



# IPA INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION

## European Regional Meeting

### 3-5 December 2014

#### ABSTRACTS – SYMPOSIUM

**SY01: EU INITIATIVES TO IMPROVE MENTAL HEALTH CARE FOR ELDERLY PEOPLE (sponsored by the European Association for Geriatric Psychiatry)**

**SY01-02 THE UK MEMORY SERVICES NATIONAL ACCREDITATION PROGRAMME [MSNAP]**

Martin Orrell\*, Sophie Hodge<sup>1</sup>

<sup>1</sup>CCQI,

**Objective:** The lack of a consistent model means that the quality and characteristics of memory services can vary greatly. A nationally agreed set of quality standards would help improve UK memory services. The aim of this work was to develop and implement standards for memory services as part of a national quality improvement programme

**Methods:** The development of the standards involved a literature review/content analysis; key stakeholder workshop; stakeholder consultations; consensus meeting; and a final consultation process obtaining endorsements from key organisations. Thirteen memory services participated in the pilot programme using draft set of quality standards through the processes of self- and peer review.

**Results:** The MSNAP standards consisted of 148 quality standards covering: management; resources for assessment and diagnosis; processes of assessment and diagnosis; and ongoing care management and follow up. The pilot stage highlighted common areas where improvements had been made, such as finding out whether the patient wished to know their diagnosis, and areas where attention was still required, for example surveying referrers, patients and carers about their experiences of the service. Recent work has demonstrated the difference between patient and care views and also differences in the quality of excellent vs accredited services.

**Conclusion:** It was possible to develop and field test nationally agreed quality standards for memory services. One hundred services have now joined MSNAP and this will improve the quality of UK memory services. MSNAP has been endorsed by the UK Prime Minister as part of his Challenge on Dementia.

## **SY01-03 ACTIFCARE: ACCESS TO TIMELY FORMAL CARE**

Frans Verhey, Liselot Kerpershoek, Claire Wolfs, Ron Handels, Hilde Verbeek, Marjolein de Vugt  
MUMC, Department of Psychiatry and Neuropsychology, Alzheimer Centrum Limburg, MHeNS  
On behalf of the Actifcare team

In absence of a cure that can alter the course of Neurodegenerative Disorders (NDD), an early diagnosis is important as it opens the way to future care and treatment, and can help people take control of their lives and plan ahead. Many EU countries have now adopted strategies to promote timely recognition of dementia. Timely access to dementia care services, such as home care, is also important for reducing health care costs by postponing nursing home placement. Despite these developments, individuals are often not receiving services of the type, quality and timing that they need. This study aims to better understand the reasons for inequalities in access to healthcare. At the macro level, we will assess and compare health care systems giving access to formal home care across Europe using literature review, expert consultation and focus groups. At the individual level, we will assess the access to and use of formal care services in people with dementia and their carers in 8 EU countries, and examine how this relates to their met and unmet needs and quality of life. In addition, costs, consequences and novel specific outcome measures will be evaluated. This will lead to the identification of best-practice pathways to formal care, in terms of efficiency and cost-effectiveness.

To achieve the above aims, the work plan involves 1) a review of access pathways to formal home care, based on literature review, expert consultation, and focus groups; 2) a European cohort study will be performed to examine the predisposing and enabling factors in relation to access to formal care, needs and quality of life in community dwelling dementia patients and their carers. 3) A cost-consequences analysis, based on the clinical and economic data assessed in the cohort study; and 4) the identification of good-practice pathways to access formal care and the development of best-practice strategies, in terms of costs and consequences. The public awareness of the project will be enhanced by dissemination of the results to relevant stakeholders, including national political decision makers, and providing implementation support, dissemination of best-practice strategies, and initialization of a 'platform' for research and advocacy regarding economic evaluations of dementia care across Europe.

A mix of methods will be used, including literature review, expert consultation, focus groups, quantitative clinical assessments, qualitative research and a cost-consequence analysis. This combination of methodologies will provide information at different levels and will ensure the credibility, validity, and generalisability of the data.

This study is important for our understanding of existing social and health systems and will provide the basis for subsequent initiatives. The ultimate goal of Actifcare is to optimize the care for people with moderate to severe dementia in Europe by finding the right balance between individual needs and appropriate health care use.

