat.

We need a greater understanding of the perspective of the family caregiver and nurses when faced with the challenges of supporting patients with dementia to eat in order to derive clinical intervention strategies that overcome the potential breakdown between family caregivers and nurses. This study will examine the beliefs and motivations of family caregivers and how care is delivered. The study will also explore how communication is affected between nurses and family caregivers of patients who are experiencing difficulties with eating and the impact on the nurse/caregiver/patient relationship.

The poster will describe the study design to determine the personal meaning of caring for a family caregiver, specifically in relation to eating.

The study will;

- 1) Examine family caregivers beliefs and motivations for their role
- 2) Examine how their beliefs and motivations about the caring role affects the delivery of care by family caregivers when supporting the person to eat and drink.
- 3) Examine the relationship between health care staff and family caregivers when the patient is experiencing difficulties eating adequate amount.

Methods: This mixed method study will comprise of comparative case-control studies and ethnographic study

Results: The results will be presented as associations between the studies outcome variables and theories for further research

Conclusion: Theories developed from this study will lead to the development of innovative approaches for nurses when interacting with family caregivers

Keywords: dementia, eating, family caregiver, person-hood

PS02-15 PHENOCOPY SYNDROME FRONTOTEMPORAL LOBE DEMENTIA: MULTIDISCIPLINARY DIAGNOSTIC CONVERGENCE

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Objectives: Behavioural variant frontotemporal lobe dementia (bvFTLD) is often misdiagnosed as a psychiatric condition (Passant *et al.*, 2005; Pijnenburg *et al.*, 2009). On the other hand the occurrence of psychiatric problems withholds clinicians to focus on possible neurodegenerative diseases, compared to patients with a blank record. An important concern is to guide teams to good clinical practice when multidisciplinary findings are not converging; more specifically when neuroimaging does not (yet) provide (any) underpinning for actual behavioural changes and cognitive deterioration.

Methods: The group of Kipps, Hodges and Hornberger (2010) discuss a phenocopy syndrome, pointing to a particular group of patients without abnormalities in neuroimaging but with a vast clinical deterioration, not distinguishable from FTLD with clear defects in neuroimaging (Kipps *et al.*, 2007). In this regard also the 'consensus criteria' for bvFTLD (Neary *et al.*, 1998) lack some diagnostic refinement to differentiate in the concerns mentioned above (cf. abnormalities in neuroimaging & cognitive deterioration are no core criteria) (Rascovsky *et al.*, 2007; Mendez and Perryman, 2002). At the time being, there is no straightforward definition for the phenocopy syndrome; different authors suggest better outcome, doubts on the neurodegenerative nature of this syndrome, or a possible involvement of (decompensated) personality traits or ASD (autism spectrum disorder) (Kipps *et al.*, 2010). Josephs (2006) however reviewed a group of bvFTLD patients with clinical as well as postmortem evidence of FTLD. They concluded that 6 out of 24 patients show normal neuroimaging (even at the end-stage) although they match all clinical signs of FTLD. Aspects of clinical presentation, course or duration of disease, could not differentiate between groups.

Conclusion: As described above, the phenocopy syndrome is at this moment an erratic merge of different diagnostic entities. To untangle the diagnostic puzzle clinicians must focus on the differentiation of personality traits, ASD or a *forme fruste* of bvFTLD. Apart from clinical behavioural observation and cognitive investigation, emotional and cognitive (theory of mind) empathy should be mapped and developmental history taken into account. As a result, multidisciplinary follow up is essential for a careful diagnosis and contributions of neuroimaging, clinical behavioural observation and neuropsychological examination are equally valuable.

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Keywords: diagnostic issues, FTLD, neuropsychology, phenocopy syndrome FTLD

PS02-16 USAGE AND ACCEPTABILITY OF ASSISTIVE TECHNOLOGY PRODUCTS AMONG PEOPLE WITH DEMENTIA AND THEIR CARERS; A QUALITATIVE STUDY

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Objectives: Assistive technologies (AT) are currently being 'mainstreamed' within dementia care services within the United Kingdom. Increasing attention is being paid to implementing AT as a part of health and social care service provision for dementia, however little is known about how AT's are used in practice and facilitators and barriers to its uptake and use. This presentation explores issues affecting the use and acceptability of AT within people with dementia's everyday contexts.