This is an EU Joint Programme - Neurodegenerative Disease Research (JPND) project. The project is supported through the research organisations following countries under the aegis of JPND - [www.jpnd.eu](http://www.jpnd.eu): Netherlands, Germany, Ireland, Norway, Sweden, United Kingdom, Italy and Portugal.

## SY02: ADDRESSING THE BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

### SY02-02 APATHY

Renaud David

Apathy is one of the most frequent behavioral symptoms across all stages of Alzheimer's disease (AD) and related disorders and is associated with earlier institutionalization and faster functional and cognitive, as well as higher risk of conversion from Mild Cognitive Impairment to AD.

Apathy, initially defined by Marin as a lack of motivation in behavior, cognition and affect, is a disorder of the initiation, direction and intensity of goal-directed behavior. This behavioral disorder remains probably underestimated in clinical practice considering the lack of disturbing symptoms and the frequent overlap with symptoms of depression. This presentation will present the current and most recent data on apathy in neurodegenerative disorders from pathophysiology, assessment methods in daily practice to therapeutic options.

### SY02-03 NEUROPSYCHIATRIC SUBTYPES IN DEMENTIA: NEW RESULTS FROM THE EUROPEAN ALZHEIMER DISEASE CONSORTIUM (EADC)

Sebastian Koehler\*, Frans Verhey<sup>1</sup>, Philippe Robert<sup>2</sup>, Pauline Aalten<sup>1</sup>

<sup>1</sup>Psychiatry and Neuropsychology, Maastricht University, Maastricht, Netherlands, <sup>2</sup>Memory Centre, University of Nice-Sophia Antipolis, Nice, France

**Objective:** Studies into the presence of neuropsychiatric syndromes (NPS) in dementia found separate NPS dimensions such as apathy, affective problems or agitation. Often, small samples or mixed patient populations were used including patients with different types of dementia. Whether NPS differ between patients with Alzheimer's disease (AD) dementia and other forms is not clear. We therefore examined whether we can find different NPS dimensions in AD dementia and non-AD dementia. We then aimed to identify NPS subtypes of individuals by means of latent profile analysis and tested their associations with several clinical and demographic variables.

**Methods:** Cross-sectional data including the Neuropsychiatric Inventory of 2,808 patients with dementia from 12 centers from the EADC were collected. Exploratory factor analysis identified NPS dimensions that explained variance in individual symptoms in AD dementia patients, followed by confirmatory factors analysis in the non-AD and the total sample. Latent profile analysis using the factor scores was used for the identification of NPS subtypes. Finally, it was tested whether these neuropsychiatric syndrome classes differed by age, gender, MMSE scores, treatment and diagnosis (Alzheimer (AD) or non-AD) in ordinal logistic regression analysis. Analyses were carried out in Mplus 7.1 and Stata 12.1

**Results:** Factor analyses in AD dementia resulted in a five-factor model labeled 'Psychosis' (delusions, hallucinations), 'Hyperactivity' (agitation, irritability), 'Affect' (anxiety, depression), 'Apathy' (apathy, aberrant motor behaviour, sleep and appetite problems), 'Frontal' (disinhibition and euphoria). These dimensions were replicated in the non-AD and the total sample. Latent profile analysis suggested the existence of four subtypes differing in the severity of syndromes. The odds for belonging to the more severe subtypes were higher for non-AD patients, older patients, men, and increase with age and worse general cognition. Use of acetylcholinesterase inhibitors (data for 1738 patients only) was associated with belonging to a lower severity subtype.

**Conclusion:** This large European study suggests that similar NPS dimensions exist in different types of dementia. Subtypes of patients with similar NPS profiles however cannot be easily differentiated but group together based on mean NPS severity. Many patients have no or mild severity of syndromes. Non-AD dementia patients, men and those with more cognitive disturbances have more severe NPS.

**Keywords:** Apathy, Dementia, Depression, Neuropsychiatry, Psychosis

#### **SY02-04 ADDRESSING THE BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA: PSYCHOSIS**

Peter Paul De Deyn. Alzheimer Research Center, University of Groningen, Groningen, University Medical Center Groningen, The Netherlands and Institute Born-Bunge, University of Antwerp, Wilrijk, Antwerp, Belgium.

**Objectives:** This presentation aims at giving insight in the semiology, epidemiology and impact of psychosis in Alzheimer's Disease. Psychosis of AD (PAD) is presented as a diagnostic entity. In addition an attempt is made to illustrate some underlying pathophysiological mechanisms, such as neurotransmitter alterations (monoaminergic) and functional neuroimaging alterations. Moreover, a short review regarding potential (pharmacological) treatment strategies with emphasis on efficacy and side effects will be given.

**Methods:** The author will give a short overview of existing literature and refer to some own cohort data related to BPSD and some recent monoaminergic footprint findings of PAD. A critical analysis of pharmacological treatment will be presented as well.

**Results:** Psychosis in AD is very common and has been previously associated with an accelerated cognitive decline and increased mortality rate. Psychosis is reported in 30 -- 50% of AD patients. Symptoms of AD psychosis are delusions, hallucinations and misidentifications. The underlying pathophysiology is complex and results not fully conclusive. Dopaminergic, serotonergic and noradrenergic alterations are observed in psychosis in different dementia syndromes. In vivo receptor imaging may contribute to the study of PAD. There is ample room for improvement with regard to pharmacological treatment of psychosis associated to dementia.

**Conclusion:** Psychosis of AD is highly prevalent and has a major impact. Currently, there are very few medications that are useful for NPS in patients with AD.. Antipsychotics are perhaps the most widely used for NPS, but their efficacy is modest at best, and the potential for serious side effects remains a concern.

Key questions that are emerging include the following: Can the assessment of NPS be improved? Are neuropsychiatric conditions risk factors for dementia such that targeting them might reduce dementia risk? Do these syndromes or their successful treatment modify the course of dementia? What is the efficacy and safety of existing treatments? And can safer, more efficacious drugs focused on new targets be developed ?

## SY03: CAREGIVERS

### SY03-01 CARE AT HOME FOR FRAIL OLDER PEOPLE FOR AS LONG AS POSSIBLE: CHALLENGES FOR CARE ORGANIZATIONS AND THEIR STAFF

Anja Declercq<sup>1</sup>, Jean Macq<sup>1</sup>, Johanna De Almeida Mello<sup>2</sup>, Thérèse Van Durme<sup>1</sup>

<sup>1</sup>Faculty of Public Health, UCL, <sup>2</sup>KU Leuven, LUCAS,

**Objective:** In most Western societies, there is a trend towards avoidance of institutionalization, including for frail older people. At the same time, the number of older people in need of complex care increases. As a consequence, the complexity of home care also increases. This is a challenge for home care organizations and for their staff.

In this presentation, I will illustrate this shift and some of its consequences in Belgium in the context of projects that aim at keeping frail older persons, with a profile with which they would be allowed to enter the nursing home, at home by providing new forms of (additional) care (Macq et al., 2013; De Almeida Mello et al., 2012).

**Methods:** The projects were evaluated with quantitative and qualitative methods. Instruments used were the interRAI HC-instrument, the WHOQoL, the Zarit 12 burden scale and an ad hoc economic questionnaire. Qualitative methods included case studies with lime surveys, interviews, document analysis and focus groups.

**Results:** These new forms of care create new profiles for staff (e.g. case management) and new challenges for collaboration between different care organizations and different professions (e.g. exchange of information). During the evaluation, it became clear that projects needed to restructure staff because of the unexpected results of the interactions between the different professionals. For instance, the working of occupational therapist in the home setting is relatively new in the Belgian system and, when implemented, their role had a positive effect on the capacities of their colleagues, who are not occupational therapists, such as nurses and, especially, nurse assistants. Projects agreed that, in Belgium, there currently is a lack of specific training in order to provide case management. They also highlighted the need for training and support for professionals delivering care to frail older persons with dementia. They stressed the fact that care providers had a rough time dealing with their own emotional health in these situations.

Finally, projects highly appreciated the added-value of working in a more multidisciplinary and collaborative way, and the fact that the project phase leaves room for flexibility and experimentation.