Methods: This study used qualitative, in-depth semi-structured interviews with 29 PwD and carers. Interviews explored PwD and carer's knowledge and awareness of AT and experiences of accessing and using AT within their everyday lives. Interviews were transcribed and subjected to thematic analysis.

Results: Evidence was found for PwD/carers accessing AT through an increasingly mixed economy. In addition to accessing AT through formal health/social care services, many sourced their own AT's or were supplied AT by family members or friends. A number of those sourcing AT's outside formal services explicitly rejected AT as provided by formal services, instead engaging in 'bricolage' in which bespoke, user developed or 'homemade' AT systems and devices were built and adapted according to individual need, often integrating formal forms of AT alongside off the shelf technologies or general household goods. Non-users of AT were often unfamiliar with AT but were positive about the general benefits of AT. In contrast several carers rejected AT based on judgements regarding its utility in the context of levels of cognitive impairment, and specifically judging implementation of AT as either 'too early/not useful yet'; not being impaired enough to warrant the use of AT, or 'too late/not useful now'; being too impaired to use AT.

Conclusion: This paper presents implications for the real world use of AT within dementia services. AT product or service use differs within real world practice when compared to AT service designs, issues regarding practical use of AT's needs to take into account both the use of AT within everyday practices, and reasons for rejecting AT use. Given the pertinence of questions regarding when to integrate AT within care packages for PwD, this paper gives important insights regarding facilitators and barriers to AT implementation.

Keywords: acceptability, Assistive technology, carers, people with dementia, usability

PS02-17 AN EVALUATION OF THE FLANDERS CARE LIVING LABS

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Objectives: In 2012, the Flemish government (Belgium) launched a call for Care Living Labs targeting on innovation in elderly care. Flanders Care Living Labs aims at facilitating the innovation of new care concepts, services, processes and products, in cooperation with the users, and to test them in real life settings. Initially, four Care Living Labs, with each their own focus, were selected. The 'Knowledge Innovation Center for Elderly Care' (KIO) is the scientific consortium responsible for monitoring and evaluating the Care Living Labs.

Methods: KIO made a plan evaluation of the Care Living Lab designs, based on a document analysis of the submitted proposals. An inductive analysis was performed on the underlying designs, e.g. models in ageing and target group, inter-organizational collaboration, task division and job quality, to explore the views of the individual living labs on care innovation for elderly in different domains. Thereafter these visions were compared with the prevailing theories about innovation through deductive analysis. In a second phase semi-structured interviews were conducted with the coordinators of the living labs to collect missing data and to verify the results of the analyses performed in the first phase.

Results: The preliminary evaluation shows three major results. (1) No explicit models are used by the Care Living Labs in order to approach the target group of elderly. The different target groups are broad and varied, including younger seniors, frail elderly, chronically ill individuals and people with cognitive impairment. (2) Large differences can be seen between the Care Living Labs with regard to the complexity, construction and governance of the inter-organizational networks. (3) The four proposals all mention the need for a more integrated care, but seem to lack attention for organizational concepts, although related aspects of job quality are taken into account.

Conclusion: The preliminary evaluation shows different approaches between the four Care Living Labs, which provides opportunities for further comparative analysis.

Please enter here the author's name, the company, and the nature of the relationship: The consortium is financed by the Flemish agency for Innovation by Science and Technology (IWT)

Keywords: Care living lab, Elderly, Innovation

PS02-18 THE ELDERLY PATIENT WITH PSYCHOLOGICAL PROBLEMS IN RESIDENTIAL NURSING HOMES: THE NARRATIVE OF A QUEST: "MA'AM, WHAT ARE YOU DOING HERE?"

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Objectives: The Centre for Mental Health Care North-West-Flanders (CGG Noord-West-Vlaanderen) focuses actively on reaching the elderly with psychological and psychiatric problems, this in compliance with the circular issued by the Minister of Health and Family Welfare (1). Besides its regular activities (providing consultation in the centre itself), outreaching is a key method of our CGG to reach this target group. This means, we actively try to approach the elderly patient, more specific those living in residential settings. As known, the number of psychological and psychiatric problems within this population is alarmingly high. For instance, the prevalence of depression among the elderly in nursing homes has been estimated three times as high as amongst the elderly within the general population (2).

Throughout this collaboration, we were confronted with obstacles that required their own tailor-made approach.

Methods: -

Results: Within this presentation, we want to share the narrative of our quest for methods and tangible solutions. We also want to frame these solutions in a broader perspective, based on some essential questions that come forward when meeting the elderly patient: How do we – as health care worker – relate to psychological problems within the context of aging and dependency? What contributions can Mental Health Care make when patients are facing death expected to occur in a short period of time?

Conclusion: on poster

References: (1) Circular Minister Vanackere, July 2008

(2) Jongelis, K. e.a. (2004): *Prevalence and risk indicators of depression in elderly nursing home patients: the AGED study*. Journal of Affective Disorders. Vol.83 (135 - 142).

**PS02-19 FEASIBILITY OF STAFF TRAINING USING THE LADDER TO THE MOON, CULTURE CHANGE STUDIO
ENGAGEMENT PROGRAMME: TWO CASE STUDIES**

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Objectives: Care Homes have the role to provide supportive care for older people. The healthcare industry is looking to educate care staff to retain and increase satisfaction within the workforce. Ladder to the Moon Culture Change Studio Engagement Programme (CCSEP) is a training staff using film-based activities recently developed in the UK. The aim is to evaluate the feasibility of CCSEP on staff outcome measures in one nursing and one residential care home for older people.

Methods: A pre-and post-test design prior to and at the completion of the staff training intervention. Measurements: Sense of Competence in Dementia Care Staff; Approaches to Dementia Questionnaire; Job Satisfaction Index; Brief Learning Transfer System Inventory; Scale of Positive and Negative Experience. Care homes undertook structured observation. Chi square and paired t-test were applied to compare outcome measures in each setting. Additionally, ten focus groups were undertaken with residents, staff and relatives to explore views and experiences of the staff training in the care settings. Qualitative data was analysed using Framework Analysis.

Results: Nineteen staff in the nursing home completed the questionnaires. There was no significant change in any of the measures. Thirty-one staff in the residential care setting completed the questionnaire. There was an increase of positive interactions post intervention ($P = 0.0001$); small significant change on the building-relationship subscale of sense of competence ($P = 0.010$); small significant change on staff sense of hopefulness towards people with dementia ($P = 0.015$). The Brief learning transfer system inventory showed significant change with a higher mean pre-intervention ($P = 0.0001$). A theoretical model emerged from participants to understand the impact of the CCSEP in the setting.

Conclusion: The small sample limits generalisation, however results suggest that CCSEP in a residential care setting might be more feasible for change in staff's attitudes compared to nursing care. The CCSEP is important in developing staff training programmes in long-term care settings by improving conversations among staff-residents.

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Keywords: dementia, outcome measures, positive psychology, staff training

PS02-20 RELATIONSHIP BETWEEN DUAL SENSORY IMPAIRMENT, SATISFACTION WITH LIFE, DEPRESSION AND LONELINESS

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Objectives: With combined impairment of hearing and sight (DSI) tasks such as holding a telephone conversation, watching television or reading become increasingly difficult, and increased isolation results. People may feel embarrassment at being unable to follow conversations, and may be less socially active. We studied the ability of older adults with DSI to remain independent in the community, and report here a subset of the findings relating to mental health.

Methods: We report the SPSS analysis of the 5 item Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen & Griffin, 1985); the 4 item Geriatric Depression Scale (GDS-4) (Yesavage, Brink, Rose, Lum, Huang, Adey, Leirer, 1983); and the 11 item Loneliness Scale (Gierveld & Tilburg, 1999).