**Conclusion:** New forms of care bring with them new challenges for training. While the organizations involved in the projects described in general positively evaluated these changes, they stress the need for new and additional training and possibly for new functions in care for older people.

**References:** De Almeida Mello, J., Van Durme, T., Macq, J., Declercq, A. (2012). Interventions to delay institutionalization of frail older persons: design of a longitudinal study in the home care setting. *BMC Public Health*, 12, art.nr. 10.1186/1471-2458-12-615, 615-621.  
Macq, J., Van Durme, T., Cès, S., Schmitz, O., Maggi, P., Delye, S., Gosset, C., De Almeida Mello, J., Declercq, A., Lopez-Hartmann, M., Remmen, R. (2014). *Scientific evaluation of projects of alternative forms of care or support of care for frail elderly, in order to allow them to maintain their autonomy and to live independently in their homes, Protocol 3*. Brussels: RIZIV.

**Keywords:** Care for older people, Organization of care, staff training

## SY03-02 NURSES WELL-BEING – AN IMPORTANT FACTOR FOR HIGH QUALITY CARE IN RESIDENTIAL CARE FACILITIES

Anna-Karin Edberg\*

**Objective:** Working in residential care of older people, of which about 80 % have a dementia diagnosis is described as being demanding and stressful, but at the same time many nurses highlight that the work is very rewarding and that they have no intention to leave their job. As the well-being of the staff has been shown to be inextricably linked with the quality of care, it therefore affects the quality of life for residents. The aim of the studies to be presented, was to explore positive and negative aspects of nurses work situation.

**Methods:** The results from qualitative as well as quantitative studies will be presented, involving mainly Swedish, but also Australian, nurses. The presentation will mainly be based on the references stated below.

**Results:** The results from our studies shows that nurses' job satisfaction and strain/stress of conscience is a complex web of interrelated aspects. The core aspect, contributing to satisfaction as well as strain, seems to be the possibility and the prerequisites to provide high quality care, where time, competence and the ability to interpret and understand the residents is of major importance. There is, to date, however a lack of instruments measuring these aspects, meaning that these aspects are often neglected when evaluating interventions. Other aspects being of importance for both positive and negative aspects of work, is the possibility to provide a personalised care as well as the amount of organisational, environmental and leadership/management support.

**Conclusion:** Our results indicate that job satisfaction and job strain might not be its opposites, but can be present at the same time. This in turn have implications for the design of interventions to support staff, but also for the evaluation of such interventions.

**References:** The presentation will mainly be based on the following papers:

Edberg, A-K, Bird, M, Richards, D., Woods, B, Keeley, P. & Davis-Quarrell, V. (2008) Strain in nursing care of people with dementia: nurses' experience in Australia, Sweden and United Kingdom. *Aging and Mental Health*, 12(2): 236-243.

Gibson, M., Whelan Carter, M., Helmes, E & Edberg A-K. (2010) Core assumptions and principles of good care for long term care facilities. *International Journal of Psychogeriatrics*, 22 (7): 1072-1083.

Orrung Wallin, A., Jakobsson, U., Edberg, A-K. (2012) Job-satisfaction and associated variables among nurse assistants working in residential care. *International Psychogeriatrics*, 24(12): 1904-1918.

Orrung Wallin A, Edberg A-K, Beck I, & Jakobsson U. (2013) Psychometric properties concerning four instruments measuring job satisfaction, strain and stress of conscience in a residential care context. *Archives of Gerontology and Geriatrics*, 57(2): 162-171.

Orrung Wallin, A., Jakobsson, U. & Edberg, A-K. (2013) Job strain and stress of conscience among nurse assistants working in residential care. *Journal of Nursing Management*, *E-pub ahead of print*. Doi: 10.1111/jonm.12145.