Results: Of the 148 participants most reported being satisfied with their life, scored as moderately lonely on the 11 item loneliness scale, and 73.5% did not score as depressed on the GDS-4. A higher percentage of men reported their life in most ways was closer to their ideal; that conditions of their life were excellent; that they had achieved the important things they wanted in life; and that they would change almost nothing if they could live their life over again. Generally, slightly more men reported feeling happy most of the time. Men were more likely to report being able to talk to someone about their day to day problems and that they had plenty of people they could lean on when they had problems. More men than women reported finding their circle of friends and acquaintances too limited. Almost 90% of men said they could call on their friends whenever they needed them. Slightly more men than women reported experiencing a general sense of emptiness and having fewer people they could completely trust. More men than women reported having enough people they feel close to.

Conclusion: Despite men scoring higher in comparison to women on 4 questions of the SWLS, more women reported feeling satisfied with their life on both the SWLS and GDS-4. Some of the differences in our findings could be due to the fact that a majority of women were widowed and living alone. Women also reported poorer health, more health-related restrictions to daily life and more emotional problems. Understanding the impact of DSI on satisfaction with life, depression, and loneliness will allow strategies and interventions to be employed to enable people to remain independent and socially active thereby overcoming their isolation.

This study was funded by SENSE.

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Keywords: Depression, Hearing and sight loss, Loneliness, Old age, Satisfaction with life

PS02-21 COMPROMISED NUTRIENT UPTAKE AND METABOLISM IN ALZHEIMER'S DISEASE: POSSIBLE IMPLICATIONS FOR NUTRITIONAL REQUIREMENTS

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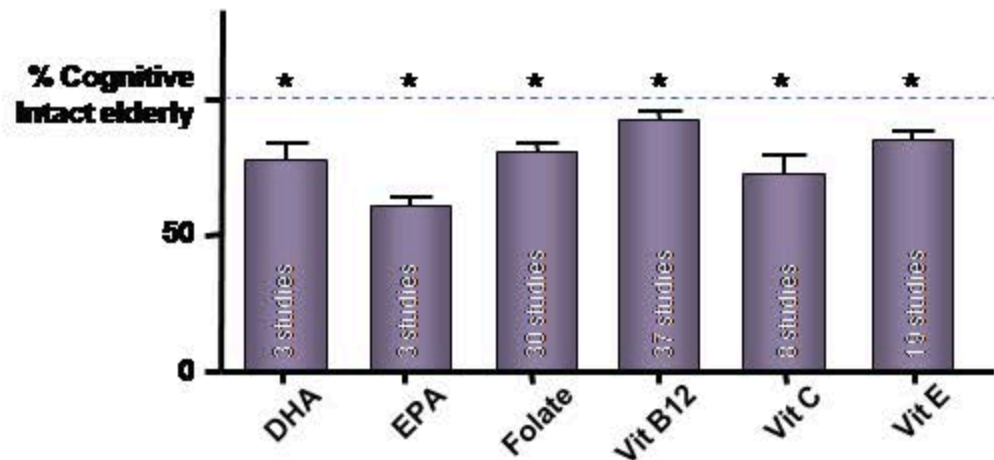
Objectives: Alzheimer's disease (AD) is a progressive neurodegenerative disease with an unknown cause. Despite this a number of risk factors have been identified, including genetic and environmental factors. Many epidemiological studies demonstrated increased AD risk following low consumption of specific nutrients including B-vitamins, vitamin C, E and docosahexaenoic acid. The objective is to review the current knowledge on AD-specific nutritional status and the possible underlying causes.

Methods: Systematic review and meta-analysis of the literature has been undertaken to shown that patients with AD have lower plasma levels of these nutrients which occur in the absence of - or precede – signs of protein/energy malnutrition (Lopes Da Silva et al., 2014).

Results: Observations suggest compromised nutritional status may result from alteration in nutrient intake, uptake, metabolism and utilization. Collectively these factors result in a putative increased nutrient requirement that is specific to AD (Mi et al., 2013). These reductions in absorption, synthesis and transport compromise nutrient availability.

Conclusion: This may have important consequences as these nutrients are hypothesized to be critical in the patho-physiological processes of AD, including in the processing of the amyloid precursor protein, in controlling of oxidative stress, in the maintenance of methylation capacity, and for the formation and function of synapses. Therefore a targeted intervention, using medical foods, to manage the nutritional status of AD patients can be of added value.