Beck, I., Jakobsson, U. & Edberg, A-K. (2013) Applying a palliative care approach in residential care: effects on nurse assistants' work situation. *Palliative & Supportive Care*, *E-pub ahead of print*. Doi: 10.1017/S1478951513000783

Beck, I., Jakobsson, U. & Edberg, A-K. (2014) Applying a palliative care approach in residential care: effects on care provision and caring climate. *Scandinavian Journal of Caring Sciences*, *E-pub ahead of print*. Doi: 10.1111/scs.12117

Edberg, Anderson, Orrung Wallin & Bird. The development of the Strain in Nursing care Scale. *Submitted for publication*

Orrung Wallin A., Edfors, E., Edberg A-K. The experience of job satisfaction among nurse assistants' working in residential care for older people. *Submitted for publication*

**Keywords:** Formal caregivers, Job satisfaction, Quality of care, Residential care facilities, Work strain

## **SY04: E-HEALTH IN MENTAL HEALTH FOR THE ELDERLY**

### **SY04-01 E-HEALTH INTERVENTIONS FOR INFORMAL CAREGIVERS IN DEMENTIA**

Marjolein De Vugt\*

**Objective:** Due to the expected increase of dementia patients, no cure for the patient in sight, and the rising cost of care in the future, there is a growing need for effective caregiver interventions. E-health interventions hold a considerable promise for meeting the educational and support needs of dementia carers at reduced expenses.

**Methods:** In our Alzheimer Center Limburg, in the Netherlands, we are currently developing and evaluating three E-health programs for personalised support of the caregiver: 1) Partner in Balance, an web based self-management program for partners of people with mild cognitive impairment and mild dementia, based on experiences from focus groups and professional caregivers; 2) Partner In Sight, an intervention based on feed-back sessions on the outcomes of fine graded e-monitoring daily hazards of caregivers using a device named Psymate; and 3) Inlife, a dedicated web based social platform to enhance social inclusion of the informal caregiver and person with dementia with her/his social network.

**Results:** A literature review on the effectiveness, feasibility and quality of evidence of Internet interventions for caregivers of people with dementia (PwD) showed that studies differ widely in terms of intervention type, dosage, duration, and methodological quality. Outcomes showed that Internet interventions can improve various aspects of caregiver well being, e.g. burden, depression and self-efficacy, provided they comprise of multiple components, are tailored to the individual and include interaction with other dementia caregivers. The literature review provided input for the intervention prototypes that were developed with the target group and tested in a pilotstudy. Results of the pilot studies showed sufficient acceptability and feasibility of the programmes.

**Conclusion:** Results from the literature review, development phases and pilot testing provide support to move forward with the next phase to test effectiveness of the Ehealth interventions in a randomized clinical trial.

**Keywords:** dementia, Ehealth , family caregiver, interventions

### **SY04-02 TELEPSYCHIATRY FOR OLDER ADULTS: OPPORTUNITIES AND CHALLENGES**

David Conn\*

**Objective:** 1. Outline evidence in support of the feasibility and effectiveness of telepsychiatry services  
2. Describe a program evaluation of a telepsychiatry service for older adults in Ontario  
3. Consider opportunities and challenges for future service development

**Methods:** In this presentation Dr. Conn will outline the development of Telepsychiatry services, including some evidence in support of feasibility and effectiveness. Programs, pilot projects and reports regarding telepsychiatry for older adults will be highlighted.

**Results:** A recent program evaluation of a telepsychiatry service connecting Baycrest in Toronto with sites in Northern Ontario will be described. Future opportunities for expansion of telepsychiatry services will be outlined as well as consideration of some of the challenges in establishing such programs.

**Conclusion:** In spite of evidence for the feasibility and effectiveness of telepsychiatry there has been very limited development of such services for older adults around the globe. Significant opportunities exist with the goal being to serve regions with limited access to psychogeriatric expertise.

**References:** 1, Conn DK, Madan R, Lam J, Patterson T, Skirten S. Program evaluation of a telepsychiatry service for older adults connecting a university-affiliated geriatric center to a rural psychogeriatric outreach service in Northwest Ontario, Canada. *Int Psychogeriatr*. 2013. 25(11):1795-800.

2. Ramos-Ríos R, Mateos R, Lojo D, Conn DK, Patterson T. Telepsychogeriatrics: a new horizon in the care of mental health problems in the elderly. *Int Psychogeriatr*. 2012. 24(11):1708-24.

3. Hilty DM, Ferrer DC, Parish MB, Johnston B, Callahan EJ, Yellowlees PM. The effectiveness of telemental health: a 2013 review. *Telemed J E Health*. 2013. 19(6):444-54.