Image:



References: Lopes da Silva, S., Vellas, B., Elemans, S., Luchsinger, J., Kamphuis, P., Yaffe, K., ... Stijnen, T. (2014). Plasma nutrient status of patients with Alzheimer's disease: Systematic review and meta-analysis. *Alzheimer's & Dementia : The Journal of the Alzheimer's Association*, 10(4), 485–502. doi:10.1016/j.jalz.2013.05.1771

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doi:10.1016/j.nut.2013.01.024

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Please enter here the author's name, the company, and the nature of the relationship: Anneleen Spooren, Employee of Nutricia Advanced Medical Nutrition

Keywords: Alzheimer's disease, Medical nutrition, metabolism, Nutrition

PS02-22 MUSIC THERAPY AND DEMENTIA. THE ROLE OF MUSICAL IMPROVISATION IN THE OCCURRENCE OF ESSENTIAL MOMENTS OF MEETING IN MUSIC THERAPY WITH PEOPLE IN A SEVERE STAGE OF DEMENTIA

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Objectives: People in late stage dementia often show signs of anxiety and distress. Due to cognitive impairments they lack the ability to express their emotions and needs in a way that is understandable for their family and/or caregivers. The aim of this study is to explore how musical improvisation in music therapy with this population can lead to occurrences of essential moments of meeting on a non-verbal, musical level.

Methods: In a multiple case study (n=4), data consisted of written clinical notes of the music therapist and video-recordings of individual music therapy sessions. Each case study comprised an in-depth analysis that led to a selection of essential moments of meeting between the patient and therapist. The selection as well as the analysis happened by means of a research intervention group and was based on an interpretive phenomenological approach.

Results: The outcome of the study shows how musical improvisation is used as a specific intervention and how certain musical elements, such as timbre, tempo, silence, and phrasing, play a crucial role in the occurrence of what is defined as 'moments of resonance'.

Conclusion: Musical improvisation with persons in severe stages of dementia may lead to 'moments of resonance'. The study provides relevant insights into musical improvisation and its elements, clinical music therapeutic skills, and meaningful interactions through music in late stage dementia.

Keywords: DEMENTIA, ESSENTIAL MOMENTS OF MEETING, MUSIC THERAPY, MUSICAL IMPROVISATION

**PS02-23 MULTI-DISCIPLINARY INTERVENTION OF MEDICAL COMORBIDITIES IN A FRONTOTEMPORAL DEMENTIA
PATIENT WITH SERIOUS AGGRESSION: A CASE REPORT**

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Objectives: The care of medical comorbidities is especially difficult in the patients with frontotemporal dementia who frequently manifest communicative impairment problematic behaviours and aggression. The interweaving effect of medical illness and dementia form a vicious circle and result in poor clinical outcomes. There are few evidences in literature providing guidance in caring the patients under such circumstances. We hereby propose a case report treating an aggressive patient with FTD and large pressure sores through multi-disciplinary approach, demonstrating the progress achieved, and share the caring experience.

Methods: A multi-disciplinary team was formed and the in-charging psychiatrist set the goals for treatment. Medication regimen was firstly changed and SSRI replaced risperidone. Surgeons were consulted the pressure sores were debrided and aggressively cared. In other parallel disciplinary cares, nutritional habits and behavioural pattern was profiled and analysed in detail, and then personalised one-to-one interaction using Montessori-based model were adopted as the main approach to reduce the aggression aiming at repeated stereotypic behaviours.

Results: Multi-disciplinary interventions, pressure sores resolved gradually from an open wound sized 6x6 cm to close (as figures) and mitigated aggression/RSBs were evidenced by Cohen-Mansfield Agitation Inventory (CMAI) from the initial 130 to the most recent observation of 70, 16 weeks later. Increased verbal expression and social interaction was observed qualitatively in clinical observation.