**Keywords:** Telepsychiatry

#### **SY04-03 ICT AND COGNITIVE REHABILITATION IN DEMENTIA**

Laila Øksnebjerg\*<sup>1</sup>

<sup>1</sup>Danish Dementia Research Centre, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark

**Please select what type of session you were invited to deliver:** Symposium

**Objective:** In early stage dementia, such as Alzheimer's disease, cognitive symptoms are often the most obvious and disabling, and leads to gradual decline in functional ability in everyday life. Persons with dementia and their caregivers often express a strong desire for interventions that relieve or even postpone the consequences of this cognitive decline. Information and Communication Technology (ICT) may offer new possibilities for persons with dementia and their caregivers to address and compensate for cognitive dysfunction in an individualised and self-supportive manner.

Our main objective is to explore the acceptability and feasibility of using mainstream ICT as a tool to support cognitive functions for persons with dementia.

**Methods:** Pilot studies have been conducted where persons diagnosed with early Alzheimer's and caregivers have been involved in a cognitive rehabilitation programme. Tablet computers, and in some cases smartphones, with an individualised set-up has been used as main compensatory tool to support cognition.

**Results:** In general participants shows marked progress in operating ICT devices independently, and the use of ICT appears to enhance motivation for coping and compensating for cognitive decline in both persons with dementia and caregivers. It appears to offer new opportunities for support, communication, and shared activities. The study identified obstacles to integrating ICT in cognitive interventions. There is a request for a broader selection of readily accessible software that are sufficiently adaptable, well designed and operationally reliable, and that fit the needs of people with declining cognitive ability. Finding solutions to support hardware and software maintenance is also important.

**Conclusion:** The positive results of our explorative studies indicate that integrating mainstream ICT into cognition-based interventions may enhance individualised and self-supportive compensation and cognitive support.

**Keywords:** Cognitive rehabilitation, Early stage dementia, Information and communication technology

## SY05: YOUNG ONSET DEMENTIA—NEW RESEARCH DATA

### SY05-02 RAISING THE BAR: A COMPARATIVE ANALYSIS OF CARE FOR PATIENTS WITH EARLY ONSET ALZHEIMER'S DISEASE

Tor Atle Rosness<sup>1</sup> Knut Engedal<sup>2</sup> And Zeina Chemali<sup>3</sup>

<sup>1</sup>Institute of Health and Society, University of Oslo, Norway

<sup>2</sup>Norwegian Centre for Dementia Research, Department of Geriatric Medicine, Ullevaal University Hospital, Oslo, Norway

<sup>3</sup>Neuropsychiatry Clinics, Departments of Neurology and Psychiatry, Massachusetts General Hospital, Harvard Medical School, Boston, USA

**Background:** Healthcare workers are not always aware that Alzheimer's disease can strike patients before the age of 65. We surveyed strategies in diagnosing and providing healthcare to patients with Early Onset Alzheimer's Disease (EOAD).

**Method:** We compared procedures for assessing persons younger than 65 years with suspected Alzheimer's disease in Oslo, Norway and Boston, USA, in the two following areas: 1) Clinical interview (including neuropsychological assessment, depression status, car driving ability, proxy information and follow up consultation) and 2) Biomarkers (including neuroimaging and cerebrospinal fluid and genetic markers).

**Results:** Clinical practices in both countries advocate that patients with EOAD should be assessed and treated with a different mindset than elderly with Alzheimer's disease. The Norwegian Memory Clinic has from the time of referral to getting an appointment at an average waiting period of 12 to 14 weeks. A neuropsychological test battery was applied in both clinics with slight differences. MRI examination is routinely done at both clinics. A SPECT scan is performed routinely in Oslo in EOAD patients but rarely a FDG-PET scan. In Boston, the FDG-PET scan is done regularly while SPECT is seldom performed. Genetic testing including the APOE marker is more frequently implemented in Boston. Both clinics have a compulsory driving ability evaluation, and after an EOAD diagnosis has been made schedule an individual follow up session. Both clinics meet with caregivers and offer social resources in consultation with other services.

**Conclusion:** Several assessment tools were fairly similar and clinical approaches were almost identical. None of our clinics have specific instruments to assess EOAD patients. The authors would like to open the debate in how to best validate and implement such tools in clinics worldwide.

### SY05-03 THE IMPACT OF YOUNG ONSET DEMENTIA ON CAREGIVERS COMPARED TO LATE ONSET DEMENTIA: RESULTS FROM THE NEEDYD STUDY

de Vugt Marjolein, Millenaar Joany, Bakker Christian, van Vliet Deliane, Pijnenburg Yolande, Koopmans, Raymond, Verhey Frans

**Background:** Caring for someone with dementia can be extremely demanding. It can have an adverse effect on the well-being of the caregiver and result in adverse physical and psychological outcomes. Relatively little is known about caregivers of relatives with young onset dementia (YOD), even though the impact of the disease might be more severe for these caregivers compared to those who care for someone with late onset dementia (LOD). In the Needs in Young onset Dementia study (NeedYD) levels of burden in YOD

caregivers we compared longitudinally with LOD caregivers. This knowledge is essential in order to develop adequate support programs.

**Methods:** 209 YOD and 108 LOD patient-caregiver dyads were included from two prospective cohort studies. The studies both consisted of a two-year follow up with five measurements with six-month intervals. To assess burden we included several primary outcome measures including the Short Sense of Competence Questionnaire, RAND-36 to assess health related quality of life (HRQoL), the Symptom Checklist 90 (SCL-90) to measure psychological and physical complaints and the Montgomery Asberg Depression Rating Scale (MADRS) for depressive symptoms. The severity and the course of the different measures used to describe caregiver burden were analyzed with linear mixed models.

**Results:** The results show that both LOD and YOD caregivers experience high levels of physical and psychological complaints, mild depressive symptoms, poor HRQoL and decreased feelings of social competence. However, no significant differences between YOD and LOD caregivers were found for the SSCQ, SCL-90 and the MADRS. Group comparisons show only significant differences for HRQoL on both the physical and mental domain, with lower scores for the YOD caregivers.

**Conclusion:** These results imply that the level of burden does not necessarily differ between LOD and YOD caregivers. However, YOD caregivers might experience the burden differently causing lower perceived HRQoL.

#### **SY05-04 PREVALENCE AND CORRELATES OF NEUROPSYCHIATRIC SYMPTOMS IN NURSING HOME PATIENTS WITH YOUNG ONSET DEMENTIA: THE BEYOND STUDY**

A.J.M.J. Mulders, W.F. Fick, F. Verhey, S.U. Zuidema, R.T.C.M. Koopmans

**Background:** Young onset dementia (YOD) is defined as dementia emerging before the age of 65. Neuropsychiatric symptoms (NPS) have important clinical consequences for patients and their family members and are reported to be more frequent in patients with YOD. To date, knowledge about the prevalence and correlates of NPS in YOD is very limited, but essential to establish a care plan for YOD patients. The aim of this study is to explore the prevalence and correlates of NPS in nursing home patients with YOD.

**Methods:** NPS were assessed in a sample of 231 YOD patients in Dutch long-term care facilities providing YOD specialized care. NPS were assessed by the Cohen-Mansfield Agitation Inventory (CMAI) and the Neuropsychiatric Inventory-Nursing Home version (NPI-NH). The influence of gender, dementia severity, type of dementia and disease awareness on clusters of relevant NPS was investigated using multivariate logistic regression analysis and subsequently corrected for the possible confounders age, duration of institutionalization and psychoactive medication use.

**Results:** 96% of patients showed one or more (clusters of) relevant neuropsychiatric symptoms, 88% showed symptoms of the agitation cluster and 56% showed apathy. No significant gender differences were found in the prevalence of neuropsychiatric symptoms. While physically aggressive behaviour, non-physically aggressive behaviour and apathy were more common in patients with (very) severe cognitive decline (GDS stage 6-7), verbally agitated behaviour was more common in patients in earlier stages of dementia (GDS 2-6). Apathy was more prevalent in alcohol-related dementia. Absent awareness was associated with more physically aggressive behaviour and aberrant motor behaviour.