Conclusion: In this case report, we proudly exhibit the progress of multi-disciplinary interventions for the medical comorbidities and aggression/RSBs in FTD. Based upon the experience, multi-disciplinary approach to manage the medical comorbidities in patients with dementia is highly valued and strongly recommended.

Image:



Keywords: aggression, comorbidity, Frontotemporal dementia

PS02-24 NEEDS FOR CARE ASSESSMENT IS FEASIBLE: A STUDY OF ELDERLY USERS IN A PORTUGUESE PRIMARY CARE SETTING

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Objectives: The Camberwell Assessment of Need for the Elderly-CANE (Reynolds et al., 2000) is a widely validated tool to evaluate health-related needs, taking into account bio-psycho-social domains and a person-centred approach. However, it may be too lengthy for routine clinical use in primary care (Walters et al., 2000). For this purpose, a shorter version (SPICE) focuses on five domains: Senses, Physical ability, Incontinence, Cognition and Emotional distress (Iliffe et al., 2004).

Although there is a Portuguese validated translation of the CANE (Fernandes et al., 2008), it has only been used in neurology or mental health services. We conducted a feasibility study of the SPICE interview in primary care with elderly patients.

Methods: We selected a non-random sample of 51 users in a general practice (suburban Lisbon). The SPICE interview was completed, considering patients' and general practitioners' (GPs) ratings. We additionally assessed patients' and GPs' perceptions regarding the use of the SPICE interview in routine practice.

Results: We interviewed 51 patients. Needs were identified in 38 (75%) of them. Patients reported on average 1.6 needs, 0.3 of which were unmet. The mean time taken for needs assessment was 8.8 minutes. There was moderate or good agreement in all five domains between the patients' perspectives and their GPs' views (based only on records and previous knowledge of the patient). Although time to completion may still arise some concern, the SPICE was found very much acceptable and its importance in clinical evaluation recognised.

Conclusion: Our findings lack generalizability. However the SPICE interview was feasible in this Portuguese primary care scenario.

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Keywords: Elderly, Needs, Primary care

PS02-25 OLD AGE PSYCHIATRY WILL BECOME A NEW SPECIALTY FOR PHYSICIANS IN SWEDEN IN 2015

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Objective: The proposed curriculum for the new specialty Old Age Psychiatry will be presented.

Methods: With its aged population, Sweden has a need for specialized psychiatric services for the elderly. This is available only in few places and split between geriatrics and psychiatry. National surveys counting every specialized position and every hospital bed in old age psychiatry in 1999/2000 (Allard et al., 2000) and 2006/2007 showed that about half of the scarce resources had disappeared between the surveys. It is likely that the lack of a formal speciality made it easier to close down facilities.

The specialist training for physicians in Sweden was not strictly regulated until 2008, when it was adapted to European standards with a five-year curriculum for all specialities. The National Board of Health and Welfare is responsible for the regulations. The Swedish Association for Old Age Psychiatry (www.aldrepsykiatri.se) has been lobbying for Old Age Psychiatry as a medical speciality by contacting politicians and authorities, writing articles, translating international documents and arranging educational activities.

Results: Old Age Psychiatry will be an additional speciality for specialist of either psychiatry or geriatrics in 2015.

It is proposed to cover all disorders and conditions with psychiatric or cognitive symptoms in the elderly regardless of cause as e.g. dementia, delirium, affective disorders, anxiety disorders, crisis, addiction, psychosis, personality disorders.

Psychiatrists must learn more about physical illnesses, and geriatricians must learn general psychiatry and the legal framework of compulsory care. Ethical considerations and legal knowledge are central. Psychotherapy training focused on elderly is proposed. The specialist must be comfortable with multi-disciplinary work. Study visits to non-medical institutions important for vulnerable elderly is suggested. Communication skills are emphasized. Physicians are suggested to consult speech therapists in order to make them easily understood. Since Sweden is a small country, the new specialists are encouraged to go abroad to learn about fields that are not well developed in Sweden, e.g. addiction in the elderly.

Conclusion: Old Age Psychiatry will be an additional speciality for specialist of either psychiatry or geriatrics in 2015 in Sweden.

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Keywords: curriculum, old age psychiatry, specialist training