**Conclusion:** The prevalence of NPS was high and was associated with the severity of the dementia, type of dementia and disease awareness. Specific attention and care could be considered for these patients most at risk for developing NPS. The high prevalence of NPS supports the idea of delivery of care for YOD patients in specialised care units, with skilled staff, especially equipped to manage and prevent NPS. Apathy and agitation or aggression are the most important symptoms to focus on in the management of behavioural problems in YOD. Further research is needed to gain more insight into patient-related and environmental correlates of NPS in YOD.

## SY06: MENTAL HEALTH IN THE ELDERLY—FACTORS AND PREVENTION

### SY06-01 THE RELATIONSHIP BETWEEN CEREBROVASCULAR CHANGES AND PSYCHOPATHOLOGY

John O'Brien\*

**Objective:** There has long been an interest in the relationship between vascular factors, vascular disease and psychiatric disorders. The two main conditions which have been most robustly associated with vascular pathology are dementia and depression. Vascular factors in dementia have received new attention with consistent demonstrations, not only that vascular pathology plays a substantial role in cognitive decline and dementia, but that vascular risk factors are also risk factors for degenerative pathology, most especially Alzheimer (plaque and tangle) rather than Lewy body (synuclein) pathology. This knowledge has been influential in altering the way our clinical diagnoses are made, and also in terms of our understanding of pathophysiological relationships between vascular and degenerative changes, though much more needs to be understood. Of most clinical relevance, the demonstration of the importance of vascular factors potentially gives new treatment targets for the management of disorders which previously were felt to have little to do with the vascular system. However, to date the limited number of trials in this area have either been problematic, or disappointing, requiring a re-evaluation of the key questions to address and the studies needed to answer these.

With regard to depression, controversy still remains about the relationship and significance of vascular changes in depression but emerging evidence over the last decade from clinical, imaging, pathophysiological and pathological studies convincingly demonstrate that, at the very least, vascular factors and vascular brain pathology represent an important risk factor for depression in older people, most especially late onset depression. Few comprehensive longitudinal studies have been undertaken, but those that have provide evidence that vascular pathology predates the development of depressive symptoms, implying a key role in their genesis. There remain a dearth of clinical trials addressing vascular factors in late onset depression, and there is a clear need for these to be undertaken. In addition, pathophysiological studies to determine more specific vascular treatment targets for both depression and dementia are required to move the field forwards.

### SY06-02 PSYCHOTROPIC DRUG USE AND BPSD IN NURSING HOMES. BALANCING THE RISK AND BENEFIT.

Geir Selbaek<sup>1</sup>

<sup>1</sup>Ageing and Health. Norwegian Centre for Research, Education and Service Development, ,

**Objective:** The aim of this presentation is to give an overview of risks and benefits associated with the use of psychotropic drugs among nursing home patients with dementia.

**Methods:** The presentation is based on a structured search of the available literature on behavioural and psychological symptoms of dementia and psychotropic drug treatment.

**Conclusion:** Virtually all the nursing home patients with dementia experience behavioural and psychological symptoms of dementia (BPSD). These symptoms are distressing, affects the quality of life of the patients, and is a major cause of burden to the professional caregivers. Psychotropic drugs are often prescribed to treat BPSD, particularly agitation and psychosis. However, the effect is modest or uncertain and there is a considerable risk of serious adverse events. Antipsychotic drugs have received most of the attention. They

are used on a regular basis by 25-46% of the nursing home patients. They confer modest benefits on a short-term basis, but are associated with a number of serious adverse events, such as parkinsonism, cognitive deterioration and cerebrovascular events. Randomized controlled trials and large registry-based studies have demonstrated an increased mortality risk, but this has not been confirmed in prospective clinical studies. Other psychotropic drugs, such as anxiolytics, antidepressants and anti-dementia drugs, are often used to treat BPSD, but the evidence for effect is weak. Furthermore, research that indicates a less favourable risk profile of these drugs is emerging. Even though non-pharmacological interventions are recommended as the first-line treatment approach, psychotropic drugs might be the best alternative in some instances. The clinician has to weigh risks and benefits carefully and monitor the symptom course in relation to the respective treatment alternatives.

**Keywords:** BPSD, Dementia, nursing home, psychotropic drugs